

Mobile Unit and Push Cart Plan Review Application

Instructions

- A. Fill out this form completely and accurately.
 1. Lack of complete information may delay the review and plan approval.
 2. Please be prepared with all necessary paperwork when scheduling a plan review appointment.
 3. Any changes from approved plans must be submitted in writing and approved by the Pueblo Department of Public Health and Environment (PDPHE).
 4. As stated in the Colorado Retail Food Establishment Rules & Regulations a minimum of two weeks shall be necessary for review of both detailed plans and specifications of a proposed newly constructed or remodeled mobile unit and/or push cart.
 5. Plans will not be reviewed until all items are submitted, which includes application, completed plan review packet and fees.
- B. Please call the Office of Environmental Health at (719) 583-4307 with any questions or to schedule an appointment. Email completed applications to **EHEPapplications@pueblocounty.us**.
- C. Pay the following plan review fees:
 1. A non-refundable plan review application fee of \$155 is due when the application is submitted.
 2. Plan reviews, pre-opening inspections and related activities are billed at \$150/hour.

The Mobile Unit and Push Cart Plan Review Application is valid for a period of one year from the date of plan review submission.

The following information must be completed before application can be submitted:

- \$155 application fee (makes checks payable to PDPHE).
- Provide proposed menu.
- Provide drawings and/or photos of the mobile unit. If photos are provided, ensure that photos are taken inside and outside the mobile unit including pictures of water tanks, water inlets/outlets, water heaters, hand sinks, refrigerators, and any equipment used to prepare food.
- Provide equipment specification sheets; these must include make and model numbers. All equipment must be designed and constructed to be durable and to retain its characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- Provide completed Retail Food Establishment License
- Application. Provide Completed Plan Review Packet (attached).
- Provide Colorado Sales Tax Account number (DOR).
- Provide Certified Food Protection Manager Certification(s) (full-service units only).

Retail Food Establishment License Application

Incomplete applications or applications without payment (if required), will not be processed.

Ownership type:			
<input type="checkbox"/> Individual (must complete affidavit of residency) <input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.) <input type="checkbox"/> Non-profit (includes government) <input type="checkbox"/> Other			
Full legal name of owner, corporation, or non-profit:			
Trade name (DBA):		Contact name (on site):	
Email:		CO Sales Tax Acct. No.	
Physical address of business:		City:	State: Zip:
County where business is located:	Phone number:	Other contact number (mobile, fax, etc.):	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	<input type="checkbox"/> Seasonal? Mark each month you operate: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		
In consideration thereof, I do hereby 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 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 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:	Calendar Year:

New license fees go into effect September 1, 2025. An invoice will be generated for the license fee upon completion of the plan review.

License Type	Code	Fee
<input type="checkbox"/> No fee license (K-12 schools, non-profits)	1000	\$0.00
<input type="checkbox"/> Limited food service (convenience, other)	2000	\$338.00
<input type="checkbox"/> Restaurant (0—100 seats)	3000	\$481.00
<input type="checkbox"/> Restaurant (101—200 seats)	3100	\$538.00
<input type="checkbox"/> Restaurant (> 200 seats)	3200	\$581.00
<input type="checkbox"/> Grocery store (0—15,000 sq.ft.)	4000	\$244.00
<input type="checkbox"/> Grocery store (> 15,000 sq.ft.)	4150	\$441.00
<input type="checkbox"/> Grocery store w/ deli (0—15,000 sq.ft.)	5000	\$469.00
<input type="checkbox"/> Grocery store w/ deli (> 15,000 sq.ft.)	5150	\$894.00
<input type="checkbox"/> Mobile unit (prepackaged)	6200	\$338.00
<input type="checkbox"/> Mobile unit (full food service)	6300	\$481.00
<input type="checkbox"/> Special Event	8000	Set locally

Total Due: \$

To pay by phone call: (719) 583-4307
 VISA, MasterCard, and Discover preferred.

To pay by check/money order mail to:
 PDPHE
 101 W 9th Street
 Pueblo, CO 81003

Questions?
 (719) 583-4307
 pueblohealth.org

Mobile Unit Information

Name of Mobile Unit Establishment:							
Name license is to be issued under:							
Colorado Sales Tax Account Number:							
Owner Name:					Phone:		
Address:					Cell:		
City:	State:	ZIP:	Email:				
Other Contact Person:					Phone:		
Address:					Cell:		
City:	State:	ZIP:	Email:				
County:							

Type of Mobile Unit (provide specification sheets and unit layout)

<input type="checkbox"/> Push Cart	<input type="checkbox"/> Pre-packaged foods
<input type="checkbox"/> Mobile Unit	<input type="checkbox"/> Limited
<input type="checkbox"/> Chile Roaster	<input type="checkbox"/> Full Service
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other
Driver's License or Picture ID#:	License Plate Number:
Vehicle Make:	Model:
Year:	Color:

Days and Hours of Operation of the Mobile Unit

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location							
Hours							

When will your mobile unit operate? Year round or Seasonally (PLEASE CIRCLE ALL MONTHS THAT APPLY.)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Where do you plan on operating? City Limits: _____ County: _____ Other: _____

Provide information on how people can find your mobile

Facebook:	Twitter:	Instagram:
Mobile App:	Website:	Other:
Location Used Most Frequently:		

Health Department Use Only

Date Received:	Fee: \$	Date Paid:
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Food Handling Procedures 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 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? (Check all that apply.)

- Gloves Utensils Deli Tissue Other: _____

Catering Information

Will your establishment conduct catering services (off-site food preparation and/or service)?

Yes No

If no, you may skip the remainder of this section. If yes, please complete the following information in detail:

A. Is your facility intended solely for catering purposes?

- Solely Catering
 Both catering & direct to consumer sales

B. List the types of events you plan to cater (e.g., weddings, corporate events, drop-off catering, buffet service, plated service, etc.):

C. Will the catering menu be different from your standard in-house menu?

Yes No

If yes, please attach a copy of your catering menu.

D. Where will the food be prepared for catering events?

- At facility/restaurant In a commissary (attach commissary agreement)
 At event venue (must have a commercial kitchen) Other: _____

E. How will Time/Temperature Control for Safety (TCS) foods be held during transportation?

F. What equipment will be used on-site at events to keep hot/cold foods at safe temperatures?

G. Will you be providing: (check all that apply)

- Full-service catering with staff on-site Drop-off/delivery only Buffet set-up
 Plated meal service Disposable tableware
 Multi-use tableware (describe washing/return procedures): _____
 Other: _____

H. Describe your cleaning and sanitizing procedures for catering equipment and utensils after use:

I. Describe how food waste, wastewater, and garbage will be managed after events:

J. Will portable handwashing stations be provided at off-site locations?

Yes No

K. How will employees prevent bare-hand contact with ready-to-eat foods during catering events?

Gloves Utensils Deli tissue Other: _____

L. How will leftover food be handled after events?

Discarded on-site Offered to customers with appropriate disclaimers

Other: _____

M. Will all staff involved in catering be trained in food safety practices and illness reporting policies?

Yes No

Physical Facilities

Finish Schedule						
INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic covered molding, etc.) are used for the interior of the unit. Indicate Not Applicable (NA) as appropriate.						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish

Windows and Doors

To prevent the entry of pests, outer openings must be protected.

- A. Are windows and doors screened? Yes No N/A (unit is a push cart)

If no, please describe how the unit will be protected from pest entry:

- B. Are service windows self-closing? Yes No N/A (unit is a push cart)

If no, please describe how the unit will be protected from pest entry:

Ventilation

If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood may be required.

If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in Table 4 below. Provide the size in feet (length x width) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFM)s.

Exhaust Hood and Fan		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

****Please note: Fire suppression systems may be required in certain jurisdictions. Please contact your local fire department. For more information on fire safety in mobile units please visit this link: <https://www.nfpa.org/-/media/Files/Public-Education/By-topic/Food-trucks/FoodTruckFactSheet.pdf>**

Refrigeration/Freezer Capacity		
TYPE OF UNIT	#OF UNITS PROVIDED	MAKE AND MODEL NUMBER
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage		

Hot Holding Units

TYPE OF UNIT	# OF UNITS PROVIDED	MAKE AND MODEL NUMBER
Steam Tables		
Hot Box		
Cook & Hold Units		
Other hot holding storage:		

Utensils and Warewashing

- A. Where will utensil washing take place? *(Check all that apply.)*
 Commissary Mobile Unit
- B. If utensil/equipment washing will take place on the mobile unit, provide specifications for the 3-compartment sink in Table 7 below.

Manual Warewashing

Length (inches) of Soiled Drainboard	Dimensions (inches) of Sink Compartments			Length (inches) of Clean Drainboard
	Length	Width	Depth	

****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.****

Water Systems

- A. Provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan. Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth easily cleanable surface. **A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use (5-304.11)**
- B. Hot Water
- How will hot water be provided to plumbing fixtures on the unit? *(Check all that apply.)*
 Tank water heater
 Instantaneous water heater
 Other (specify): _____
 - If a water heater is installed, complete the table below:

Water Heater

Make	Model #	KW/BTU Rating	Tank Capacity

Water Supply Information

A. Provide location where water will be obtained below.

Business Name	Street Address	City	State/Zip
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B. Provide total capacity (in gallons) of all potable water supply tanks below.

C. Provide the maximum number of hours operating between filling water supply tank/s.

D. What plumbing fixtures will be present on the mobile unit? (Check all that apply.)

3-compartment sink

Hand sink (Indicate number of sinks):

Food preparation sink

Mop sink

Dish Machine

Toilet

Other (specify): _____

Wastewater Tank/Disposal Information

A. Provide location where wastewater will be disposed.

Business Name	Street Address	City	State/Zip
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B. Provide wastewater tank capacity (in gallons).

NOTE: The wastewater tank must be at least 15% larger than water supply tank.

C. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply.)

Drinking water inlet above waste outlet

Different colored or sized hoses

Different colored or sized removable tanks

Different threads on inlet and outlet

Other (specify): _____

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (chemical additives are not allowed). Temperatures in Colorado frequently drop below 32°F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months. Without water you cannot operate your mobile unit.

6-402.11 Toilet rooms shall be conveniently located and accessible to employees during all hours of operation

Bathroom Facilities

A. At the location where you operate, are bathroom facilities available? Yes No

If yes, what facilities are you going to use?

A mobile unit or push cart will not be allowed to operate under the following conditions: Lack of refrigeration, lack of water, lack of electricity, inability to sanitize, lack of proper disposal of waste water, inability to wash hands, lack of a current license, operating without approved commissary or any other situations that pose an imminent health hazard.

Commissary Agreement

Mobile Business/Trade Name _____

I, _____, as representative of the above-named company offer this agreement as proof that my food operations are being conducted and/or prepared in a licensed facility that is currently under inspection by a health department (see below). This is in accordance with the laws governing mobile retail food establishments or pushcarts in the Colorado Retail Food Establishment Rules and Regulations (Section 9-107). I also acknowledge that if I cease to use this facility, a new agreement must be submitted for approval before I can resume selling my food product.

I, _____, as owner/representative
(Commissary Owner)

of this facility do hereby confirm that _____
(Food Vendor)

has permission to use this named facility as a commissary _____
(Name of Commissary)

located at _____
(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 _____ Date: _____

Proposed Mobile Food Vendor _____ Date: _____

Check all that apply:			
<input type="checkbox"/> full use of kitchen	<input type="checkbox"/> dishwashing	<input type="checkbox"/> storage	<input type="checkbox"/> other _____
<input type="checkbox"/> limited food prep	<input type="checkbox"/> filling water tanks	<input type="checkbox"/> dumping waste water	

FOR HEALTH DEPARTMENT USE ONLY	
Inspector Name: _____	Date: _____
Inspector Name: _____	Date: _____