



# RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

## Submission Requirements

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

Minor Review	Moderate Review	Major Review
Stores that only sell or reheat commercially pre-packaged foods; candy shops; ice cream or frozen yogurt shops; grocery stores without a deli; some bars, coffee shops, and convenience stores	Restaurants without complex food preparation; food is held cold, hot, or cooked and served immediately	Grocery stores with a deli; restaurants with complex food preparation; food is held cold or hot, cooked, cooled, reheated; vacuum-packaging, sous-vide, cook-chill, or curing is conducted
\$145	\$290	\$580

- Retail Food Establishment License fee:

License Type	Annual Fee
Limited Food Service (convenience store, bar, candy shop, ice cream/frozen yogurt shop)	\$270.00
Restaurant 0-100 seats	\$385.00
Restaurant 101-200 seats	\$430.00
Restaurant > 200 seats	\$465.00
Grocery store 0-15,000 sq. ft.	\$195.00
Grocery store > 15,000 sq. ft.	\$353.00
Grocery store w/ deli 0-15,000 sq. ft.	\$375.00
Grocery store w/ deli > 15,000 sq. ft.	\$715.00

- C. Proposed menu(s).
- D. 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 and finish schedules.
- 3. Plumbing plan: show location of all fixtures, floor sinks, floor drains, restrooms, sinks, and grease trap.
  
- E. Equipment Specification Sheets.
- F. 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). A list of the five approved classes and exams is available [here](#).
- G. Vomiting & Diarrheal Event Clean-Up Procedures. A sample policy is available [here](#).
- H. Employee Illness Policy describing what symptoms and illnesses require exclusion or restriction from work. A sample policy is available [here](#).
- I. Completed Plan Review Packet.

### **Submitting Your Application**

Submit your application electronically to:

Natalie Tsevdos  
Sr. Environmental Health Specialist  
[natalie.tsevdos@cityofaspen.com](mailto:natalie.tsevdos@cityofaspen.com)  
(970) 920-5075

Make checks out to 'City of Aspen' and mail to Environmental Health at 427 Rio Grande Place, Aspen, CO 81611.

### **Inspections Required**

Please contact us at least one week before your planned opening to schedule a pre-operational inspection. Construction and cleaning must be complete, and equipment must be installed and functioning prior to the pre-operational inspection.



## 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:

- New Construction     Remodel (currently licensed)  
 Conversion of Existing Space (not currently licensed)

Establishment Information	
<b>Name of Establishment:</b>	
Physical Address:	Phone:
City/State/Zip:	Email:
Mailing Address:	
City/State/Zip:	
Business/Ownership Information (proprietary rights per C.R.S. 25—1605)	
<b>Individual or Corporate Name:</b>	
Mailing Address:	Phone:
City/State/Zip:	Email:

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"/>	Grocery	<input type="checkbox"/>	Catering
<input type="checkbox"/>	Manufacturer with retail sales	<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:
Number of food deliveries per week (estimate):			



## Finish Schedules

Room/Area	Floor	Floor/wall junctures	Walls	Ceiling
<i>Example</i>	<i>Quarry tile</i>	<i>4" rubbing coving</i>	<i>FRP</i>	<i>Vinyl acoustic tile</i>
Kitchen				
Bar				
Dry food storage				
Dishwashing area				
Restrooms				
Other:				
Other:				
Other:				

## Plumbing Fixtures

ID # on Plans	Fixture or Equipment	# of Fixtures
	Hand sinks	
	Dish machines	
	Garbage disposals	
	3-compartment sinks	
	Food preparation sinks	
	Hose bibs	
	Ice machines	
	Ice bins	



	Beverage machines	
	Mop/utility sinks	
	Chemical dispensing units	
	Dump sinks	
	Other:	

**Plumbing Notes:**

- 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.

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:** The warewashing sink shall be able 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, is a booster heater provided? YES  NO  If yes, complete Table 3.

### Water Heater Information

Complete Tables 1, 2, and 3 as applicable.

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"/>
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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 food be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be reheated and held hot after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will produce be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will frozen food be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will meat, poultry, seafood, or eggs be cooked?	<input type="checkbox"/>	<input type="checkbox"/>
Will raw or undercooked eggs, meat, or seafood be served?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a buffet or salad bar?	<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"/>

A. List the names of all food suppliers:

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B. List the foods that will be cooled after cooking (examples: rice, green chili, soup, etc.):

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C. Select the methods that will be used to cool cooked food:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Ice bath     | <input type="checkbox"/> Separate food into small portions |
| <input type="checkbox"/> Blast chiller       | <input type="checkbox"/> Shallow Pans | <input type="checkbox"/> Add ice as an ingredient          |

D. How will cooled food be rapidly reheated for hot holding:

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E. How will frozen food be thawed:

- |  |   |
|--|---|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Under running water            |
| <input type="checkbox"/> Microwave           | <input type="checkbox"/> As part of the cooking process |

F. Where will personal items be stored:

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G. Where will chemicals, such as cleaners and sanitizers, be stored:

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H. Food will be served on:

- Re-useable Tableware     Single-use Tableware     Both

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

- Gloves     Utensils     Other: \_\_\_\_\_

J. Check the boxes that apply to your operation:

- Vacuum packaging     Curing     Canning

### 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 Jannette Whitcomb at (970) 920-5039 or [Jannette.whitcomb@cityofaspen.com](mailto:Jannette.whitcomb@cityofaspen.com).

### Waste Reduction

How does your facility plan to discard waste materials (select all that apply)?

- Compost     Recycle     Trash     Other: \_\_\_\_\_

Are you interested in hosting a City Specialist at your facility to train staff on the rules of recycling and/or composting?

- Yes     No

Waste servicers charge additional fees when the recycling or compost receptacle is contaminated with the incorrect materials. For more information on waste diversion (recycling and compost) please contact a waste specialist at (970) 920-1831 or [waste@aspen.gov](mailto:waste@aspen.gov).