



SUMMIT COUNTY PUBLIC HEALTH

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RESTAURANT
5 STAR CERTIFICATION APPLICATION / PERMIT

Permit Enables Modified Indoor Capacities While Summit County is Experiencing Red Level Metrics.

ESTABLISHMENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

APPROVAL IS HEREBY GRANTED TO THE OWNER/OPERATOR OF THIS RESTAURANT ESTABLISHMENT TO RE-OPEN ESTABLISHMENT FOR LIMITED INDOOR DINING FOLLOWING THE AGREED TO CONDITIONS OF THE 5 STAR CERTIFICATION PROGRAM. THIS PERMIT MAY BE REVOKED OR MODIFIED BY THE SUMMIT COUNTY PUBLIC HEALTH DEPARTMENT AT ANY TIME IF PROGRAM PROTOCOLS ARE NOT BEING FOLLOWED OR IF CITATIONS OF NON-COMPLIANCE ARE ISSUED.

APPLICATION APPROVED? Yes [ ] / No [ ]

If Yes, Effective Date: \_\_\_\_\_

BY: \_\_\_\_\_
Signature of Authorized Permitting Agent

\_\_\_\_\_
Print Name of Authorized Permitting Agent

Permit is invalid unless signed by an authorized agent of the Summit County Public Health Department.

In addition to the 5 Star Program Mitigation Strategies, Restaurants who receive a 5 Star Certification must operate within the following parameters:

- a. Restaurants may operate at 25% of the posted occupancy limit indoors not to exceed 50 people, excluding staff, whichever is less, per room. Restaurants may also use existing, licensed outdoor space for in-person dining. Restaurants must have or obtain approval from their local government's permitting, building and fire code oversight agency for any new outdoor dining space prior to use. Tables may only have members from no more than 2 households and are limited to group sizes of 10.
b. Pursuant to Summit County Public Health Order, dated 12/31/20, all on premises licensees licensed under Article 2, 4, and 5 of Title 44 of the Colorado Revised Statutes must cease alcohol beverage sales and service to end consumers (including employees) for on-premises consumption between 10:00 p.m. and 7:00 a.m. daily. Takeout alcohol sales may continue until 10:30 p.m. so long as beverages are not consumed on the premises. There is no specified time to end indoor dining, curbside, takeout and delivery for JUST food.
c. Facility must follow all applicable CDPHE Guidelines for this business sector.
d. If a county sees a significant rise in cases, percent positivity, or hospitalizations, then the program may be suspended. This automatically occurs if the region reaches more than 90% of their county's/RETAC ICU hospital capacity.
e. If facility is not following the requirements laid out in this permit, this permit may be revoked at the discretion of Summit County Public Health.
f. A copy of this document must be visible to the public at the entrance of the business.
g. Additional details can be found on the Summit County 5 Star webpage. www.summitcountyco.gov/5star

| RESTAURANT MITIGATION STRATEGIES   | Facility Certification of Compliance? | Inspector Certify? | Comments |
|--|---------------------------------------|--------------------|----------|
| Summit County Physical Distancing Protocol (PDP) Completed?  |                                       |                    |          |
| <b>MASKS ARE MANDATORY AND ENFORCED</b><br>Masks are to cover mouth and nose and only removed for eating and drinking indoors. While talking to servers/hosts, waiting to order or for food, or talking to others at the table while not actively eating, masks must be replaced.                          |                                       |                    |          |
| <b>TABLE AND HOUSEHOLD DISTANCING</b><br>Table distancing must be 10 feet between parties seated at different tables if the county is in Red. In levels Green through Orange, parties may be seated 6 feet apart. In Red, <b>only</b> people from the same household may sit together at the same table.   |                                       |                    |          |
| REGULAR SANITATION AND <a href="#">CLEANING</a> OF HIGH TOUCH SURFACES   |                                       |                    |          |
| <b>DAILY EMPLOYEE SYMPTOM AND EXPOSURE CHECKS</b><br>CDPHE's symptom support tool is <a href="#">here</a> . Employee screening form can be found <a href="#">here</a> .  |                                       |                    |          |
| <b>SCREEN FOR SYMPTOMS, AND RECORD CUSTOMER NAMES AND CONTACT INFO TO SUPPORT TRACING</b>  |                                       |                    |          |
| <b>RESERVATIONS</b><br>If not using reservations, must document how you will ensure people from different households remain 6' apart and do not congregate while waiting. You must also keep a log of what table a customer occupied.  |                                       |                    |          |
| <b>BUSINESS SPECIFIC WRITTEN IMPLEMENTATION &amp; COMPLIANCE PLANS (PDP), FILED WITH <a href="#">SUMMIT COUNTY PUBLIC HEALTH DEPT</a></b>  |                                       |                    |          |
| <b>BUSINESS SPECIFIC PLANS FOR OUTBREAK DETECTION, REPORTING AND RESPONSE</b><br>Find information on what should be included in <a href="#">outbreak plans</a> .   |                                       |                    |          |
| <b><a href="#">VENTILATION IMPROVEMENT</a> BY:</b> <ul style="list-style-type: none"> <li>● HVAC improvements, or</li> <li>● HEPA filters appropriate for space size, or</li> <li>● Opening windows or doors (with an operating fan blowing air out) during business hours to maximize airflow.</li> </ul> |                                       |                    |          |
| <b><a href="#">EXPOSURE NOTIFICATION</a> APP PROMOTION &amp; OUTREACH TO EMPLOYEES AND CUSTOMERS</b>   |                                       |                    |          |
| <b>PUBLICLY DISPLAYED INSTRUCTIONS FOR A CUSTOMER TO FILE COMPLIANCE COMPLAINTS. 970 668-8600</b>  |                                       |                    |          |
| <b>EXTRA EFFORT TO CREATE SPECIAL HOURS OR ACCOMODATIONS FOR AT RISK POPULATIONS</b>   |                                       |                    |          |
| <b>BUSINESS SEEKING CERTIFICATION MUST HAVE ZERO PRIOR CITATIONS OF NONCOMPLIANCE WITH PUBLIC HEALTH ORDERS</b>  |                                       |                    |          |

ESTABLISHMENT NAME: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_  
Authorized Agent Name and Signature