

Retail Food Establishment License Renewal Form Calendar Year 2023

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

Ownership type: <input type="checkbox"/> Individual <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:															
Mailing address (if different from above):		City:	State: Zip:														
Date you started the business:	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																
Days and hours of operation: <table style="width: 100%; text-align: center;"> <tr> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	_____	_____	_____	_____	_____	_____	_____
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday											
_____	_____	_____	_____	_____	_____	_____											
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"/>	School Cafeteria	1000	\$0.00
<input type="checkbox"/>	Correctional Facility Kitchen	1000	\$0.00
<input type="checkbox"/>	Health Care Restaurant (0-100 seats)**	3000	\$385.00
<input type="checkbox"/>	Health Care Restaurant (101-200 seats)**	3100	\$430.00
<input type="checkbox"/>	Health Care Restaurant (>200 seats)**	3200	\$465.00
<input type="checkbox"/>	Child Care Kitchen (0-100 seats)**	3000	\$385.00
<input type="checkbox"/>	Child Care Kitchen (101-200 seats)**	3100	\$430.00
<input type="checkbox"/>	Child Care Kitchen (>200 seats)**	3200	\$465.00
<input type="checkbox"/>	Limited food service (convenience, other)	2000	\$270.00
<input type="checkbox"/>	Restaurant (0-100 seats)	3000	\$385.00

<input type="checkbox"/>	Restaurant (101-200 seats)	3100	\$430.00
<input type="checkbox"/>	Restaurant (> 200 seats)	3200	\$465.00
<input type="checkbox"/>	Grocery Store (1-15,000 sq. ft.)	4000	\$195.00
<input type="checkbox"/>	Grocery Store (> 15,000 sq. ft.)	4150	\$353.00
<input type="checkbox"/>	Grocery Store w/ deli (0-15,000 sq. ft.)	5000	\$375.00
<input type="checkbox"/>	Grocery Store w/ deli (> 15,000 sq. ft.)	5150	\$715.00
<input type="checkbox"/>	Mobile unit (prepackaged)	6200	\$270.00
<input type="checkbox"/>	Mobile unit (full food service)	6300	\$385.00
<input type="checkbox"/>	Oil & Gas Temporary	7000	\$850.00
<input type="checkbox"/>	Special Event	8000	Set locally

Total Due: \$