



RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Submit this application along with the necessary documents to the Environmental Health & Sustainability Department. Allow a minimum of two (2) weeks for the review process to be completed. Any revisions made to a submitted plan must be re-submitted to the Environmental Health Department for review.

CHECKLIST

The following are REQUIRED to complete your review:

- A. \$100 application fee
- B. Review and pre-opening inspection fee

Very Simple Plan (i.e. coffee cart or bar only)	Small Establishment Plan (i.e. typical restaurant)	Large Scale Plan (i.e. hotel or grocery store)
\$145	\$290	\$580

Make checks payable to the City of Aspen. The Retail Food Establishment License fee will be billed after the pre-operational inspection is complete. Please contact us at least one week before your planned opening to schedule an inspection. Construction and cleaning must be complete, and equipment must be installed and functioning prior to the pre-operational inspection.

Applications must be submitted electronically. Submit your application to:

Natalie Tsevdos
Sr. Environmental Health Specialist
natalie.tsevdos@cityofaspen.com

If you have questions or need further assistance, please contact the Environmental Health & Sustainability Department at (970) 920-5075 or visit us on the second floor of 590 N. Mill Street, Aspen, CO 81611.

- C. A brief written description of the scope of work.



- D. Proposed menu & food handling procedures. Include breakfast, lunch, dinner, seasonal, catering, and banquet menus. Please note: certain specialized processing methods, such as vacuum packaging, sous vide, or cook-chill, may require a variance and/or HACCP plan. Additional fees for HACCP Plan review apply.
- E. Architectural Plans. Please note that not all may be required based on scope of work.
 - 1. Site plan: show location of business in building, location of building on site (include alleys and streets), and location of outside equipment, such as dumpsters and grease interceptor.
 - 2. Floor plan: show location of equipment, plumbing, hood and make-up air returns and ducts, if applicable.
 - 3. Plumbing plan: show location of floor sinks, floor drains, restrooms, toilets, urinals, sinks, and grease trap.
- F. Equipment Specifications. Sheets shall include make and model numbers. Equipment must be durable and easily cleanable. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- G. Certified Food Protection Manager (CFPM) certificate for at least one staff member, if applicable (limited food establishments and grocery stores without a deli are exempt).
- H. Vomiting & Diarrheal Event Clean-Up Procedures. A sample policy can be provided, if needed.
- I. Employee Illness policy describing what symptoms and illnesses require exclusion or restriction from work. A sample policy can be provided, if needed.
- J. Completed Plan Review Packet (Attached)



PLAN REVIEW PACKET

Application Date: [Click here to enter a date.](#)

Date construction is to start: [Click here to enter a date.](#)

Date of planned opening: [Click here to enter a date.](#)

Choose one:

Newly Constructed Extensively Remodeled (currently licensed)

Conversion of existing structure (not currently licensed)

Establishment Information	
Name of Establishment:	Phone:
Street Address:	Fax:
City/State/Zip:	Website:
Mailing Address:	Email:
Mailing City/State/Zip:	
Business/Ownership Information (proprietary rights per C.R.S. 25—1605)	
Individual or Corporate Name:	Phone:
Mailing Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information- During Plan Review Process	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:



Send License/Renewals to:

- Business Owner Mailing Address Establishment Site Address
 Establishment Mailing Address

Indicate number of seats in each area:

Indoor: [Click here to enter text.](#) Outdoor: [Click here to enter text.](#)

Type of Retail Food Establishment (Check all that apply)			
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Bar
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Market (Grocery)	<input type="checkbox"/>	School Food Program
<input type="checkbox"/>	Deli	<input type="checkbox"/>	Catering Operation
<input type="checkbox"/>	Fish Market	<input type="checkbox"/>	Concession
<input type="checkbox"/>	Meat Market	<input type="checkbox"/>	Manufacturer with Retail Sales
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Other:
Days and Hours of Operation			
Days:			
Hours:			
Seasonal: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list months of operation:			
Projected Number of Meals to be Served each Week			
Breakfast:		Lunch:	Dinner:

Finish Schedules

Room/Area	Floor	Floor-wall Junctures	Walls	Ceiling
<i>Example</i>	<i>Quarry tile</i>	<i>4" rubber coving</i>	<i>FRP</i>	<i>Vinyl acoustic tile</i>
Food Preparation				
Dry food storage				
Warewashing area				
Restrooms				



Plumbing Fixtures

ID # on Plans	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sinks	
	Chemical Dispensing Units	
	Dump Sinks	
	Other:	
	Other:	
	Other:	

Note:

- Approved backflow protection shall be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers shall be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100 mesh screen.
- Continuous pressure backflow protection devices shall be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Dish machines, 3-compartment sinks, food preparation sinks, ice bins/machines, beverage machines, and refrigeration units shall be indirectly drained.
- Items may not drain into buckets. Floor sinks or floor drains shall be provided.



Manual Warewashing Information					
ID # on Plans	Length of Soiled Drainboard (inches)	Dimensions of Sink Compartments (inches) (L x W x D)		Length of Clean Drainboard (inches)	Pre-Rinse Sprayer? Yes/No
		x	x		
		x	x		
		x	x		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment.

Mechanical Warewashing Information						
Make/Model #	Select one: Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse? Yes/No	Utensil Soak Sink Dimensions (inches) (L x W x D)		Water Usage (GPH)
				x	x	
				x	x	

If heat sanitizing on a dish machine, is a separate booster heater provided? **YES** **NO**
 If yes, complete Table 3.

Water Heater Information

Complete Tables 1, 2, and 3 as applicable. Note: If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 1

Standard Tank Type Heater		
Make	Model #	kW/BTU Rating



Table 2

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)			
Make/Model #	kW/BTU Rating	Flow Rate (GPM) @ 80°F or 100°F rise	Storage Tank Size (gal), if applicable

Table 3

Dish Machine Booster Heater		
Make/Model #	kW/BTU Rating	Distance from Machine (feet)

Equipment List

ID # on Plans	Equipment	Make/Model	Check if equipment is used
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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Food Handling Procedures

Procedure	Yes	No
Will food be held cold?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be held hot?	<input type="checkbox"/>	<input type="checkbox"/>
Will produce be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will frozen food be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooked? (i.e. raw meats)	<input type="checkbox"/>	<input type="checkbox"/>
Will raw or undercooked eggs, meat, poultry, or fish be served?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be prepared and sold to other establishments?	<input type="checkbox"/>	<input type="checkbox"/>
Will catering be conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Will self-service foods (i.e. buffets and salad bars) be provided?	<input type="checkbox"/>	<input type="checkbox"/>
Will food items such as candy, trail mix, etc. be sold in bulk to the public?	<input type="checkbox"/>	<input type="checkbox"/>

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

B. Select what methods will be used in your facility to rapidly cool cooked food:

- Under refrigeration Ice water bath Separate food into small portions
 Rapid Cooling equipment Shallow Pans Add ice as an ingredient

C. How will cooled food/leftovers be rapidly reheated for hot holding:

D. Select the equipment that will be used for reheating:

- Stove Microwave Other: _____

E. How will frozen foods be thawed:

- Under refrigeration Under running water
 In a microwave As part of cooking process



F. Describe where personal items will be stored:

G. Describe where chemicals used for operation will be stored:

H. How will bare hand contact with ready-to-eat foods be prevented?

- Gloves Utensils Deli Tissue Other: _____

I. Food will primarily be served on:

- Multi-use Tableware Single-service Tableware Both

Air Quality

Do you intend to grill outdoors either at your facility or as part of catering operations?

- Yes No

Does this facility have an existing restaurant grill?

- Yes No

Are you installing a new restaurant grill?

- Yes No

The City of Aspen Municipal Code Section 13.08.100 states that charbroilers (restaurant grills) installed in food service establishments on or after January 1, 1993, shall install, operate and maintain a control device that reduces uncontrolled PM10 emissions by at least ninety (90) percent, according to manufacturer specified removal efficiencies. For more information contact Environmental Health & Sustainability at (970) 920-5039.

Waste Reduction

The City of Aspen offers education and assistance with waste reduction. Please contact Liz Chapman to find out more:

Liz Chapman
(970) 920-1831
Liz.chapman@cityofaspen.com