Office of Environmental Health 101 West 9th Street, Pueblo, CO 81003 Phone 719.583.4307 Fax 719.583.9902 pueblohealth.org



Event Coordinator:

To minimize risk of foodborne illness incidents associated with temporary food service establishments, an event coordinator packet has been provided and must be fully completed to help ensure that safe food handling practices will be conducted and maintained throughout the duration of the event.

An event coordinator application fee must be submitted along with the event coordinator application. The application must be submitted at least fourteen (14) days prior to an event involving five (5) or fewer food vendors, and thirty (30) days prior to an event involving more than five (5) food vendors.

Fee Schedule for Event Coordinator:

2-10 Food Vendors	\$150
11-20 Food Vendors	\$230
21-30 Food Vendors	\$400
31-40 Food Vendors	\$500
41 or more Food Vendors	\$600

A charge of \$85 per hour for event related reviews and inspections will be assessed after the event. Event Coordinator responsibilities include:

- Complete and submit Event Coordinator application by the deadline.
- Familiarize yourself with the regulations governing temporary food event establishments.
- ➤ Please direct food vendors to <u>Retail Food Licensing | Pueblo County</u> to obtain a Temporary Event Food Vendor Packet.
- Please ensure all food vendors submit a completed packet, provide a copy of their Colorado Retail Food Establishment License, or purchase the appropriate license prior to the event.

We appreciate all the event organizers' hard work and dedication in producing successful events in Pueblo County. Together, we can continue to provide safe, healthy, and fun events throughout the year. We are looking forward to your cooperation on these matters. If we may be of assistance to you, please contact us at 719-583-4307.





Event Information

Temporary Event Coordinator Application

<u>Directions:</u> The application and application fee must be completed and submitted to the Pueblo Department of Public Health and Environment at least fourteen (14) days before an event involving five (5) or fewer food vendors and thirty (30) days prior to an event involving more than five (5) food vendors. A charge of \$50 per hour for all temporary event plan review related activities will be assessed.

CHECK ONE	EVENT COORDINATOR PACKET FEE	NUMBER OF FOOD VENDORS
	\$0	1
	\$150	2-10
	\$230	11-20
	\$400	21-30
	\$500	31-40
	\$600	41 or more

Event Name				
Date(s) of Event				
Location of Event				
Hours of the event (days and times)				
Vendor set-up day and time				
Event start day and time				
Expected number of patrons each day				
Expected peak days (if event is longer than one day)				
Number of Food Vendors				
Vendor List (attach any additional vendor information if needed)				
Coordinator Information				
Event Coordinator Name				
Coordinator's Phone #				
Coordinator's Mailing Address	Cit	:y	State	Zip
Coordinator's E-mail				
Contact name and phone number during event (if different from above)				
		51. /5		hiolona B 5/4/000

Services provided on-site to food vendors (check all that apply and provide detail if necessary)

	Supply/Water Plan
	PUBLIC WATER – available from a central spigot, location of commissary (indicate location on map)
	Water truck will be available on site. (location map)
	There are convenient and easily accessible potable water tap(s) on site for all food vendors. (provide description and location)
	Water not supplied.
	If there is no access to potable water tap(s), what is your water plan?
	There will be liquid waste collection tanks/receptacles on site. Please provide number of collection tanks, location (map) and size(s).
	Food vendors must arrange for their own wastewater disposal. (1-day events only)
	Other, explain:
Electric	city
	There will be no electricity on site. Explain:
	Thous is person to all attricity, an aite
	There is access to electricity on site.
	Generators will be provided for vendor use.
	Food vendors can use their own generators on site.
Trash/	Refuse
	There will be trash receptacles throughout the event for the public. How many?
	There will be dumpsters on site for food vendor and public trash removal. (location map). How many?How often will they be serviced?
Toilet I	Facilities
	Public restrooms will be supplied with hot and cold water under pressure. (location map) How many?
	Portable toilets will be supplied (location map). How many?
	How often will they be serviced? per day.
	Wash Facilities
	Public restrooms will be supplied with hot and cold water under pressure. (location map) How many?
	Portable hand wash stations will be supplied. How many? How often will they be serviced? per day.
Othor	
	Services Pofrigorated Truck
	c
	Commissary kitchen (complete attached commissary agreement)
	Ice Dianar changing stations
	Diaper changing stations
	Grease disposal
	Ash disposal
	Other, explain:

Temporary Event Site Map

Provid	e a labeled map of the entire temporary event area and include the following:		
	Toilet facilities (portable and fixed)		
	Hand washing facilities (portable and fixed)		
	Trash containers and dumpsters		
	Electrical hook-up points and generator locations		
	Potable water taps for food vendors		
	Location of all food preparation and service areas on event grounds		
	Food vendors		
	Roadways, sidewalks, and walkways		
	Grease disposal (if applicable)		
	Ash Disposal (if applicable)		
	Refrigerated Truck (if applicable)		
	Commissary kitchen (if applicable)		
	Petting zoo		
	Name of person in charge and contact number for day of event		
Emora	oney Plan		
cillerge	ency Plan		
In the	event of an emergency (i.e. power outage, weather, etc.), where food safety may be comprised,		
	s your emergency plan (If you have multiple site set-ups, please include a plan for each site)?		
Please be specific.			

pueblohealth.org



Commissary Agreement

facility which is being inspected by: The Pueblo Department of Public Health and Environment I do hereby confirm that the above information is true by signing below on the appropriate line. Commissary Owner/Representative	Мо	bile Business/Trade Name				
Commissary Owner Of this facility do hereby confirm that	as p hea Col	proof that my food operations are bein olth department (see below). This is in orado Retail Food Establishment Rule:	ng conducted and/or prepare accordance with the laws gos and Regulations (Section 9-	ed in a licensed facilit overning mobile retail 107). I also acknowle	y that is currently under in food establishments or p edge that if I cease to use	nspection by a ushcarts in the
(Commissary Owner) of this facility do hereby confirm that	l,		, as ow	ner/representative		
Check all that apply: Grood Vendor		(Commissary Owne	r)			
(Name of Commissary)	C	of this facility do hereby confirm that				
(Address of Commissary) The phone number of the commissary is	ŀ	has permission to use this named facilit	(FOC ty as a commissary	od Vendor)		
(Address of Commissary) The phone number of the commissary is This is a licensed facility which is being inspected by: The Pueblo Department of Public Health and Environment I do hereby confirm that the above information is true by signing below on the appropriate line. Commissary Owner/Representative				(Name of Commi	ssary)	
The phone number of the commissary is	le	ocated at		- 1		
facility which is being inspected by: The Pueblo Department of Public Health and Environment I do hereby confirm that the above information is true by signing below on the appropriate line. Commissary Owner/Representative			(Address of Commissa	ry)		
I do hereby confirm that the above information is true by signing below on the appropriate line. Commissary Owner/Representative	The	e phone number of the commissary is _		This is a lice	nsed	
Check all that apply: General content of the cont			-			
Check all that apply: full use of kitchen	Co	mmissary Owner/Representativ	e		vate:	
☐ full use of kitchen ☐ dishwashing ☐ storage ☐ other ☐ limited food prep ☐ filling water tanks ☐ dumping waste water FOR HEALTH DEPARTMENT USE ONLY Inspector Name: Date:	Pro	posed Mobile Food Vendor			Date:	
FOR HEALTH DEPARTMENT USE ONLY Inspector Name: Date:			□ dishwashing	□ storage	□ other	_
Inspector Name: Date:		□ limited food prep	☐ filling water tanks	□ dumping wast	e water	
			FOR HEALTH DEPARTIV	IENT USE ONLY		
Inspector Name: Date:		Inspector Name:		Date:		
		Inspector Name:		Date:		