



CHANGE OF OWNERSHIP PLAN REVIEW CHECKLIST

The following are **REQUIRED** to complete your Plan Review:

- A. Payment of license fee-see Retail Food License Application within attached packet
- B. \$155 application fee & \$75.00 plan review and pre-opening inspection fee. If the review exceeds 1 hour an invoice for the actual time spent on the review will be sent to you at a later date and will not exceed \$900.00.00 [(CRS 25-4-1607(2))].
- C. A brief written description of the scope of work and what changes/construction will occur.
- D. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off- site catering, and banquet menus).
- E. If any renovations are being done drawings/schedules (please note that not all may be required based on scope of work):
 1. Site plan: showing location of business in building, location of building on site, and location of any outside equipment.
 2. Floor plan: show location of equipment, plumbing, and location of ventilation hood. Please identify any garage doors and outer openings.
 3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, hose bibs and hose reels, laundry facilities etc.
 4. Electrical Plan: show locations and specifications of lights.
- G. Food Protection Manager Certification: Provide manager certification documentation.
- H. Employee illness policy, or utilize the written policy provided on the last pages of this plan review packet.
- I. Completed plan review packet (attached).

There will be a delay in reviewing your plan review if either the fees or a fully completed packet are not submitted.

Please make check payable to: **Alamosa County Public Health**

Hand deliver or mail the completed application and check for fees to

**8900 Independence Way, Suite B
Alamosa, CO 81101**



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

Change of Ownership Packet
For Established Retail Food Establishment



Where Colorado Began!





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

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.



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

OWNER/CONTRACTOR CONTACT INFORMATION

Today's Date: _____

TYPE OF ESTABLISHMENT: _____
 (EX: Retail Food, Mobile Unit)

OWNER INFORMATION:

Type of Ownership: Individual Partnership Corporation

Owner Name: _____

Name of First Contact Person (If corporation or partnership): _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

ESTABLISHMENT/BUSINESS INFORMATION:

Establishment/Business Name: _____

Establishment/Business **Physical** Address: _____

City: _____ Zip: _____

Establishment/Business **Mailing** Address: _____

City: _____ Zip: _____

Establishment/Business Phone Number: _____ Fax: _____

Days & Hours of Operation: _____

Retail Food Only: Total building square footage if grocery store: _____

Total # Seats if restaurant: _____

Total # of Meals per Week: _____

ALTERNATIVE CONTACT INFORMATION (Two contacts other than owner):

Name: _____ **Title:** _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Name: _____ **Title:** _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____



Retail Food Establishments: Certified Food Protection Manager

Regulation 6 CCR 1010-2: Retail Food Establishments

Five Risk Factors

Top five causes of illness:

1. Improper Holding Temps
2. Inadequate Cooking
3. Contaminated Equipment
4. Food from Unsafe Sources
5. Poor Personal Hygiene

All 5 of these risk factors can be reduced by having a certified food protection manager

Regulation

citation 2-102.12 & 2-102.20

At least one employee with authority to direct and control food preparation and service shall be a food protection manager who has been certified by an accredited program. Only Conference for Food Protection ANSI certified Food Protection Manager courses meet the requirements of 2-102.20

Trained managers keep food safe!

Food protection managers have an important role in formulating policies, verifying food employees carry out these policies, and communicating with employees about best practices to keep food safe

Contacts for Food Protection Manager Training:

360 Training *

<http://www.learn2serve.com>

Customer Support
(877) 881-2235

AboveTraining/StateFoodSafety *

<https://www.statefoodsafety.com>

Customer Support
(801) 494-1416

Environmental Health Testing (National Registry for Food Safety Professionals) *

<http://www.nrfsp.com>

Customer Service
(800) 446-0257

National Restaurant Association *

<https://www.servsafe.com>

Customer Support
(800) 765-2122

Prometric, Inc. *

<https://www.prometric.com>

Customer Support
(877) 725-3708

** These trainings may be offered in multiple languages*

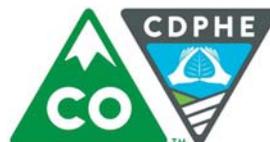
Issued: 1/22/19

For more information contact your local health department or visit these other sources:

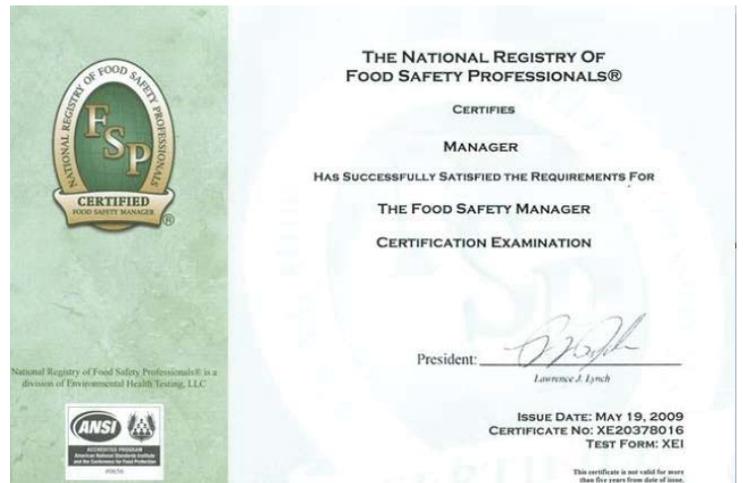
<https://www.colorado.gov/pacific/cdphe/food-code-transition>

Colorado Restaurant Association

<https://www.corestaurant.org/foundation/colorado-prostart-servsafe>



COLORADO
Department of Public
Health & Environment



Completion Information:

Completion Date: October 2, 2012
Exam Score: 100%
Provider Name: 360training.com
Provider Number: 0975



FORM 1-B	Conditional Employee or Food Employee Reporting Agreement Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, <i>Salmonella</i> Typhi, <i>Shigella</i> spp., or Shiga toxin-producing <i>Escherichia coli</i> (STEC), nontyphoidal <i>Salmonella</i> or Hepatitis A Virus
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The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**
- 2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.**
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____