



For Agency Use Only

# Retail Food Establishment License Application

## Calendar Year 2020

**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:  | <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   |
| 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 | Set locally |

Total Due: \$

Make check payable to San Miguel County

Mailing Address: San Miguel County  
P.O. Box 1170\*  
Telluride, CO 81435-1170

\*Note new mailing address

Office Address: Environmental Health Dept.  
333 W Colorado Ave, 3rd Floor  
Telluride, CO 81435

Environmental Health Specialist - Chris Smith  
970-728-0447 chriss@sanmiguelcountycolorado.gov