



**RETAIL FOOD ESTABLISHMENT REVIEW APPLICATION**

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

**PROWERS COUNTY PUBLIC HEALTH AND ENVIRONMENT**  
 Attn: Food Program  
 1001 South Main Street  
 Lamar, CO 81052  
 (719) 336-8721

Date: \_\_\_\_\_  
 Record # \_\_\_\_\_  
 Firm ID # \_\_\_\_\_  
 Do not write in this space  
 For Office Use Only

Name of Establishment: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Name of Owner/Manager: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**TYPE OF OWNERSHIP: (As indicated on your Colorado Business/State Tax Registration)**

- 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     Association
- Limited Liability Partnership     Limited Liability Limited Partnership     Corporation
- "S" Corporation     Estate     Government     Trust     Joint Venture
- Non-profit 501(c)(3) (please enclose copy of IRS letter of exemption)     Other Non-profit

**NOTICE TO APPLICANT:** The type of review requested and associated application fee required is indicated in Section A below. If an application fee is required, please make check payable to the Prowers County Public Health & Environment and mail the completed application and check to the address above. Fees for the actual review are explained on the back of this form.

\_\_\_\_\_  
 Name & Title of Applicant (Please Print) \_\_\_\_\_  
 Signature of Applicant

**SECTION A – THIS SECTION TO BE COMPLETE BY INSPECTOR**

<u>REVIEW TYPE</u>	<u>APPLICATION FEE</u>	<u>REVIEW FEE (NOT TO EXCEED)</u>
Plan Review (PR)	\$100.00	\$580.00
Equipment Product Review (ER)	\$100.00	\$500.00
HACCP Plan Review/Written (HW)	Not Required	\$100.00
HACCP Plan Review/Operational (HO)	Not Required	\$400.00
Services Requested – Real Estate Review (RE)	\$75.00	Cost of Actual Time Spent
Special Event (SE)_____	Not Required	Not Required
Special Service (SS)_____	Not Required	Not Required
Fee Exempt (EX)_____	Not Required	Not Required

COMMENTS: \_\_\_\_\_  
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