



Retail Food Establishment Plan Review CHECKLIST

The following are REQUIRED to submit your application:

- ☐ A. \$155 application fee.
- ☐ B. Proposed menu- Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus.)
- ☐ C. 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, floor drains, restrooms, toilets, urinals, all handwashing sinks, grease traps, hose bibs, laundry facilities, etc.
- ☐ D. Equipment Specifications: Sheets must include make and model numbers. All equipment must be designed to be durable and retain quality under normal use conditions.
- ☐ E. Food Protection Manager Certification: Provide manager certification documentation.
- ☐ F. Employee illness policy, or utilize the written policy provided on the last pages of this plan review packet.
- ☐ G. Completed plan review packet (pages 1-14).



IMPORTANT: Failure to submit all items listed above will delay your approval time.

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 [(CRS 25-4-1607(2))].

Please make check payable to:
Mesa County Public Health
Attn: Environmental Health
P.O. Box 20,000-5033
Grand Junction, CO 81502

Mail the completed application and check to the address above.



MESA COUNTY PUBLIC HEALTH

Retail Food Establishment License Application

Effective Date, September 1, 2025

Incomplete applications will not be processed. Fields marked with an * are required.

Ownership type:			
☐ Individual / Sole Proprietorship	☐ Corporation (LLC, LLP, S-Corp, etc.)	☐ Non-profit (includes government)**	☐ Other
Full legal name of owner, corporation, or non-profit: *			
Trade name (DBA):*		Contact name (on site):*	
Email:*		Business phone number (on site):*	
Physical address of business: *		City:*	State: * Zip: *
County where business is located:*	Owner Primary phone number:*	Owner Secondary phone number:	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	Please indicate the months, days, and hours you are operating:		
☐ Seasonal Operation	☐ Year-round Operation		
In consideration there of, I do here by 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:*	

Based on operation, license type and fee will be determined by program staff from the list below.

License Type	Fee
Restaurant (0-100 seats)**	\$481.00
Restaurant (101-200 seats)**	\$538.00
Restaurant (>200 seats)**	\$581.00
Limited Food Service**	\$338.00
Mobile Unit (limited/prepackaged TCS)**	\$338.00
Mobile Unit (full food service)**	\$481.00
Grocery Store (0-15,000 sq ft)**	\$244.00
Grocery Store (>15,000 sq ft)**	\$441.00
Grocery Store w/ Deli (0-15,000 sq ft)**	\$469.00
Grocery Store w/ Deli (>15,000 sq ft)**	\$894.00

License Type	Fee
School Cafeteria	\$0.00
Correctional Facility Kitchen	\$0.00
Health Care Restaurant (0-100 seats)**	\$481.00
Health Care Restaurant (101-200 seats)**	\$538.00
Health Care Restaurant (>200 seats)**	\$581.00
Oil & Gas Temporary	\$1,063.00
Special Event**	Set locally

These new 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.

**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.

RETAIL FOOD ESTABLISHMENT PLAN REVIEW & PERMIT APPLICATION

This form will be 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.

LEGAL OWNERSHIP DETAILS		
Legal Ownership Type: ☐ Corporation/LLC ☐ Partnership ☐ Individual (Sole Proprietor) ☐ Non-Profit ☐ 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 ☐	Send Licenses to this contact ☐	
CONTACT DETAILS DURING PLAN REVIEW PROCESS (if different from above)		
Primary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
Secondary Contact Name:		
Mailing Address:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	

PLAN REVIEW DETAILS

Application Date:		Expected Construction Start Date:	
Expected Opening Date:			
Number of Seats Indoors:		Number of Seats Outdoors:	
Days of Operation: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.			
Hours of Operation:			
Seasonal: YES ☐ NO ☐		Months of Operation:	
CHOOSE ONE: ☐ Newly Constructed ☐ Extensively Remodeled (currently licensed) ☐ Conversion of an existing structure			
LICENSE TYPE (SELECT ONE):			
☐ Restaurant (0-100 seats)	☐ Grocery Store (0-15,000 sq ft)		
☐ Restaurant (101-200 seats)	☐ Grocery Store (>15,000 sq ft)		
☐ Restaurant (>200 seats)	☐ Grocery w/ Deli (0-15,000 sq ft)		
☐ Limited Food Service	☐ Grocery w/ Deli (>15,000 sq ft)		
☐ Mobile Unit (limited/prepackaged TCS)	☐ Health Care Restaurant (0-100 seats)		
☐ Mobile Unit (full service food)	☐ Health Care Restaurant (101-200 seats)		
☐ School Cafeteria	☐ Health Care Restaurant (>200 seats)		
☐ Special Event	☐ Correctional Facility		
	☐ Oil & Gas Temporary		

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, Mesa County Public Health 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.

 Name & Title of Applicant (Please Print)

 Signature of Applicant

Type of Retail Food Establishment (check all that apply)

☐	Full Service Restaurant	☐	Coffee Shop
☐	Fast Food	☐	School Food Program
☐	Grocery	☐	Catering Operation
☐	Deli w/Grocery	☐	Concession
☐	Convenience Store	☐	Manufacturer with Retail Sales
☐	Bar	☐	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 coved 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:				

Mechanical Ventilation Plans and Schedules

INSTRUCTIONS: Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building.

Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in the table below. Provide the size (length x width) of each hood and include the manufacturer's recommended exhaust listings in CFMs.

Ventilation Information					
ID # on Plans	Hood Type (Type 1 or 2)	Dimensions LxW (in)	Exhaust CFMs	Total Supply Air CFMs	*Outside Air CFMs
		x			
		x			
		x			

***Note:** Volume of make-up air supplied into building must be greater than or equal to exhaust from building.

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID # on Drawings/Plan	Fixture or Equipment	# of Fixtures	Direct/Indirect Drainage
	Hand sinks		
	Dish machines		
	Garbage disposals		
	3-Compartment ware washing sink		
	Food preparation sinks		
	Hose bibs		
	Ice bins/machines		
	Beverage machines		
	Mop/utility sink		
	Chemical dispensing units		
	Dump sink		
	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 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 air-gap 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 ware washing sinks, soiled and clean drainboard lengths, and if a pre-rinse spray hose will be installed for each ware washing area, including bars.

Manual Warewashing Information				
ID# on Plans	Length (inches) of soiled drainboard	Dimensions (in) of sink compartments (LxWxD)	Length (in) 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? If yes, complete Table 3 on next page.

☐ YES ☐ NO

Mechanical Warewashing Information						
Make	Model#	Select one: Heat/Chemical Sanitizing	Drainboard Length (in)	Pre-rinse sprayer Yes/No	Utensil Soak Sink Dimensions (in) (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. Information is commonly found on the hot water tank.

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

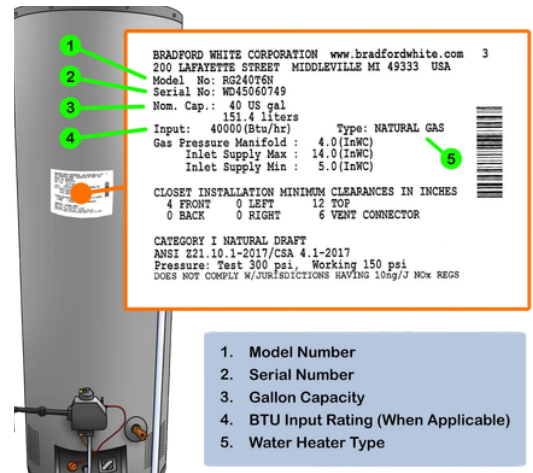


Table 2

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 for 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 - water system information will be required

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?	☐	☐
Will foods be held hot?	☐	☐
Will produce be washed?	☐	☐
Will foods be cooled after cooking?	☐	☐
Will foods be reheated after cooling?	☐	☐
Will frozen foods be thawed?	☐	☐
Will foods (raw meats, for ex.) be cooked?	☐	☐
Will raw or undercooked animal foods be served? (Sushi, breakfast eggs, cooked-to-order meat, etc.)	☐	☐
Will foods be sold to other retail food establishments?	☐	☐
Will catering be conducted? (Bulk food and beverage delivery to another location)	☐	☐
Will you have a salad bar or buffet?	☐	☐
Will bulk self-service food items (candy, trail mix, etc.) be sold to the public?	☐	☐

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 Packaging

Form 1-B: Conditional Employee or Food Employee Reporting Agreement

The purpose of this agreement is to inform 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 prevent 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 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.

Food Employee Name (please print): _____ **Date:** _____
Signature of Food Employee: _____ **Date:** _____
Signature of Permit Holder or Representative: _____ **Date:** _____