



**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

Establishment Information:

\_\_\_\_\_ New      \_\_\_\_\_ Change of Ownership  
 \_\_\_\_\_ Remodel      \_\_\_\_\_ Menu/Equip Change  
 \_\_\_\_\_ HACCP      \_\_\_\_\_ Change of Use

Application Date: \_\_\_\_\_

Service	Fee	
Full/Base Review	\$285	\$285
Change of Ownership	\$145	
Minor Remodel	\$145	
HACCP/Process Review	\$145	
Add'l Endorsement(s)	\$60	
Resubmittal Fee	\$100	
Non-Public Water Review	\$145	
Wastewater Review	\$60	
HACCP/Process Review	\$145	
<b>Total</b>	--	

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Below for MCCHD Use ONLY: Intake Review**

Included	N/A	
		Completed and Signed Application Form
		Floor Plan:
		Equipment Layout
		Plumbing Layout w/ Drain Types
		Hoods Labeled w/ Type
		Spec Sheets or Make/Model List
		Commissary Agreement/Letter of Intent
		Site Plan
		Water/Wastewater Information
		Menu
		Process Authority or HACCP Sheets

Intake Sanitarian: \_\_\_\_\_

Date: \_\_\_\_\_

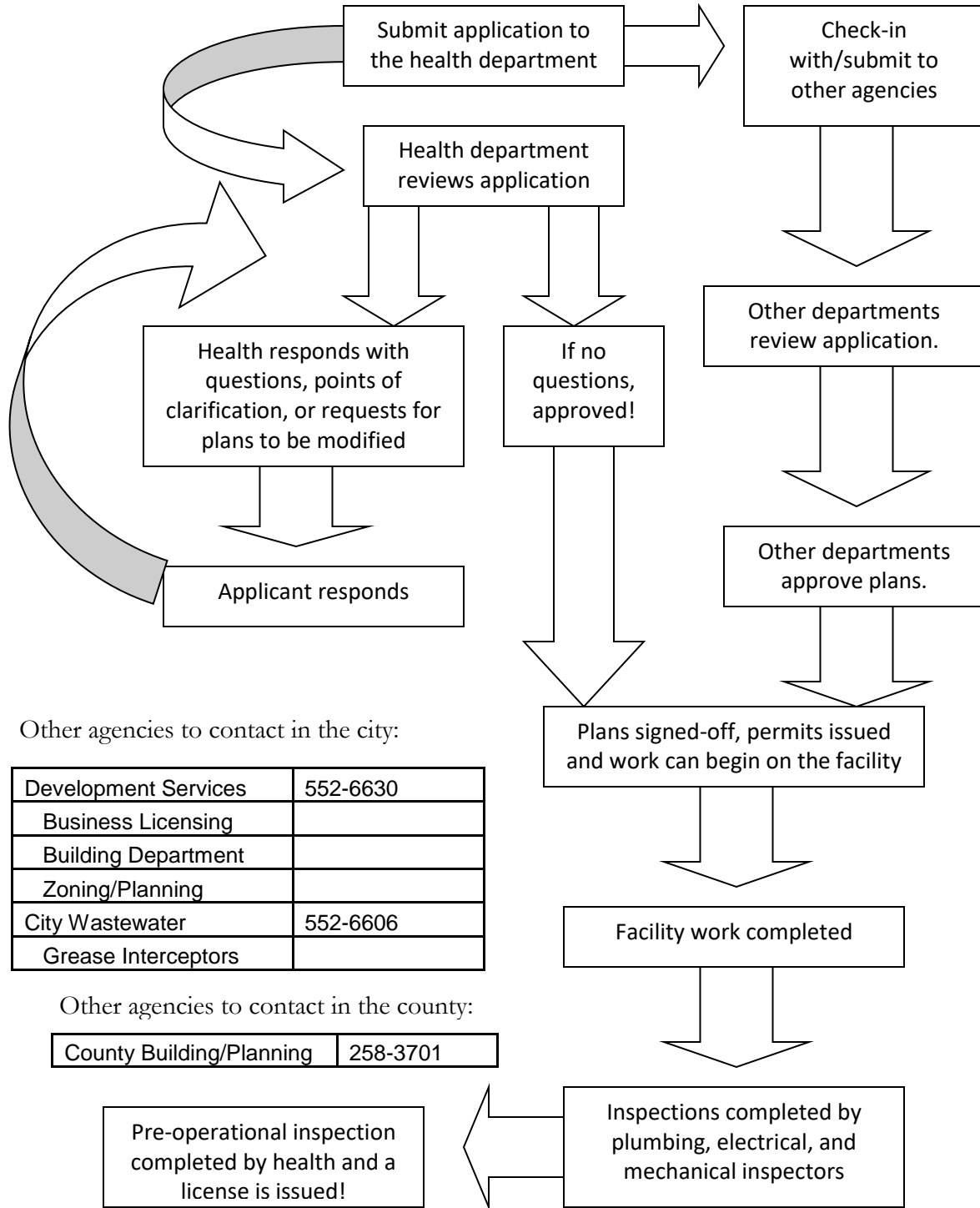
Sanitarian Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Process Overview



Other agencies to contact in the city:

Development Services	552-6630
Business Licensing	
Building Department	
Zoning/Planning	
City Wastewater	552-6606
Grease Interceptors	

Other agencies to contact in the county:

County Building/Planning	258-3701
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## Guidelines for an Efficient Review Process

While we can complete some reviews in a couple of weeks, we may need 30-60 days depending on staff resources and the quality of the application submitted. To make your review process as fast and easy as possible, ensure the following:

- Turn in a complete application that is easy to read.
- Check-in with other agencies during the review process.
- Submit 30-60 days before needing building permits for construction or remodel. Submit to health before applying for building permits.
- Do not start construction or remodeling before getting an approval letter.
- Submit an application that reflects how you intend to operate at the time of licensing.
- Make decisions! Don't submit things "in flux." Submit the final copies of your menu, floor plan, and equipment list. Changes to these items may result in delays or additional fees.
- Respond quickly to questions from the reviewer.
- If something asked in the application does not apply to the operation, don't leave items blank, write "N/A."
- Work with your architect to ensure that food facility information is easily accessible on the plans. Your review will take longer if the information is scattered throughout the drawings.

## Items to Submit

- Application form: completed and signed
- Menu
- Site plan showing parking areas, streets, dumpsters, and the locations of the septic system and well, if applicable.
- Facility floor plans, no larger than 11x17 printed or provided electronically that clearly show the locations of all sinks, hoods, and equipment.
- Specification sheets for all food equipment. If you cannot provide specification sheets, a "make and model" list may be an adequate substitute if approved by the department.
- Plumbing plans (i.e., domestic and waste and vent) that show water to each plumbed fixture as well as how wastewater will be conveyed from sinks and equipment. This plan must show locations of floor sinks, backflow prevention devices, and indicate which fixtures are indirectly connected to waste.
- Ventilation plan showing locations and types of hoods if not shown on the floor plan.
- HACCP or Special Process information, if applicable.

## Other Licenses and Regulatory Agencies

- You may need to comply with codes from other agencies like building, fire, zoning, and the Department of Revenue. While it is not the health department's responsibility to enforce their regulations, there may be instances where you cannot be approved to operate until you comply with their rules.
- A business license is required if you operate in the City of Missoula.

## Facility Review

\_\_\_\_\_ **I am applying to have my own licensed kitchen in Missoula County** and have included all spec sheets, floor plans, and other facility information for review. The information in the subsequent sections pertains to my planned facility.

\_\_\_\_\_ **I am applying to be a commissary kitchen that rents to multiple users** and have included all spec sheets, floor plans, and other facility information for you to review. The information in the subsequent sections pertains to my planned facility. I understand that the equipment or sinks proposed in this review, as well as available storage space, will determine which renters get approved to use my facility.

\_\_\_\_\_ **I do not have my own kitchen facilities and will be using a Commissary Kitchen.**

**Commissary Name:** \_\_\_\_\_

\*Attach a **commissary agreement letter or letter of intent** signed by the manager or owner of the licensed kitchen that you would like to use.

\*Include a **current floor plan of the commissary kitchen and equipment schedule**. You may use the floor plan on file at the department if you have reviewed the floor plan and included any updates/changes/additions to it since the last review. Add any equipment that you propose to bring into the facility and indicate where you will store your items as well as the prep space that you will use. Initial and date the plan to show that you have reviewed it and that it is correct to the best of your knowledge.

\*Attach any spec sheets for equipment you are adding to the facility.

\*Is this commissary used by others? \_\_\_\_\_ If so, how will you keep your operation separate from other kitchen users? You must be able to store things separately and have separation by time or space during preparation.

\_\_\_\_\_  
\_\_\_\_\_  
I understand that by submitting this signed application that I must prepare and store food in the commissary and that no items may be made or stored in a private residence.

**Finish Schedule (Surfaces):**

Describe finish materials for the following areas of the facility. For the most efficient review, do not leave blank or state “see plans.”

	<b>Floor</b>	<b>Cove Base</b>	<b>Walls</b>	<b>Ceiling</b>
Kitchen				
Bar				
Dry Storage				
Walk-in Refrigeration				
Toilet Rooms				
Garbage Storage				
Mop/Utility				
Dishwashing				
Receiving				
Other: _____				

Do you plan to store any food or single-service items in any of the following areas?

- \_\_\_\_\_ Bathrooms
- \_\_\_\_\_ Under stairwells
- \_\_\_\_\_ Under unshielded water or sewer lines
- \_\_\_\_\_ Mechanical rooms
- \_\_\_\_\_ Outside sheds/storage units
- \_\_\_\_\_ Detached refrigeration units

**Plumbing:**

1. Describe the components of a properly stocked hand sink: \_\_\_\_\_  
\_\_\_\_\_
2. Will any hand sinks have metered faucets? \_\_\_\_\_
3. Will all hand sinks have hot and cold running water under pressure? \_\_\_\_\_
4. Where will you dispose of mop water? \_\_\_\_\_
5. If you have a walk-in freezer/cooler, how will you shield condensate drain lines?  
\_\_\_\_\_

**Plumbing Connections and Drain Lines:**

Complete the following table indicating the type of waste connection for each fixture or piece of equipment (i.e. indirect via an air gap, direct to the sewer).

<b>Fixture/Equipment</b>	<b>Direct</b>	<b>Indirect</b>
Ice Machine		
Ice Bin		
Food Prep Sink		
Three-compartment Sink		
Running Water Dipper Well		
Rinse Sink		
Dish Machine		
Beverage Systems (soda dispenser, tap beer, espresso machine)		
Steam Table/Bain-marie/Steam Kettle		
Plumbed Drainboards		
Condensate Drain Lines for Refrigeration		

Indicate backflow prevention devices will be installed (e.g., vacuum breaker, double-check valve).

	<b>Backflow Device Installed</b>	<b>Equipment/Fixture N/A</b>
Inlet to Garbage Disposal		
Fill Line for Steam Kettle or Bain-marie		
Supply Line for Dish Machine		
Garbage Can Washer		
Perforated Pipe to Woks		
Mop/Utility Sink with Hose Connection		
Inlet to Plumbed Chemical Station		

**Insect and Rodent Control:**

1. Do you plan to prop open doors or windows in any section of the facility? \_\_\_\_\_

If yes, describe how you will prevent pests from entering. \_\_\_\_\_

2. Will you have a pest control provider? \_\_\_\_\_

If so, who will be your service provider? \_\_\_\_\_

3. Will you provide your own pest control services? \_\_\_\_\_ If so, describe the pest controls will you use (e.g. mouse traps, pesticides). If pesticides are used, you must include a spec sheet for the chemical you plan to use and describe how you will ensure that food and equipment do not get contaminated through its use. \_\_\_\_\_

**Garbage Storage and Disposal:**

1. Will you store garbage or recyclables inside (e.g. garbage room, compactor)? \_\_\_\_\_
2. Will all garbage cans inside have liners? \_\_\_\_\_ Lids when not in use? \_\_\_\_\_
3. Where will you clean garbage cans? \_\_\_\_\_
4. Will a commercial dumpster be provided for outside storage and pickup? \_\_\_\_\_
5. What garbage collection service will be used? \_\_\_\_\_
6. Frequency of garbage pickup will be \_\_\_\_\_ times per week.
7. Where will recycling be stored outside? \_\_\_\_\_

**Employee Dressing Rooms and Personal Storage:**

1. Where will employees be able to change clothes? \_\_\_\_\_
2. Where will employees be able to store personal items? \_\_\_\_\_  
\_\_\_\_\_

**Toilet Rooms – Employee and Public:**

1. Will bathrooms be available to the public? \_\_\_\_\_
2. Will employees have separate restrooms? \_\_\_\_\_
3. Will employee bathrooms be within 200 feet of the prep or service area? \_\_\_\_\_  
If bathrooms are not available in the same building as the establishment, state where  
bathrooms are located and include a bathroom use agreement signed by the owner/manager  
of the building in which bathrooms are located. \_\_\_\_\_
4. Are all bathroom doors self-closing? \_\_\_\_\_
5. Do bathrooms have active or passive ventilation? \_\_\_\_\_

**Toxic Materials:**

1. Where will toxic materials be stored? \_\_\_\_\_
2. If toxic materials are stored in the same area as food or single-service items, explain how  
chemical contamination of these items will be prevented. \_\_\_\_\_  
\_\_\_\_\_
3. Will chemicals be stored in secured areas or under constant supervision? \_\_\_\_\_

**Laundry Facilities:**

1. Where will dirty linens, towels, aprons, or uniforms be stored? \_\_\_\_\_
2. List any items that will be laundered onsite. \_\_\_\_\_  
\_\_\_\_\_
3. State where laundry facilities will be located on the premises, if applicable. \_\_\_\_\_  
\_\_\_\_\_
4. Will a dryer be available? \_\_\_\_\_

**Water Supply:**

Will the establishment serve 25 or more people per day for at least 60 days out of the year?  
\_\_\_\_\_

If yes, a Public Water Supply (PWS) is required. Indicate below the PWS that will serve your establishment.

Missoula Water (PWS# 294) \_\_\_\_\_

Lolo Municipal (PWS# 278) \_\_\_\_\_

If other, please list the PWS# \_\_\_\_\_

If you meet the definition of a PWS and your system is not yet approved, contact the Montana Department of Environmental Quality, Public Water Supply Division (DEQ-PWS) at 406-444-4400. Note that we cannot issue an approval letter until DEQ-PWS has approved the water supply.

If the establishment does not serve 25 or more people per day for at least 60 days out of the year, our department must review the water supply as a non-public system. Contact a Land Sanitarian at 406-258-4755. Note that we cannot issue an approval letter until the non-public system is approved.

**Wastewater Disposal:**

Indicate the wastewater system used. Note that if the establishment meets the definition of a Public Water Supply, it will need to be served by an approved public wastewater system such as a municipal sewerage system.

Missoula Municipal Wastewater \_\_\_\_\_

Lolo Municipal Wastewater \_\_\_\_\_

If other, list the septic permit# \_\_\_\_\_

For information regarding septic systems, including existing systems, please contact a Land Sanitarian at 406-258-4755.

For information regarding grease interceptors and Missoula Municipal Wastewater requirements, please call 406-552-6606.



## Food Safety During a Remodel

This section applies to facilities that will operate while remodeling or during construction.

Check here if the facility will not operate during construction or remodeling: \_\_\_\_\_

1. What areas of the facility will be operational during construction/remodeling: \_\_\_\_\_  
\_\_\_\_\_
2. Estimated time that food preparation and service areas will be affected? \_\_\_\_\_
3. What menu will be offered during construction: \_\_\_\_\_  
\_\_\_\_\_
4. Will any utilities be disrupted during operational hours (e.g. no power, water, or hot water)? \_\_\_\_\_  
\_\_\_\_\_ If so, how will the food establishment ensure safety without utilities? \_\_\_\_\_  
\_\_\_\_\_
5. Will any sinks be inaccessible or removed during the project? \_\_\_\_\_ If so, which ones? \_\_\_\_\_  
  
How will food safety needs be met when sinks are not available? \_\_\_\_\_  
\_\_\_\_\_
6. Will there be a reduction in refrigeration capacity during the project? \_\_\_\_\_  
If so, how much? \_\_\_\_\_  
  
How will refrigeration needs be met during the project? \_\_\_\_\_  
\_\_\_\_\_
7. How will remodel/construction activities be separated from food preparation, service, and storage areas? \_\_\_\_\_  
\_\_\_\_\_

I understand that construction activities cannot compromise food safety and that I may need to change my plan to protect public health. The department may require a reduced menu, use of disposable dishware and utensils, or a reduction in the facility's operational hours if construction disrupts utilities or impacts food safety. If conditions change during the remodel, including an unexpected disruption in utilities, I understand that I need to call the health department for operational assistance.

Applicant Signature:

\_\_\_\_\_

**Statement:**

I certify that the information included in this application is correct, including the attached floor plans, equipment lists, and submitted menu. I understand that any deviation from the provided information may incur additional review fees and may delay approval. I also recognize that changes made after the department issues an approval letter may nullify the approval for this review without prior permission of the health department.

By submitting this signed application, **I acknowledge that the process may take 30 to 60 days and that MCCHD reviews applications in the order that they are received.** I further recognize that it is my responsibility to contact other regulatory agencies and that an approval letter issued by the health department does not indicate compliance with any other code, law, or regulation that may apply whether federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). I understand that a pre-operational inspection of the establishment to assess functional equipment, sinks, and other fixtures is required to determine compliance with food service establishment regulations and that before the facility can operate, the department must issue a food purveyor's license.

Signature of Responsible Representative: \_\_\_\_\_

Printed Name of Representative: \_\_\_\_\_

Date: \_\_\_\_\_