



Regional Environmental Health Program
Alamosa County Public Health Department
8900-B Independence Way
Alamosa, Colorado 81101
Phone: (719) 587-5206 Fax: (719)-589-1103

Special Event Coordinator Application

This form is only required for events having food vendors.

Submit the following application completed along with the \$45 fee. One application and fee is required for each event.

Completed application and fee is requested no later than 30 days prior to the event date. If either are received within 14 days of the event then attach a \$45 late fee.

EVENT INFORMATION

Name of the Event: _____

Date(s) of the Event: ___/___/___ ___/___/___

Location of the Event: _____

Days and times of the Event: _____

Expected number of patrons: _____

Number of food vendors: _____

Expected peak day(s) if event is longer than 1 day: _____

Anticipated Number of Food Booths: _____ *(Complete Vendor Information List and attach)*

Event Coordinators Name: _____

Coordinator's Phone Number: _____

Coordinator's Fax Number: _____

Coordinator's Mailing Address: _____

City _____ State _____ Zip Code _____

Coordinator's E-mail address: _____

Contact Person during the Event (if different from above): _____

Contact phone number for the day of the Event: _____

TEMPORARY EVENT SITE MAP

Provide a labeled map of the entire Temporary Event area and include the following:

- Toilet facilities (portable and fixed)
- Hand washing facilities
- Trash containers
- Electrical hook-up points and generator locations
- Potable water taps for vendors
- Location of all food preparation and service areas on the event grounds
- Food booth vendors
- Roadways, sidewalks, and walkways
- Refrigerated truck (if applicable)
- Commissary kitchen (if applicable)
- Petting Zoo (if applicable)



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ENVIRONMENTAL HEALTH SERVICE REQUEST FORM

Owner Name: _____ Date: _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____

Phone: _____ Fax: _____ Email Address: _____

Retail Food Safety			
Food Handler Training	\$20.00 per attendee	#	
Review of Potential Retail Food Establishment	\$100.00 (non-refundable)		
Pre Operational/Change in Ownership Inspection	\$100.00 (non-refundable)		
RFE Application Fee	\$155.00 (non-refundable)		
RFE Plan Review and Pre Opening Inspection	\$75.00/hour not to exceed \$900.00	To be calculated	
RFE HACCP Plan Review (Written)	\$75.00/hour not to exceed \$100.00	To be calculated	
RFE HACCP Plan Review (Operational)	\$75.00/hour not to exceed \$620.00	To be calculated	
RFE Other Services Requested	\$75 per hour	To be calculated	
RFE Temp Event Plan Review and Inspection	\$75 per hour	To be calculated	
Child Care/ Schools			
Child Care Inspection Fee	\$75.00		
Childcare Plan Review	\$75.00		
Childcare Pre Opening Inspection	\$75.00 per hour	To be calculated	
School Plan Review	\$75.00		
School Opening Inspection	\$75.00 per hour	To be calculated	
Childcare/ Schools Other Services Requested	\$75.00 per hour	To be calculated	
Water Recreation			
Pool/ Spa Inspection	\$80 + \$40 per additional body of water		
Pool/ Spa Follow up	\$75.00 per hour	To be calculated	
Pool/ Spa Plan Review	\$100.00		
Pool/ Spa Pre Opening Inspection	\$75.00 per hour	To be calculated	
Pool/Spa Other Services Requested	\$75.00 per hour	To be calculated	
Body Art			
Body Art Yearly Inspection	\$75.00		
Body Art Follow up	\$75.00 per hour	To be calculated	
Body Art Plan Review	\$75.00		
Body Art Pre Opening Inspection	\$75.00 per hour	To be calculated	
Body Art Other Services Requested	\$75.00 per hour	To be calculated	
Total Fees			\$

Signature _____

Date _____





Retail Food Establishment License Application

Effective Date, September 1, 2025

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type:

Individual (must complete affidavit of residency)
 Corporation (LLC, LLP, S-Corp, etc.)
 Non-profit (includes government)**
 Other

Full legal name of owner, corporation, or non-profit:

Trade name (DBA): _____ Contact name (on site): _____

Email: _____ Business phone number (on site): _____

Physical address of business: _____ City: _____ State: _____ Zip: _____

County where business is located: _____ Owner Primary phone number: _____ Owner Secondary phone number: _____

Mailing address (if different from above): _____ City: _____ State: _____ Zip: _____

Date you started the business:
 Seasonal Operation Please indicate the months, days, and hours you are operating: _____
 Year-round Operation

In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.

Signature: _____ Title: _____ Date: _____

Check the appropriate license type from the list below. This is your license fee.

License Type	Code	Fee
<input type="checkbox"/> Restaurant (0-100 seats)**	3000	\$481.00
<input type="checkbox"/> Restaurant (101-200 seats)**	3100	\$538.00
<input type="checkbox"/> Restaurant (>200 seats)**	3200	\$581.00
<input type="checkbox"/> Limited Food Service**	2000	\$338.00
<input type="checkbox"/> Mobile Unit (limited/prepackaged TCS)**	6200	\$338.00
<input type="checkbox"/> Mobile Unit (full food service)**	6300	\$481.00
<input type="checkbox"/> Grocery Store (0-15,000 sq ft)**	4000	\$244.00
<input type="checkbox"/> Grocery Store (>15,000 sq ft)**	4150	\$441.00
<input type="checkbox"/> Grocery Store w/ Deli (0-15,000 sq ft)**	5000	\$469.00
<input type="checkbox"/> Grocery Store w/ Deli (>15,000 sq ft)**	5150	\$894.00

License Type	Code	Fee
<input type="checkbox"/> School Cafeteria	1000	\$0.00
<input type="checkbox"/> Correctional Facility Kitchen	1000	\$0.00
<input type="checkbox"/> Health Care Restaurant (0-100 seats)**	3000	\$481.00
<input type="checkbox"/> Health Care Restaurant (101-200 seats)**	3100	\$538.00
<input type="checkbox"/> Health Care Restaurant (>200 seats)**	3200	\$581.00
<input type="checkbox"/> Oil & Gas Temporary	7000	\$1,1063.00
<input type="checkbox"/> Special Event**	8000	Set locally

These new license fees go into effect September 1, 2025.

Total Due: \$

**To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.