



6162 S. Willow Drive Suite 100, Greenwood Village, CO 80111  
P: 303-220-9200 | F: 303-220-9208 | www.tchd.org

## Food Truck and Trailer Plan Review Form

Trucks and trailers that contain a commercial kitchen and have never been licensed by Tri-County Health Department must submit plans for approval prior to being licensed.

**PLEASE NOTE: Pushcarts and mobile food units that only sell pre-packaged foods are not required to submit plans for approval prior to being inspected for licensing.** Operators of pushcarts and mobile food units that only sell pre-packaged foods may contact one of the following offices to arrange for an inspection:

**Aurora: 303-363-3055**

**Greenwood Village: 720-200-1670**

**Castle Rock: 303-846-2027**

**Commerce City: 303-439-5959**

Please refer to the Colorado Retail Food Establishment Rules and Regulations for definitions of mobile food units and requirements at <http://www.tchd.org/DocumentCenter/View/528>. Becoming familiar with the regulations will help you answer questions when completing the plan review packet. Please refer to the attached Policy for Mobile Food Facilities for additional information.

### Submitting Plans

Tri-County Health Department is concerned about the time and expense involved in starting a mobile retail food establishment business. **The enclosed form must be completely filled out including the finish schedule and an email address. Failure to include all requested information may delay the review and/or approval of your plans.**

**Please verify that this establishment is going to operate outside of the City and County of Denver.**

Refer to the end of page 2 for the checklist of information that is to be submitted for plan review.

Submit plans to **Tri-County Health Department at one of the following locations:**

15400 E 14 <sup>th</sup> Pl, STE 309 Aurora, CO 80011	410 S Wilcox St Castle Rock, CO 80104	6162 S Willow Dr, STE 100 Greenwood Village, CO 80111	4201 E 72 <sup>nd</sup> Ave, STE D Commerce City, CO 80022
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### Fees

A \$100 plan review application fee must accompany each set of plans for the initial review.

In addition to the \$100 plan review application fee, a fee based on \$60.00 per hour, not to exceed \$580.00, will be assessed for our time spent conducting the plan review, consultations in the office or by phone, and pre-opening inspections.

Unless an operator is verified to be a specific type of non-profit, license fees range from \$270.00 – \$385.00. Licenses expire on December 31<sup>st</sup> every year and are **not** pro-rated.

All fees must be paid in full prior to receiving an approval to operate.



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## Review Process

**We do not offer an option to expedite the plan review.** Plans are reviewed on a first come first serve basis.

The Primary Contact, as listed on page 3 of this application, will be notified within 14 business days of the plan submittal date if the plans are accepted, or if more information or changes are needed.

Non-approval of plans will require submission of revised plans and may take up to another 14 business days for notification.

Once a written approval of the plans is received by the Primary Contact, an inspection may be scheduled.

If the plans change after they have been approved by this Department, the plans must be re-submitted for approval. This review may take up to another 14 business days for notification.

## Required Inspections

It is the responsibility of the Primary Contact or their designee to schedule the inspections of the mobile food unit. **All inspections require a minimum 5 business day notice.** Inspections are to be scheduled by calling the phone number provided in the plan review approval letter.

Unless the operation is exempt from licensing by the Colorado Retail Food Establishment Rules and Regulations, a Retail Food License is required in order for any food to be handled or prepared. This includes food handling for training purposes.

In general, plan on 2 inspections. The first inspection is to assure the plans approved by this Department were followed and to look for other issues that must be corrected prior to licensing. The inspector will leave a list of items with which to comply before scheduling the second inspection. If no issues are observed during the first inspection, the licensing will take place at that time.

Have the following items ready for the inspection:

1. All work on the mobile food unit is complete and in compliance with the Colorado Retail Food Establishment Rules and Regulations.
2. The mobile food unit is thoroughly cleaned.
3. All equipment is working properly (all refrigeration at 41° F or less)
4. All items noted in the plan review approval letter and in previous inspection reports have been addressed.
5. The Colorado State Sales Tax license is provided to apply for a Retail Food Establishment License.
6. If the ownership is a sole proprietor, the owner will need to complete an affidavit of lawful presence in the United States of America located at: <http://www.tchd.org/DocumentCenter/View/444>. Please bring proper identification such as a Colorado Driver's License.
7. All remaining plan review fees and the license fee are paid in full. **No checks will be accepted.**



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Application Date: \_\_\_\_\_

Date of Planned Opening: \_\_\_\_\_

## MOBILE UNIT PLAN REVIEW FORM

### ESTABLISHMENT INFORMATION

Name of Mobile Unit:		Phone:
Type of Unit: <input type="checkbox"/> Mobile Trailer <input type="checkbox"/> Mobile Truck VIN # _____		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website/Facebook Page:		

### OWNERSHIP INFORMATION

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

### CONTACT INFORMATION ( CHECK IF SAME AS ABOVE )

Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

### LICENSING INFORMATION

Has your mobile unit been previously licensed in Colorado? YES / NO		
If yes, provide the following information	Year:	County license issued in:
Sales Tax Account Number: _____		

### DAYS AND HOURS OF OPERATION

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

### CIRCLE ALL MONTHS YOU PLAN TO OPERATE

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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### PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED PER SHIFT, WHERE APPLICABLE

Breakfast	Lunch	Dinner

What is the maximum number of staff working during hours of operation? \_\_\_\_\_

**Below is a checklist of required information needed to complete the plan review.  
Please ensure all information is included.**

**\*\*Lack of complete information will delay review and plan approval.\*\***

Menu	Table 5: Hot Holding Unit
Table 1: Food Handling Procedures	Table 6: Manual Warewashing
Floor Plan/Equipment Layout	Table 7: Water Heater
Table 2: Finish Schedule	Water Supply Information
Table 3: Ventilation	Wastewater Tank/Disposal Information
Equipment Specifications	Commissary Agreement
Table 4: Refrigeration and Freezer Capacity	

**I. MENU AND FOOD HANDLING PROCEDURES**

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

<b>TABLE 1 FOOD HANDLING PROCEDURES</b>				
Procedure	Y	N	<i>If yes, indicate where procedure will take place</i>	
			Commissary	Mobile
Will produce be washed?				
Will frozen foods be thawed?				
Will foods be prepared in advance? <i>(e.g. sliced, chopped, etc.)</i>				
Will food be cooked?				
Will food be rapidly cooled?				
Will food be rapidly reheated?				
Will food be held hot?				
Will food be held cold?				

**\*\* Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling\*\***  
**\*\*Preparation of food or storage of any items related to the operation is prohibited in a personal home\*\***

- 1. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.
  - Utensils
  - Gloves
  - Deli Tissue
  - Other: \_\_\_\_\_



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**II. FLOOR PLAN/EQUIPMENT LAYOUT:**

A. Submit a floor plan drawn to scale that includes the location and identification of all equipment, plumbing fixtures and storage areas, including but not limited to the items listed below. Check all that apply to the mobile unit. **NOTE:** All equipment related to the operation must be of commercial design that is certified or classified for sanitation by an American National Standards Institute (ANSI) certification program or a design that is approved by the Department.

- Handsinks
- Food Preparation Sinks
- Warewashing Sinks
- Mop Sink
- Storage Area
- Refrigeration Units
- Hot Holding Units
- Ventilation
- Water Heater
- Water Supply Tank
- Wastewater Tank
- Drainage Pipes
- Outdoor Cooking Equipment
- Spare Tires, Tools, Hoses, etc.

**III. PHYSICAL FACILITIES**

A. Complete the finish schedule in *Table 2* below to indicate interior finishes for the mobile unit.

TABLE 2 FINISH SCHEDULE						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless</i>	<i>Example Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i>	<i>Example Smooth</i>	<i>Stainless</i>	<i>Example Smooth</i>

B. **Windows and Doors:** To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? YES / NO

If no, please describe how the unit will be protected from pest entry:

\_\_\_\_\_

2. Are service windows self-closing (closes **without** using hands)? YES / NO

If no, please describe how the unit will be protected from pest entry:

Example: air curtain \_\_\_\_\_



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C. **Ventilation:** *If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood is required.*

1. If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFM)s.

TABLE 3 VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

**IV. EQUIPMENT SPECIFICATIONS:**

- A. Submit equipment specification sheets, including make and model numbers. All equipment must be of commercial design, certified by an ANSI accredited certification program, or a design approved by the department. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide information on refrigeration/freezer capacities and hot holding units by completing *Table 4* and *Table 5* below.

TABLE 4 REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

TABLE 5 HOT HOLDING UNITS	
TYPE OF UNIT	# OF UNITS PROVIDED
Steam Tables	
Hot Box	
Cook & Hold Units	
Other hot holding storage:	



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**V. UTENSILS AND WAREWASHING**

A. Where will utensil washing take place? (Check all that apply)

- Commissary 3-compartment sink
- Commissary mechanical dishwasher
- Mobile unit 3-compartment sink

B. If a 3-compartment sink is installed on the mobile unit, provide specifications for the 3-compartment sink in *Table 6* below.

TABLE 6 MANUAL WAREWASHING				
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

**VI. WATER SYSTEMS:**

A. Please provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan.

**B. Hot Water**

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

- Water Heater (includes tankless water heater)
- Passive System / Heat Exchanger (eg. water is heated as it passes by the heating element)
- Other (specify): \_\_\_\_\_

2. If a water heater is installed, complete *Table 7* below.

TABLE 7 WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity



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### Water Supply Information

1. Provide location where water will be obtained below.

\_\_\_\_\_

Business Name	Street Address	City	State/Zip
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2. Provide water supply tank capacity (in gallons) below and provide a specification sheet or the measurements of the tank.

\_\_\_\_\_ gallons    Length \_\_\_\_\_ inches x Width \_\_\_\_\_ inches x Depth \_\_\_\_\_ inches

3. Provide the maximum number of hours operating between filling water supply tank below.

\_\_\_\_\_

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

- 3-compartment sink (Indicate number of sinks): \_\_\_\_\_
- Handsink (Indicate number of sinks): \_\_\_\_\_
- Food preparation sink (Specify dimensions in inches LxWxD): \_\_\_\_\_
- Pre-rinse sprayer
- Utensil soak sink
- Mop sink
- Dishmachine
- Other (specify): \_\_\_\_\_

### C. Wastewater Tank/Disposal Information

1. Provide location where wastewater will be disposed of below.

\_\_\_\_\_

Business Name	Street Address	City	State/Zip
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2. Provide wastewater tank capacity (in gallons) below and provide a specification sheet or the measurements of the tank.

\_\_\_\_\_ gallons    Length \_\_\_\_\_ inches x Width \_\_\_\_\_ inches x Depth \_\_\_\_\_ inches

**NOTE: The wastewater tank must be at least 15% larger than water supply tank.**

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different threads on inlet and outlet
- Other (specify): \_\_\_\_\_





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## COMMISSARY AGREEMENT

<b>Retail Food Establishment DBA</b>	<b>Commissary DBA</b>
Retail Food Business Owner	Commissary Owner's Name
Address	Address
City <span style="float: right;">Phone</span>	City <span style="float: right;">Phone</span>

Mr./Mrs./Ms. \_\_\_\_\_ states that he/she has your permission to use your commissary/food facility/base of operations for the purpose of storing food and supplies used for the mobile or temporary food facility, necessary preparation of food, filling unit with potable water, cleaning of the unit, and dumping of wastewater from storage tanks.

**To qualify as an approved commissary, you must:**

1. Provide approved, food grade hoses for potable water supply to mobile units.
2. Provide an approved area for the storage and preparation of food products and supplies, with approved, properly installed equipment.
3. Provide an approved area with an approved 3-compartment sink/dishwasher for the washing, rinsing, and sanitizing of utensils and equipment.
4. Provide an approved area with floor drains for cleaning and maintenance of the mobile food facility.
5. Provide direct access to an approved floor sink for proper wastewater disposal from holding tanks.
6. Post and maintain a daily log (check-in/out) sheet, the mobile or temporary food facility owner must sign daily that they are using your commissary, and you must sign daily verifying that the mobile or temporary food facility uses your commissary.
7. Maintain your commissary in satisfactory condition as determined by the Local Health Department.

***Once the mobile or temporary food facility has been approved for licensing, you must also agree to notify the Tri-County Health Department if the above mentioned mobile or temporary food facility has not utilized your facility, as required, for three (3) consecutive days. You must also certify under penalty of perjury that you are the legal owner and/or operator of this food facility and will abide by the contents of this letter.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**THIS AGREEMENT LETTER MUST BE UPDATED AND RESUBMITTED ANNUALLY**



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### Affidavit of Employee Rest Room Availability

Business/ Trade Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

State Sales Tax Number: \_\_\_\_\_

I (print name) \_\_\_\_\_ as a representative of the above  
Last First MI

named company offer this affidavit as proof that a rest room for my employees is conveniently located and accessible to my business. I also acknowledge that if I cease to use this address, a new rest room affidavit must be submitted for approval before I can resume selling my product.

**Operator/ Vendor:** \_\_\_\_\_  
Signature Date

I (print name) \_\_\_\_\_ as owner/representative of this  
Last First MI

**business do hereby confirm that**

\_\_\_\_\_ has permission  
Last First MI

to use the rest rooms of this business

\_\_\_\_\_  
Print Name of Business

**which is located at**

\_\_\_\_\_  
Print Address of Business

The telephone number of this business is \_\_\_\_\_ . Business hours of operation

\_\_\_\_\_ . I do hereby confirm the above information is true by signing on the appropriate line below

**Business Owner/ Representative** \_\_\_\_\_  
Signature Date

For Tri-County Use Only	
<b>EHS Name</b>	_____
Print	Date
<b>EHS</b>	_____
Signature	Date



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## **POLICY FOR MOBILE FOOD FACILITIES**

1. **POLICY FOR MOBILE FOOD FACILITIES:** (Trucks, trailers, pushcarts) **LICENSING:** New mobile hot trucks and trailers that have not been previously licensed by TCHD shall submit a plan review for licensing to the office closest to the mobile unit's commissary. Relicensing of trucks, trailers and push carts for the calendar year shall be done by appointment at a TCHD EH office by any assigned EHS. The Truck/Push Cart Licensing Checklist shall be used for this inspection. This licensing will constitute one inspection for the year, and the inspection should be entered in the computer.
2. **IDENTIFICATION:** All mobile food facilities shall be identified with the trade name and contact information of the owner/operator. The name shall be provided in letter or numerals at least three inches high with at least 3/8-inch wide brush strokes. The color of the letters or numerals shall be of a contrasting color to that of the mobile food establishment's exterior. All of the above are to be clearly and permanently indicated and visible.
3. **CONSTRUCTION:** Mobile food facility equipment, including but not limited to the interior cabinets and compartments shall be smooth, easily cleanable, durable, non-toxic, and readily accessible for cleaning. Minimum grade material shall be stainless steel, FRP or its equivalent. All gaps, voids or openings shall be sealed. See Truck/Push Cart Licensing Checklist.
4. **EQUIPMENT:** All equipment on mobile food facilities (i.e. espresso machines, refrigerators, shaved ice machines, sinks, etc.) shall comply with the Colorado Retail Food Establishment Rules and Regulations.
5. **OPERATION:** During operation, no food intended for retail sale shall be conveyed, held, stored, displayed or served from any place other than the mobile food facility (no extra tables, racks, equipment, etc.). Mobile units must have self-contained power supplies for hot and cold holding equipment; however, an external power supply, in addition to the self-contained power supply, may be used when available as permitted by the local building department. Storage of food and beverages in ice chests are acceptable for pushcarts. An additional table for condiments and non-potentially hazardous foods is permitted.
6. **APPROVED SOURCE:** All packaged foods and approved unpackaged food on the mobile food facility shall be obtained from an approved source.
7. **FOOD PREPARATION:** Pushcarts: Potentially hazardous foods prepared on pushcarts will be limited to cooking/grilling hot dogs, commercially preformed frozen hamburger patties and commercially precooked chicken patties. Potentially hazardous foods that are prepared, wrapped and properly labeled at the commissary, wrapped for resale and maintained at 41°F or below or kept at 135°F or above on the push cart will also be allowed, i.e. barbeque, tacos, burritos and tamales. Hot trucks/trailers: Hot trucks and trailers will be allowed to cook/grill potentially hazardous food on the truck/trailer or at an approved outside grill. All final assembly and serving of grilled foods must be done on the mobile unit.
8. **TOILET FACILITIES:** Mobile food vendors operating at a fixed location shall have a rest room conveniently located and accessible for employees. An Affidavit of Employee Rest Room Availability for that specific location shall be provided to TCHD by the mobile food vendor.
9. **TEMPERATURES:** All mobile food facilities from which potentially hazardous foods are sold or offered for sale shall be provided with equipment to maintain adequate, safe temperatures of 41°F or below or 135°F or above.

10. **WASTEWATER:** All wastewater shall be disposed of into the approved wastewater receptor at the commissary, i.e. floor sink or floor mounted mop sink.
11. **SINKS:** A minimum of a hand sink with paper towels and soap in approved dispensers shall be provided. A sink shall be located on the operator's side of the mobile food facility and shall be easily accessible. Portable handsinks that are not an integrated part of the mobile unit are not allowed. The sink shall be furnished with hot (minimum 100°F) and cold running water under pressure through a mixing faucet that permits both hands to be free for washing. Hot trucks and trailers may also have a three compartment sink to wash, rinse, and sanitize utensils and equipment. Hot water (minimum 110°F) must be provided at the wash sink. Water pressure at hand sinks shall be sufficient to fill a 16-ounce container in a minimum of 8 seconds.
12. **POTABLE WATER SUPPLY:** The potable water tank and delivery system shall be constructed of approved materials, provide protection from contamination and shall be of capacity commensurate with the level of food handling activity on the mobile food facility. Push carts with a hand sink only shall have a minimum of a 5-gallon potable water tank. The size of potable water tanks for hot trucks or trailers with a hand sink and three compartment sinks will be dependent on the size of the sinks. The potable water tank inlet shall be provided with a connection of a size and type that will prevent its use for any other service and shall be constructed so that backflow and other contamination of the water supply is prevented. Hoses used to fill potable water tanks shall be of a food grade material (the use of "garden hoses" is not authorized).
13. **WASTEWATER TANKS:** Mobile food facilities shall be equipped with a permanently installed wastewater holding tank. The wastewater tanks shall be at least 15% larger than the potable water tank. At a minimum: Push carts with a hand sink only shall have a holding wastewater tank of at least 5.75 gallons. Holding tanks for hot trucks and trailers with a hand sink and, three compartment sink if applicable, will be a minimum of 15% larger than the potable water tanks. All waste from sinks must drain into the holding tank.
14. **COVERS/SCREEN:** Pushcarts shall have a cover or umbrella over the cart during food service operation. Mobile trucks and trailers shall be protected to prevent insect and rodent entry. The service window must be self-closing or protected with an air curtain to prevent insect entry.
15. **COMMISSARY:** All hot trucks, trailers and pushcarts must operate and shall report daily to approved commissary or a base of operations approved by the Department. Mobile units shall provide TCHD with a new Affidavit of Commissary letter at initial licensing and each year at license renewal. If the commissary is changed during the year, a new commissary letter shall be provided for TCHD approval. Commissaries shall not be approved if the facilities cannot service the mobile units or are located outside Adams, Arapahoe, or Douglas counties. Commissaries located in the City/County of Denver will be approved only if the mobile unit is already licensed by Denver Department of Public Health and Environment. Other local commissaries outside of TCHD with the sole intent to provide commissary services to mobile food units may be accepted.