



For Agency Use Only

# Retail Food Establishment License Application

## Calendar Year 2018

**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:	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 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: Calendar Yr:

	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	\$253.00
<input type="checkbox"/>	Restaurant (0-100 seats)	3000	\$360.00
<input type="checkbox"/>	Restaurant (101-200 seats)	3100	\$400.00
<input type="checkbox"/>	Restaurant (> 200 seats)	3200	\$435.00
<input type="checkbox"/>	Grocery Store (1-15,000 sq. ft.)	4000	\$183.00
<input type="checkbox"/>	Grocery Store (> 15,000 sq. ft.)	4150	\$330.00
<input type="checkbox"/>	Grocery Store w/ deli (0-15,000 sq. ft.)	5000	\$350.00
<input type="checkbox"/>	Grocery Store w/ deli (> 15,000 sq. ft.)	5150	\$665.00
<input type="checkbox"/>	Mobile unit (prepackaged)	6200	\$253.00
<input type="checkbox"/>	Mobile unit (full food service)	6300	\$360.00
<input type="checkbox"/>	Oil & Gas Temporary	7000	\$800.00
<input type="checkbox"/>	Special Event	8000	Set locally

Make checks payable to NCHD.

Mail payment and completed application to:  
 Northeast Colorado Health Department  
 700 Columbine Street  
 Sterling, CO 80751

Questions?  
 Call: (970) 522-3741  
 Visit: [www.nchd.org](http://www.nchd.org)

Total Due: \$