

"Health begins where you live, learn, work, and play"

P.O. BOX 626 112 WEST 5TH STREET LEADVILLE, CO 80461

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LAKE COUNTY
LEADVILLE, CO PUBLIC HEALTH AGENCY

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR

2019

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. Your bank account may be debited as early as the same day received. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollectible funds, Lake County environmental health may collect the payment amount directly from your bank account electronically.

Health Department Approval

Make remittance payable to: Lake County Environmental Health

Submit payment and application to:
Lake County Public Health Agency
Attn: **Environmental Health**
P.O. Box 626/ 112 West 5th Street
Leadville, CO. 80461



Type of Ownership
 Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification.)
 General Partnership Limited Partnership Limited Liability Company Limited Liability Partnership Limited Liability Limited Partnership
 Corporation "S" Corporation Association Estate Government
 Joint Venture Trust Non-Profit 501(c)(3) [Please enclose copy of IRS letter of exemption] Other Non-profit

License to be issued in the name(s) of (full legal name of corporation; individual owner or name of first partner)

 (names of second and additional partners or corporation officers)

Trade Name (Doing Business As) _____ FEIN Number/Social Security Number _____

Business Located at (street or rural route, city, state, and ZIP code)

County in which business is physically located _____ Phone Number _____

Mailing Address (if different from location above; include street, city, state, and ZIP code)

Date you started the business _____
 If seasonal, mark each business month
 JAN MAR MAY JULY SEPT NOV
 FEB APR JUNE AUG OCT DEC
 Seasonal Date of Operation: Begin Date ____/____/____ End Date ____/____/____
 Month Day Month Day

Are you liable for reporting state sales tax? Yes No Liquor? Yes No Gaming? Yes No

Onsite Phone Number _____ **NAME of onsite Kitchen Manager and EMAIL ADDRESS** _____

Colorado Sales Tax Account Number (required) _____ Name and address of current owner _____ Calendar Year _____

For Health Department Use Only

<input type="checkbox"/> No fee License (Govt. Entity/Non-Profit/Minor)	\$0.00	<input type="checkbox"/> Temporary Event Vendor License (Prepackaged Foods Only)	\$115.00
<input type="checkbox"/> Restaurant 0-100 Seats	\$385.00	<input type="checkbox"/> Temporary Event Vendor License (Full Service)	\$255.00
<input type="checkbox"/> Restaurant 101-200 Seats	\$430.00	<input type="checkbox"/> Temporary Event Coordinator Plan Review	\$100.00
<input type="checkbox"/> Restaurant Over 200 Seats	\$465.00	<input type="checkbox"/> Temporary Event Coordinator Inspection Fee (< 5 Vendors)	\$50.00
<input type="checkbox"/> Grocery Store with Deli (up to 15,000 Sq Ft)	\$375.00	<input type="checkbox"/> Temporary Event Coordinator Inspection Fee (5-10 Vendors)	\$100.00
<input type="checkbox"/> Grocery Store with Deli (over 15,000 Sq Ft)	\$715.00	<input type="checkbox"/> Temporary Event Coordinator Inspection Fee (10-20 Vendors)	\$150.00
<input type="checkbox"/> Grocery Store without Deli (up to 15,000 Sq Ft)	\$195.00	<input type="checkbox"/> Temporary Event Coordinator Inspection Fee (20-30 Vendors)	\$200.00
<input type="checkbox"/> Grocery Store without Deli (over 15,000 Sq Ft)	\$353.00	<input type="checkbox"/> Coordinator Fee for Late Vendor Entry (13 days prior to event)	\$25.00
<input type="checkbox"/> Limited Retail Food Service	\$270.00	<input type="checkbox"/> Coordinator Fine for Unannounced Vendors Present	\$100.00
<input type="checkbox"/> Mobile Unit (Prepackaged Foods Only)	\$270.00	<input type="checkbox"/> Vendor Fine (Unlicensed or Unannounced)	\$115.00 to \$255.00
<input type="checkbox"/> Mobile Unit (Full Service)	\$385.00		

Total Paid: \$

I do hereby certify that I have complied with all items as listed in the Colorado Retail Food Establishment Regulation, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment or local board of health. I do hereby agree that in the event that items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Applicant Signature _____ **Title** _____ **Date** _____
 x

EH Inspector Signature _____ **Date** _____
 x