



PUBLIC ACCOMMODATION PLAN REVIEW APPLICATION

Establishment Information:

_____ **New** _____ **Change of Ownership**

_____ **Remodel**

Date of Application: _____

Date Received: _____

Service	Fee	
Full/Base Review	\$285	\$285
Change of Ownership	\$145	
Minor Remodel	\$145	
Resubmittal Fee	\$100	
Non-Public Water Review	\$145	
Wastewater Review	\$60	
Total	--	

Name of Establishment: _____

Establishment Address: _____

Establishment Mailing Address: _____

Establishment Phone: _____ **Email:** _____

Contact Name: _____ **Title:** _____

Contact Mailing Address: _____

Contact Phone: _____ **Email:** _____

Below for MCCHD Use: Intake Review

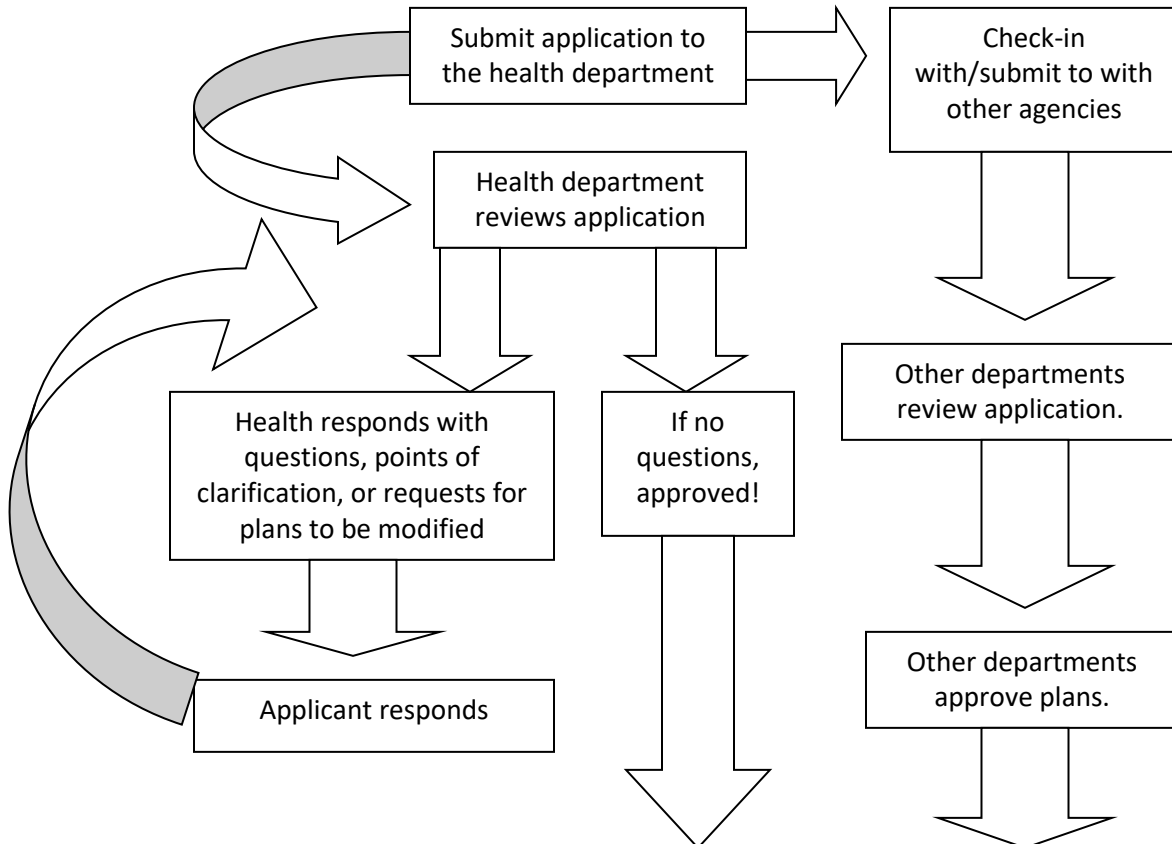
Included	N/A	
		Completed and Signed Application Form
		Floor Plan:
		Rooms Labeled
		Plumbing Layout/Fixtures Labeled
		Appliances Labeled
		Food Service (if applicable):
		Menu
		Equipment Specs
		Food Application
		Water/Wastewater Information
		Site Plan

Intake Sanitarian: _____

Date: _____

Sanitarian Comments: _____

Process Overview



Other agencies you may need 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	258-3701
County Planning (CAPS)	258-3432

Pre-operational inspection completed by health and a license is issued!

Plans signed-off, permits issued and work can begin on the facility

Facility work completed

Inspections completed by plumbing, electrical, and mechanical inspectors

Guidelines for an Efficient Review Process

While most reviews can be completed in a couple weeks, they may take between 30-60 days depending on staff resources and the completeness 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.
- Plan ahead so that the project is not delayed.
- Check-in with other agencies (if applicable) during the review process.
- Do not start construction or remodeling prior to getting an approval letter.
- Submit an application that reflects how you intend to operate at the time of licensing.
- Submit the final copies of your floor plan as changes 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.

Items to Submit

- Application form, completed and signed.
- Site plan showing:
 - Location of well and/or schematic of water supply coming into the building
 - Location and schematic of septic system and/or sanitary sewer line to the building
 - Location of surface water (river, creek, pond, etcetera)
 - Location of boundary lines
 - Location of outdoor solid waste receptacle(s) and/or recycled material bins on solid surface
 - Roads, parking area, and driveways (paved where applicable)
 - Location and footprint of the building(s) and outdoor swimming or bathing/spa areas
- Floor plan of the tourist home showing all sleeping rooms, bathrooms, storage areas, laundry/janitorial rooms, and kitchen. Show all sinks, furnishings, and appliances.
- Septic permit if applicable.
- Well log or other information regarding the construction and source of a private water supply.

Other Licenses and Regulatory Agencies

- There are many codes that you may need to comply with including those from building, fire, wastewater, zoning, and the department of revenue. While it is not the health department's responsibility to enforce their codes, there may be instances where you cannot be approved to operate until you comply with their regulations.
- A business license is required if you operate in the City of Missoula.

Housekeeping and Maintenance:

1. Where will chemicals be stored? _____
 Is this space well ventilated? _____ Where will chemicals be disposed of? _____
2. Will you be using a wet mop? _____ If so, where will you dispose of mop water and wash mop heads? _____
3. Housekeeping and maintenance services are required weekly and between guests. How will you ensure that services are provided as needed? _____

4. How often will guests receive new towels and bedding? How will guests get new items if on an extended stay? _____

5. Is a washable mattress pad provided? _____
6. Are the comforters and quilts machine washable? _____
7. What is your pest management plan? (e.g. prevent harborage, set sticky traps, contract with service provider). _____
8. How are housekeeping staff trained to recognize pests including bed bugs? _____

9. Surfaces are important for cleaning and maintenance. Please list the following finish materials:

	Floor Surface	Coving/Baseboard	Wall Surfaces	Ceiling
Kitchen				
Laundry				
Janitorial				
Bathrooms				

Laundry:

1. Is laundry washed onsite? _____ If yes, answer 2-5 below; if no, see 6.
2. How is dirty laundry conveyed to the laundry room? _____

3. How is separation maintained between dirty and clean laundry? (e.g. separate, labeled baskets for clean and dirty) _____

4. Is laundry tumbled dry in a hot air dryer? _____ If not, please explain.

Can the machine reach 130F in the drying cycle (Note: This can easily be tested by wrapping dried sheets around a thermometer stem at the end of the drying cycle)? _____

5. Will a hand sink be provided with water at 100-120F and soap and paper towels? _____

6. If you are sending laundry out, what service provider will you be using? _____

Guest Rooms:

1. Are all furnishings easily movable? _____

Will anything be difficult to move? If so, how will you make sure that it does not hinder the cleaning process? _____

2. Will anti-slip surfaces be provided in bathtubs and showers? _____

3. Will there be reusable dishes available in the kitchen? _____

If so, how will they get washed, rinsed, and sanitized? _____

How will you ensure that all used items during someone's stay are cleaned and sanitized before the next guests? _____

4. How will you maintain the hot water temperature between 100-120F in guest rooms?

General Operation:

1. How long will you maintain your guest register? _____

What is the maximum number of sleeping rooms? _____

2. What is maximum number of guests that can be accommodated? _____

3. Is this establishment a seasonal operation? _____ If yes, explain below.

Opening date _____ Closing date _____.

Swimming Pools and Spas:

1. Will a pool or spa be provided for guests? _____
2. If so, will the pool or spa be drained between guests? _____

Note that depending on how you plan to operate the pool or spa, you may be required to contact the state for review and licensing.

Garbage Disposal:

1. How often is solid waste removed from the premises? _____
2. Who is the service provider? _____
3. Where are garbage and recyclables stored between pick-ups? _____
4. Does the storage area have a cleanable, non-absorbent surface like asphalt or concrete? _____
5. Do you have pest proof cans or a pest proof enclosure? _____

Food Service:

Will food service be provided? _____ If yes, please indicate the type of service below:

_____ Continental breakfast*: a meal served in the morning which consists only of non-potentially hazardous foods and milk. (i.e. coffee, tea, pastries, donuts, whole fruit with a peel, etc.)

_____ Expanded breakfast (hot breakfast, cut fruit)**

_____ Full service menu for breakfast, lunch, and/or dinner**

* Please contact our department for a continental breakfast food service application.

** Please contact our department for a full service review application.

Water Supply

Is the establishment served by a public water supply (PWS)? _____ If yes, provide PWS# _____

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ can be reached at (406) 444-2406

If your water system does not meet the definition of a public water supply, please answer the following questions regarding your **private water supply and complete the Water Supply section of the Land Services Addendum.**

Yes No

- ___ ___ My proposed establishment is 200 ft or less from a public water supply line.
___ ___ My proposed establishment serves 25 or more people per day, including guests, residents and staff, for 60 or more days in a calendar year.
___ ___ The water supply is existing, and already in use.

NOTE: A separate review of your private water system is required to assess its compliance with Food and Consumer Safety Circular 1. This review is an additional fee.

Wastewater Treatment System

Is your establishment served by a public wastewater system? _____ If so, attach DEQ approval documents, and the provide the Septic Permit # _____

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ can be reached at (406) 444-2406

If your septic system does not meet the definition of a public wastewater treatment system, please answer the following questions regarding your **private wastewater treatment system and complete the Wastewater section of the Land Services Addendum.**

Septic Permit # _____

Yes No

- ___ ___ My proposed establishment is 200 ft or less from a public sewer line.
___ ___ My proposed establishment serves 25 or more people per day, including guests, residents and staff for 60 or more days in a calendar year.
___ ___ I understand that if my septic system fails to accept effluent at the rate of application, pollutes state water, or has a mechanical failure, immediate action must be taken. This may mean that a new system designed by an engineer must be installed. (37.111.116 ARM).

Statement:

I hereby certify that the information included in this application, including the attached plans and information are correct. I understand that any deviation from the submitted information may incur additional review fees and may delay approval. In addition, I understand that changes made after an approval letter is issued without prior permission of the health department may nullify the approval for this review.

By submitting this signed application, I acknowledge that the process may take 30 to 60 days and that applications are reviewed in the order that they are received. I further acknowledge that it is my responsibility to contact other regulatory agencies, and that an approval letter issued from the health department does not indicate compliance with any other code, law, or regulation that may be required 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 to determine compliance with the regulations must be completed and a public accommodation license must be issued for operation.

Signature of Responsible Representative: _____

Printed Name of Representative: _____

Date: _____