



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

Catering Packet



Where Colorado Began!





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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.



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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: _____



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Commissary Agreement

I, _____ of _____, _____ Date _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give permission to _____ of _____
(Mobile Unit Owner) (Name of Mobile Unit)

to use my kitchen facilities to perform the following tasks on their operation days:

- Preparation of foods, such as produce, cutting meats/seafood, cooking, cooling, reheating
- Ware washing
- Filling water tanks
- Dumping waste water
- Storage of foods, single-service items, and cleaning agents
- Service and cleaning of equipment
- Other (specify) _____

A *Commissary Use Log* will be maintained and made available to the Department upon request. Indicate how and where the *Commissary Use Log* will be maintained:

Commissary Water Supply: Public Private PWSID# _____
(Public Water System ID Number)

Commissary Sanitary Sewer Service: Public Private

Signature _____ Date _____
(Commissary Owner/Operator)

Commissary Contact Phone Number: _____

Commissary Email Address: _____

This Commissary Agreement is valid for the current calendar year only.

