Garfield County Public Health

Garfield County Public Health 195 W 14th St. Rifle, CO 81650 970-625-5200 ext. 8130
consumerprotection@garfieldcountyco.gov

RETAIL FOOD ESTABLISHMENT CHANGE OF OWNERSHIP PACKET

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

ESTABLISHMENT PHYSICAL LOCATION DETAILS		
Name of Establishment (DBA):		
Location Street Address:		
City:	State:	Zip:
County:		
Facility Phone:	Facility Email:	
Facility Website:		
LEGAL OWNERSHIP DETAILS		
Legal Ownership Type: ☐ Corporation/LLC ☐ Partnership ☐ Individual (Sole Proprietor) ☐ Non-Profit ☐ Government		
Legal Owner Name (either Legal Organization Name **or** Individual (Sole Proprietor) First and Last Name) :		
Owner Mailing Address:		
Owner Mailing Attention Line:		
City:	State:	Zip:
Owner Primary Phone:	Owner Primary Email:	
Owner Secondary Phone:	Owner Secondary Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
CONTACT DETAILS		
Primary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
Secondary Contact:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	

LICENSING INFORMATION	
Name of Existing/Most Recent Establishment:	
Closure Date:	For mobile units, County license was issued in:
PLAN REVIEW DETAILS	
Date of Ownership Change:	
Expected Opening Date:	
Number of Seats Indoors:	Number of Seats Outdoors:
Days of Operation:	
Hours of Operation:	
Seasonal: YES ☐ NO ☐	Months of Operation:

You will be invoiced for your license fee at a later date upon completion of your plan review.

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per Section 18-8-306, C.R.S., it is a felony to submit false information to a state official.

Name & Title of Applicant (Please Print)

Signature of Applicant

*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.

Type of Retail Food Establishment (check all that apply)

☐	Full Service Restaurant	☐	Bar
☐	Fast Food	☐	Coffee Shop
☐	Market (Grocery)	☐	School Food Program
☐	Deli	☐	Catering Operation
☐	Fish Market	☐	Concession
☐	Meat Market	☐	Manufacturer with Retail Sales
☐	Convenience Store	☐	Other:
Projected maximum number of meals to be served.			
Number of meals per week:			

1. Submit floor plans drawn to scale that include the location and identification of all equipment, plumbing fixtures, and storage areas in the establishment.

2. Provide details on changes or alterations that increase or reduce the size of the kitchen or storage spaces. If no changes are to occur this is not applicable.

3. Number of seats in the establishment: Indoor_____ Outdoor_____

4. Number of restrooms in the establishment: _____

5. Are there alterations or revisions to the establishment or equipment that require a building or construction permit by local building authorities? ☐ **Yes** ☐ **No**
   • If yes, provide information on the changes.

6. Will the menu be changing from that of the previous establishment? ☐ **Yes** ☐ **No**
   • If yes, provide a copy of the proposed menu(s) and, if available, a copy of the menu from the existing or most recent establishment.

7. Will equipment be added? ☐ **Yes** ☐ **No**
   • If yes, provide specification sheets for any new pieces of equipment. If specs cannot be obtained, please provide pictured of the equipment you intend to use.

8. Please indicate any additional changes being made to the establishment that have not been addressed above.

Change of Ownership Establishment Requirements

- The Establishment must have adequate equipment to maintain food temperatures.
- All hand sinks must be supplied with soap and disposable paper towels.
- All food must be obtained from approved sources that comply with the applicable laws relating to food and food labeling.
- Food must be protected from cross-contamination while stored, prepared, displayed, dispensed, packaged, or transported from all agents of public health significance.
- Ill employees must be excluded or restricted from the retail food establishment in accordance with 2-201.12 in the Colorado Retail Food Establishment Regulations. (see attached employee reporting agreement)
- Employees must be knowledgeable in food safety, which include but not limited to proper cooking and cooling of foods, when to wash hands, how to prevent food from bare hand contact, and practice good hygienic practices. At least one person who has manager or supervisor responsibilities must demonstrate active managerial control by being a Certified Food Protection Manager (CFPM) at most establishments.
- Provide a probe-type thermometer that is capable of reading both hot and cold temperatures and is calibrated and accurate to ±2°F.
- Ensure that all necessary equipment is indirectly plumbed to the waste line (i.e., three- compartment sinks, coolers, ice machines, and food preparation sinks).
- A sign or poster notifying food employees to wash their hands is required to be provided and visible at all sinks food employee's use for hand washing.
- At least one service sink or curbed cleaning facility with a floor drain shall be used for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
- Other requirements and further guidance for provisions of a retail food establishment please see the Colorado Retail Food Establishment Regulations (6 CCR 1010-2). Copies are available from the department's web site at cdphe.colorado.gov/retail-food/retail-food-resources.

Submit completed applications to:
consumerprotection@garfieldcountyco.gov
An inspector will review the plans and contact you with any questions or concerns.
Upon review of the change of ownership, an invoice with payment details will be provided.
Contact Consumer Protection with any additional questions:
970-625-5200 ext. 8130

FOR INFORMATIONAL PURPOSES ONLY:			
LICENSE TYPE & FEE; PAYMENT PROCESSED AFTER STAFF REVIEW			
Restaurant (0-100 seats)*	$481	Grocery Store (0-15,000 sq ft)*	$244
Restaurant (101-200 seats)*	$538	Grocery Store (>15,000 sq ft)*	$441
Restaurant (>200 seats)*	$581	Grocery w/ Deli (0-15,000 sq ft)*	$469
Limited Food Service*	$338	Grocery w/ Deli (>15,000 sq ft)*	$894
Mobile Unit (limited/prepackaged TCS)*	$338	Health Care Restaurant (0-100 seats)*	$481
Mobile Unit (full service food)*	$481	Health Care Restaurant (101-200 seats)*	$538
School Cafeteria	$0	Health Care Restaurant (>200 seats)*	$581
Special Event*	Set locally	Correctional Facility	$0
		Oil & Gas Temporary	$1063