



CHECKLIST

The following are REQUIRED to complete your Plan Review:

- A. \$155 application fee.
- B. A brief written description of the scope of work and what changes/construction will occur.
- C. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- D. 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.
- E. Equipment Specifications: Sheets must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions.
- F. Food Protection Manager Certification: Provide manager certification documentation.
- G. Employee illness policy, or utilize the written policy provided on the last pages of this plan review packet.
- H. Completed plan review packet (this document).

The fee for filing an application for a plan review is \$155.00, and the filing fee does not include the cost of plan review activities. 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))].

There will be a delay in reviewing your plan review if either the application fee or a fully completed application form are not submitted with the plans.

Please make check payable to: Gunnison County Health & Human Services or Gunnison County HHS

Mail the completed application and check to the address above.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW & PERMIT APPLICATION

This form is 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: <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Non-Profit <input type="checkbox"/> 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 <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	
CONTACT DETAILS DURING PLAN REVIEW PROCESS		
Primary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	
Architect Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	
Contractor Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact <input type="checkbox"/>	Send Licenses to this contact <input type="checkbox"/>	

PLAN REVIEW DETAILS			
Application Date:		Expected Construction Start Date:	
Expected Opening Date:			
Number of Seats Indoors:		Number of Seats Outdoors:	
Days of Operation:			
Hours of Operation:			
Seasonal: YES <input type="checkbox"/> NO <input type="checkbox"/>		Months of Operation:	
CHOOSE ONE:			
<input type="checkbox"/> Newly Constructed <input type="checkbox"/> Extensively Remodeled (currently licensed) <input type="checkbox"/> Conversion of an existing structure			
LICENSE TYPE (SELECT ONE):			
<input type="checkbox"/> Restaurant (0-100 seats)*	\$481	<input type="checkbox"/> Grocery Store (0-15,000 sq ft)*	\$244
<input type="checkbox"/> Restaurant (101-200 seats)*	\$538	<input type="checkbox"/> Grocery Store (>15,000 sq ft)*	\$441
<input type="checkbox"/> Restaurant (>200 seats)*	\$581	<input type="checkbox"/> Grocery w/ Deli (0-15,000 sq ft)*	\$469
<input type="checkbox"/> Limited Food Service*	\$338	<input type="checkbox"/> Grocery w/ Deli (>15,000 sq ft)*	\$894
<input type="checkbox"/> Mobile Unit (limited/prepackaged TCS)*	\$338	<input type="checkbox"/> Health Care Restaurant (0-100 seats)*	\$481
<input type="checkbox"/> Mobile Unit (full service food)*	\$481	<input type="checkbox"/> Health Care Restaurant (101-200 seats)*	\$538
<input type="checkbox"/> School Cafeteria	\$0	<input type="checkbox"/> Health Care Restaurant (>200 seats)*	\$581
<input type="checkbox"/> Special Event*	Set locally	<input type="checkbox"/> Correctional Facility	\$0
		<input type="checkbox"/> Oil & Gas Temporary	\$1,063

Updated license fees go into effect September 1, 2025. 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)

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

Have plans for this establishment been submitted to the local building department? Yes No

If yes, name of local building department:

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic covered molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR WALL Junctures	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				

Identify the finishes of cabinets, countertops, and shelving:

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID# on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other:	
	Other:	
	Other:	

Note:

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100-mesh screen and may require a drain.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.

Plumbing - Sink Sizes

Manual Warewashing Information: All food establishments that prepare or package food must have facilities for cleaning and sanitizing food contact surfaces. Cleaning facilities can be either three-compartment sinks or mechanical dish machines. **Please note: You must have an alternative wash/rinse/sanitize procedure should your mechanical system fail.**

Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drainboard lengths, and if a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information				
ID# on Plans	Length (inches) of soiled drainboard	Dimensions (inches) of Sink Compartments (LxWxD)	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		x x		
		x x		
		x x		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Mechanical Warewashing Information, if a machine is provided:

Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

If heat sanitizing on a dish machine, is a separate booster heater provided? YES NO
 If yes, complete Table 3 on next page.

Mechanical Warewashing Information						
Make	Model#	Select one: Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-rinse Yes/No	Utensil Soak Sink Dimensions (inches) (LxWxD)	Water Usage (GPH)
					x x	
					x x	

Water Heater Information

Provide the following water heater information in Tables 1, 2, and 3 as applicable. Attach specification sheets.

Note: If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 1

Standard Tank Type Heater		
Make	Model#	kW/BTU Rating

Table 2

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	Model#	BTU Rating	Flow Rate (GPM) at 80°F or 100°F rise	Storage Tank Capacity (Gallons), if applicable

NOTE: Alternative information may be needed. For instantaneous/tankless systems, approval of system may require further review.

Table 3 (if applicable)

Booster Heater Information Dish Machines			
Make	Model#	kW/BTU Rating	Distance from machine (feet)

Water Supply and Sewage

Water Supply

Select the type of water supply system that services the establishment

- Community/Public- Name of district:
- Non-Community- Public Water System ID Number (PWSID):
- Private - ** If the retail food establishment does not meet the definition of a public water system in accordance with the *Colorado Primary Drinking Water Regulations* additional monitoring and sampling is required. For more information about the *Colorado Primary Drinking Water Regulations* please visit:

cdphe.colorado.gov/water-quality-control-commission-regulations

a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Private Drinking Water Supply Information

Private System Type: Well Surface water influence

Depth (feet)	
Method of Disinfection	
Filtration (if applicable)	

Sewage Disposal

Select the type of sewage disposal system that services the establishment.

- Municipal/Public - Name of district:
- On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

Food Handling Procedures

If Standard Operating Procedures (SOP's) are available, please submit with plans.

Procedures	Yes	No
Will foods be held cold?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be held hot?	<input type="checkbox"/>	<input type="checkbox"/>
Will produce be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will frozen foods be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods (raw meats, for example) be cooked?	<input type="checkbox"/>	<input type="checkbox"/>
Will raw or undercooked animal foods be served? (Sushi, breakfast eggs, or cooked-to-order meat, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be sold to other retail food establishments?	<input type="checkbox"/>	<input type="checkbox"/>
Will catering be conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a salad bar or buffet?	<input type="checkbox"/>	<input type="checkbox"/>
Will bulk food items (candy, trail mix, etc.) be sold to the public?	<input type="checkbox"/>	<input type="checkbox"/>

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

In addition, describe what methods will be used in your facility to rapidly cool cooked food check only those that apply in your establishment.

- Under refrigeration Ice water bath Adding ice as an ingredient
 Rapid cooling equipment Shallow pans Separating food into smaller portions
 Other

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

List the equipment that will be used for reheating

- Stove Microwave Other:

C. Describe how frozen foods will be thawed.

- Under refrigeration Under running water In a microwave
 As part of a cooking process Other

D. Describe where personal items will be stored.

E. Describe where chemicals used for operation will be stored.

F. How will bare hand contact with ready to eat foods be prevented during preparation?

- Gloves Utensils Deli Tissue Other:

G. Food will primarily be served on:

- Multi-use Tableware Single-service Tableware Both

Variance Requirement

If your operation includes any of the following specialized processing methods, you must obtain variance from the Colorado Department of Public Health & Environment:
(Check all boxes that apply)

- A. Smoking food as a method of preservation rather than as a method of flavor enhancement
- B. Curing food
- C. Using food additives or adding components such as vinegar:
 - a. As a method of food preservation rather than as a method of flavor enhancement, or
 - b. To render the food so that it is not time/temperature control of safety food
- D. Packaging TCS Food using a reduced oxygen environment
- E. Operating a molluscan shellfish life support system display tank
- F. Custom processing of animals that are for personal use as food
- G. Sprouting seeds or beans

HACCP Requirement

If your operation includes any of the following procedures, you will need a HACCP plan that meets the requirements of 3-502.12.

(Check all boxes that apply to your operation)

- H. Vacuum Packaging
- I. Sous Vide
- J. Cook-Chill

The following pages are provided as guidance and a template for an employee illness policy. Adopting the following procedures at your establishment will help you provide a safe and healthy work environment for your employees.

If you would like a copy of these documents in another language, please visit:

<https://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm#forms>

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, *Salmonella* Typhi, *Shigella* spp., or Shiga Toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

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 _____