

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION FOR CALENDAR YEAR

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. The state may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollectible funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

Mail remittance and application to:

City and County of Broomfield
 Public Health & Environment Division
 6 Garden Center
 Broomfield, CO 80020

Health Department Approval

Type of Ownership

- Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification.)
 General Partnership Limited Partnership Limited Liability Company Limited Liability Partnership Limited Liability Limited Partnership
 Corporation "S" Corporation Association Estate Government
 Joint Venture Trust Non-Profit 501(c)(3) [Please enclose copy of IRS letter of exemption] Other Non-profit

Certificate/License to be issued in the name(s) of *(full legal name of corporation; individual owner or name of first partner)*

(names of second and additional partners or corporation officers)

Trade Name (DBA)

FEIN Number/Social Security Number

Business Located at *(street or rural route, city, state, and ZIP code)*

County in which business is actually located

Phone Number

Mailing Address *(if different from location above; include street, city, state, and ZIP code)*

Date you started the business

If seasonal, mark each business month

- JAN MAR MAY JULY SEPT NOV
 FEB APR JUNE AUG OCT DEC
 Seasonal Date of Operation: Begin Date ____ / ____ End Date ____ / ____
Month Day Month Day

Are you liable for reporting state sales tax? Yes No

Liquor? Yes No

Gaming? Yes No

Colorado Sales Tax Account Number (required)

Name and address of previous owner

In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment or local board of health. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Signature

Title

Date

Colorado Sales Tax Account Number (required)

Name and address of current owner

Calendar Year

For Health Department Use Only

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| <input type="checkbox"/> No fee License (School, Charitable, Other) .. (3273 750)..... \$0 | <input type="checkbox"/> Grocery Store Over 85,000 Sq Ft (3294 750)..... \$500.00 |
| <input type="checkbox"/> Mobile Unit (3289 750).....\$255.00 | <input type="checkbox"/> Grocery w/Deli 0-3,500 Sq Ft (3283 750)..... \$207.00 |
| <input type="checkbox"/> Mobile Unit (Prepackaged Food) (3292 750)....\$115.00 | <input type="checkbox"/> Grocery w/Deli 3,501-15,000 Sq Ft (3284 750)..... \$338.00 |
| <input type="checkbox"/> Temporary/Special Event Establishment..... (3291 750)....\$255.00 | <input type="checkbox"/> Grocery w/Deli 15,001-25,000 Sq Ft (3285 750)..... \$360.00 |
| <input type="checkbox"/> Temporary/Special Event(Prepackaged Food) (3293 750)....\$115.00 | <input type="checkbox"/> Grocery w/Deli 25,001-45,000 Sq Ft (3286 750)..... \$395.00 |
| <input type="checkbox"/> Restaurant 0-100 Seats (3274 750)....\$255.00 | <input type="checkbox"/> Grocery w/Deli 45,001- 65,000 Sq Ft (3287 750)..... \$450.00 |
| <input type="checkbox"/> Restaurant 101-200 Seats (3275 750)....\$285.00 | <input type="checkbox"/> Grocery w/Deli 65,001- 85,000 Sq Ft (3288 750)..... \$575.00 |
| <input type="checkbox"/> Restaurant Over 200 Seats (3276 750).... \$310.00 | <input type="checkbox"/> Grocery w/Deli Over 85,000 Sq Ft (3295 750)..... \$690.00 |
| <input type="checkbox"/> Grocery Store 0-3,500 Sq Ft (3277 750)....\$115.00 | <input type="checkbox"/> Oil & Gas Temp. 0-50 (Initial License) (3296 750)..... \$750.00 |
| <input type="checkbox"/> Grocery Store 3,501- 15,000 Sq Ft (3278 750)\$180.00 | <input type="checkbox"/> Oil & Gas Temp. Over 50 (Initial License) (3298 750).. \$1,250.00 |
| <input type="checkbox"/> Grocery Store 15,001-25,000 Sq Ft (3279 750)....\$200.00 | <input type="checkbox"/> Oil & Gas Temp. 0-50 (Renewal)..... (3297 750).....\$275.00 |
| <input type="checkbox"/> Grocery Store 25,001-45,000 Sq Ft (3280 750)....\$235.00 | <input type="checkbox"/> Oil & Gas Temp. Over 50 (Renewal)..... (3299 750)..... \$500.00 |
| <input type="checkbox"/> Grocery Store 45,001-65,000 Sq Ft (3281 750)....\$290.00 | |
| <input type="checkbox"/> Grocery Store 65,001-85,000 Sq Ft (3282 750)....\$415.00 | |

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