



Risk Factor: _____	For Agency Use Only
Check / Credit (Circle one) Check # or Reference # _____	
Date Payment Received _____ Payment Amount _____	
Assigned Inspector: _____	
License (Approved / Pending) Plan Review (Yes / No)	

Retail Food Establishment License Application

Calendar Year 2024

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 overnment) <input type="checkbox"/> Other			
Full legal name of ownership, 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:		Business 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		
Hours of Operation:	Days of Operation:	Number of Seats:	
	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> EVENTS (Mobiles)		
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 Year:

Check the appropriate license type from the list below. This is your license fee.

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	\$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 (0–15,000 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	\$855.00
<input type="checkbox"/> Special Events	8000	\$255.00

Application submitted along with appropriate fee by

Email: environment@eaglecounty.us

Mail: Eagle County Environmental Health
PO Box 179, Eagle, CO 81631

Drop: 551 Broadway, Eagle, CO 81631 or,
20 Eagle County Rd # A, El Jebel, CO 81623

Payment by Check: to "Eagle County Environmental Health"

Payment by card:(2.5% convenience fee applied online)
<https://client.pointandpay.net/web/eaglecoenvhealth> or



Total Due: \$