



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
 Colorado Springs, CO 80907
 (719) 578-3199 *phone*
 (719) 578-3188 *fax*
www.elpasocountyhealth.org

Retail Food Establishment License Application Calendar Year 2019

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

| | | | |
|---|--|--|--------------------|
| Ownership type: | | | |
| Full legal name of owner, corporation, or non-profit: | | | |
| Trade name (DBA): | | Contact name (on site): | |
| Email: | | CO Sales Tax Acct. No.: | |
| Physical address of business: | | City: | State: Zip: |
| County where business is located: | Phone number: | Other contact number: | |
| Mailing address (if different from above): | | City: | State: Zip: |
| Date you started the business: | Seasonal? Mark each month you operate: | <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC | |
| 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: Calendar Yr: |

| | License Type | Code | Fee |
|--------------------------|--|------|----------------------------|
| <input type="checkbox"/> | No fee license (K-12 schools, non-profits) | 1002 | \$0.00 |
| <input type="checkbox"/> | Limited food service (convenience, other) | 1004 | \$270.00 |
| <input type="checkbox"/> | Restaurant (0-100 seats) | 1007 | \$385.00 |
| <input type="checkbox"/> | Restaurant (101-200 seats) | 1012 | \$430.00 |
| <input type="checkbox"/> | Restaurant (> 200 seats) | 1016 | \$465.00 |
| <input type="checkbox"/> | Grocery Store (Under 15,001 sq. ft.) | 1021 | \$195.00 |
| <input type="checkbox"/> | Grocery Store (Over 15,000 sq. ft.) | 1029 | \$353.00 |
| <input type="checkbox"/> | Grocery Store w/ deli (Under 15,001 sq. ft.) | 1049 | \$375.00 |
| <input type="checkbox"/> | Grocery Store w/ deli (Over 15,000 sq. ft.) | 1059 | \$715.00 |
| <input type="checkbox"/> | Mobile unit (prepackaged) | 1089 | \$270.00 |
| <input type="checkbox"/> | Mobile unit (full food service) | 1085 | \$385.00 |
| <input type="checkbox"/> | Special Event (full menu) | 1087 | \$100.00 per 1 Day Event |
| | | 1088 | \$174.00 per 2-8 Day Event |
| | | 1086 | \$330.00 Multiple Events |
| <input type="checkbox"/> | Special Event (limited menu) | 1095 | \$75.00 per 1 Day Event |
| | | 1096 | \$125.00 per 2-8 Day Event |
| | | 1094 | \$235.00 Multiple Events |
| | Total due: | | \$ |

County Use Only

Health Specialist

Make checks payable to EPCPH.

Mail payment and completed application to:
 El Paso County Public Health
 Environmental Health Division
 1675 W Garden of the Gods Rd, Ste 2044
 Colorado Springs, CO 80907

Questions?

Call: 719-578-3199

Visit: elpasocountyhealth.org

Email: healthinfo@elpasoco.com