

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

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

Phone: (719) 486-2413

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**LAKE COUNTY**  
LEADVILLE, CO PUBLIC HEALTH AGENCY

**RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR**

**2018**

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 5<sup>th</sup> 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 or Non-Profit)	\$0.00	<input type="checkbox"/> Temporary Event Vendor License (Prepackaged Foods Only)	\$115.00
<input type="checkbox"/> Restaurant 0-100 Seats	\$360.00	<input type="checkbox"/> Temporary Event Vendor License (Full Service)	\$255.00
<input type="checkbox"/> Restaurant 101-200 Seats	\$400.00	<input type="checkbox"/> Temporary Event Coordinator Plan Review	\$100.00
<input type="checkbox"/> Restaurant Over 200 Seats	\$435.00	<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)	\$350.00	<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)	\$665.00	<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)	\$183.00	<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)	\$330.00	<input type="checkbox"/> Coordinator Fee for Late Vendor Entry (13 days prior to event)	\$25.00
<input type="checkbox"/> Limited Retail Food Service	\$253.00	<input type="checkbox"/> Coordinator Fine for Unannounced Vendors Present	\$100.00
<input type="checkbox"/> Mobile Unit (Prepackaged Foods Only)	\$253.00	<input type="checkbox"/> Vendor Fine (Unlicensed or Unannounced)	\$115.00 to \$255.00
<input type="checkbox"/> Mobile Unit (Full Service)	\$360.00		

**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