



## **LAKE COUNTY ENVIRONMENTAL HEALTH**

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**To:** Entities requesting to license a retail food service establishment

**From:** Lake County Environmental Health Department

**Subject:** Process for licensing a retail food service establishment

The following information is for your inquiry in obtaining a food purveyor license for a retail food service establishment. **THIS PROCESS MAY TAKE 20-30 DAYS BEFORE YOU CAN BEGIN WORK IN YOUR ESTABLISHMENT.** The steps that need to be taken are as follows:

1. Review plan review materials and develop your plan completely on paper before any equipment or materials are purchased.
2. Submit the required plan review information to the Lake County Environmental Health Department with plan review fee (\$150.00). If you will be building or remodeling, you will also need to contact the City or State Building Code departments.
3. When your approved plans are returned to you, obtain all necessary building, mechanical, electrical and plumbing permits.
4. When your project is finished, have the City or State Building Inspectors conduct the required inspections. Call the Lake County Environmental Health Department to schedule a pre-opening inspection. **Call for this inspection at least 7 days in advance.** At the time of your pre-opening inspection you will need to have a check ready and payable to the Montana Department of Public Health and Human Services (MDPHHS) for your Food Purveyor License. The fee is as follows:
  - One (1) or two (2) employees per shift - \$85.00
  - Three (3) or more employees per shift - \$115.00

# LAKE COUNTY ENVIRONMENTAL HEALTH FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW \_\_\_\_\_

REMODEL \_\_\_\_\_

PLAN REVIEW FEE: \$150.00

Make checks payable to L.C.E.H. (Lake County Environmental Health)

Name of Establishment _____
Location Address of Establishment _____
City _____ State _____ Zip _____
Telephone Number of Establishment _____

Name of Owner _____
Mailing Address _____
City _____ State _____ Zip _____
Contact Number _____ E-Mail Address _____

Category	Check Box
Restaurant	
Institution	
Retail Market	
Food Manufacturer	
Other	

Details	Provide Information
Number of Seats	
Number of Outside Seats	
Number of Staff (maximum per shift)	
Total Square Feet of Facility	
Number of floors on which operations will be conducted	

Type of Service (check all that apply)	Check Box
Sit Down Meals	
Take Out	
Mobile Vendor	
Caterer	
Delivery Service	
Push Cart	
Semi-Permanent	
Pre-Package Vendor	

	Hours of Operation	Maximum Meals per Customer to be Served (approximate)		
		Breakfast	Lunch	Dinner
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Will your establishment be seasonal? **YES / NO**  
 If yes, provide the dates of operation: \_\_\_\_\_

To make the food service plan review process as easy as possible, complete the following checklist to assure that you have all of the necessary information. If you have any questions, please call the Lake County Environmental Health Department.

**THIS IS A GUIDELINE TO THE BASIC REQUIREMENTS OF A FOOD SERVICE FACILITY. THE ACTUAL REQUIREMENTS ARE DETAILED IN THE ADMINISTRATIVE RULES OF MONTANA FOOD SERVICE (ARM) AND THE FDA MODEL FOOD CODE (2013 EDITION).**

PLEASE SUBMIT THE FOLLOWING WITH THE PLAN REVIEW PACKET:

- \_\_\_\_\_ Proposed Menu
- \_\_\_\_\_ Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpsters, etc.)
- \_\_\_\_\_ Plan(s) drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation.
- \_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan.
- \_\_\_\_\_ Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment. All equipment must be commercial grade and used as intended by the manufacturer.

**NOTE: If the above are not submitted or the remainder of this form is incomplete, the application will be returned for completion.**

**PLANS SPECIFICATIONS AND FORMAT**

- \_\_\_\_\_ 1. The plans must be accurately drawn.
- \_\_\_\_\_ 2. The floor plan must show the following: food equipment, sinks (such as hand sink, food prep sink, 3-compartment sink), hoods, dry storage area, toilet rooms, any auxiliary areas (including basements used for storage/food prep), entrances, exits.
- \_\_\_\_\_ 3. The plumbing plan must show water supply lines for all plumbing fixtures and location of floor sinks, vacuum breakers, condensate pumps, backflow prevention, water heater, etc.
- \_\_\_\_\_ 4. The ventilation/mechanical plan must show ventilation system(s) including exhaust fans, hoods, etc.

**A. Food Preparation**

Check categories of **Time/Temperature Control for Safety (TCS) Foods** to be handled, prepared and served:

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) etc.		
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) etc.		
3. Cold processed foods (salads, sandwiches, vegetables) etc.		
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles, cooked vegetables,) etc.		
5. Bakery goods (pies, custards, cream fillings & toppings) etc.		
6. Other: _____ _____		

**B. Food Supplies**

- 1. Are all food supplies from inspected and approved sources? **YES / NO**
- 2. What are the projected frequencies of deliveries?  
Frozen foods \_\_\_\_\_  
Refrigerated foods \_\_\_\_\_  
Dry goods \_\_\_\_\_
- 3. Provide information on the amount of space (in cubic feet) allocated for dry storage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. How will dry goods be stored off the floor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Cold Storage**

- 1. Is adequate and approved freezer and refrigeration available to store frozen and refrigerated foods at 41°F (5°C) / 45°F (7°C) OR below? **YES / NO**
- 2. List the number and size of refrigeration units \_\_\_\_\_  
List the number and size of freezer units \_\_\_\_\_
- 3. Provide the method used to calculate cold storage requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? **YES / NO**  
If yes, how will cross-contamination be prevented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Does each refrigerator/freezer have a thermometer? **YES / NO**  
**Locate each thermometer in the warmest part of the unit.**
- 6. Describe the **date marking system**\* that will be used for refrigerated, ready-to-eat, **TCS foods**?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Ready-to-eat, TCS foods that are prepared and held for more than 24 hours must be clearly marked to indicate the date or day by which the food shall be consumed, sold or discarded when held at a temperature of 41°F or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.**

## D. Thawing Frozen Potentially Hazardous Food

Please indicate by checking the appropriate boxes how frozen TCS Foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS	Location of Thawing
Refrigeration			
Running Water Less than 70°F (21°C)			
Microwave (as part of cooking process)			
Cooked from frozen state			
Other (describe).			

\*Frozen foods: thin = one inch or less, and thick = more than an inch. (approximate measurements)

## E. Cooking

- Will food product thermometers be used to measure final cooking/reheating temperatures of TCS Foods? **YES / NO**

What type of temperature measuring device: \_\_\_\_\_

### Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

ITEM	TEMPERATURE	TIME
Fish and meat	145°F (63°C)	15 seconds
Beef roasts	130°F (54°C)	121 minutes
Solid seafood pieces	145°F (63°C)	15 seconds
Eggs:		
Individually order for immediate service	145°F (63°C)	15 seconds
Pooled (pasteurized eggs must be served to a highly susceptible population) such as nursing homes, schools and day cares	155°F (68°C)	15 seconds
Bulk style on buffet or hot line	155°F (68°C)	15 seconds
Pork products	145°F (63°C)	3 minutes
Comminuted (ground) meats and fish	155°F (68°C)	15 seconds
Exotic game and injected meats	150°F (66°C)	1 minute
	155°F (68°C)	15 seconds
Poultry, wild game, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, stuffed ratites, or stuffing containing fish, meat, poultry, or ratites	165°F (74°C)	15 seconds
Fruits and Vegetables cooked for hot holding	135°F (57.2°C)	
Reheated TCS Foods	165°F (74°C)	15 seconds

- List types of cooking equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Hot/Cold Holding**

- How will hot TCS Foods be maintained at 135°F (60°C) or above during holding for service? Indicate type, size, and number of hot holding units: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How will cold TCS Foods be maintained at 41°F (5°C) or below during holding for service? Indicate type, size, and number of cold holding units: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate by checking the appropriate boxes how TCS Foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/ Gravy	Thick Soups/ Gravy	Rice/ Noodles	Location of Cooling Process
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Rapid Chill						
Other (describe)						

**G. Reheating**

- How will TCS Foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) for 15 seconds and within 2 hours?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Indicate type, size, and number of units used for reheating foods: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**H. Preparation**

- Please list categories of foods prepared more than 12 hours in advance of service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How will food employees be trained in good food sanitation practices?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What will be used to prevent bare hand contact with ready-to-eat foods? Please describe briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES / NO** Please describe briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. How will you sanitize the cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or be put through a dishwasher?  
 Chemical Type: \_\_\_\_\_ Concentration: \_\_\_\_\_  
 Chemical test strips/kit provided: **YES / NO**
6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **YES / NO**  
 If not, how will ready-to-eat foods be cooled rapidly to 41°F? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Describe the procedure used for minimizing the length of time TCS Foods will be kept in the temperature danger zone (41°F - 135°F) during preparation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I. Finishing Schedule**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas:

	<b>Floor</b>	<b>Coving</b>	<b>Walls</b>	<b>Ceiling</b>
<b>Kitchen</b>				
Walk-in Refrigerators				
Walk-in Freezers				
Grill Line				
Prep Station				
Other				
<b>Bar</b>				
Beer Walk-In				
Storage Room				
<b>Dishwashing Area</b>				
<b>Mop Service Basin</b>				
<b>Delivery/Receiving Area</b>				

	<b>Floor</b>	<b>Coving</b>	<b>Walls</b>	<b>Ceiling</b>
<b>Dining Room, Wait Stations and Serving Area</b>				
Serving Beverage Area				
Salad Bar				
Hot Buffet				
Other				
<b>Food Storage</b>				
Dry Goods				
<b>Other Storage</b>				
Chemical/Toxic				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse</b>				
Outside				
Inside				
Recycling				

## J. Sinks

	<b>YES</b>	<b>NO</b>	<b>NA</b>
<b>Handwashing</b>			
Is there a handwashing sink in each food preparation, bar and dish/utensil washing area?			
Is hot and cold running water under pressure available at each handwashing sink?			
Is hand soap available at all handwashing sinks?			
Are single service towels available at all handwashing sinks? If no, Describe hand drying device _____			
<b>Toilet Facilities</b>			
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?			
Are hand drying facilities available at all handwashing sinks?			
Is hot and cold running water under pressure available at handwashing sinks?			
Are trash cans available in each restroom?			
Are all toilet room doors self-closing?			
Are all toilet rooms equipped with mechanical ventilation?			
Will a handwashing sign be posted at each employee restroom?			

	YES	NO	NA
<b>Food Preparation Sinks</b>			
Is a food preparation sink present in food prep area?			
Is there an air gap?			
How will all produce be washed prior to use? _____ _____			
<b>Multi use sink</b>			
Is there an air gap?			
Describe the procedure for cleaning and sanitizing multiple use sinks between uses: _____ _____			
<b>What will be your primary ware washing method?</b> _____ Dishwasher _____ 3 compartment sink			
<b>Dishwasher:</b> Type of sanitization used: Heat / Hot water (indicate temperature) _____ Chemical (type) _____			
If using a hot water dishwasher, is a ventilation hood provided?			
Do all dish machines have templates with operating instructions?			
Do all dish machines have temperature/pressure gauges as required?			
<b>Three Compartment Sink:</b> Does the largest pot and pan fit into each compartment of the pot sink? If no, what is the procedure for manual cleaning and sanitizing large pots? _____			
Describe how equipment, utensil, dishes will be air dried. _____ _____			
What type of sanitizer is used? _____ Chlorine _____ Iodine _____ Quaternary Ammonium _____ Hot Water (F°)			
Are chemical test papers and/or kits available for checking sanitizer concentration?			
<b>Service Sink:</b> Will a janitorial/mop sink be present? <i>Food Preparation or Ware Washing sinks may not be used for wastewater disposal.</i>			
<b>Floor sink:</b> Will a floor sink be present?			
Are floor drains provided & easily cleanable? If yes, indicate location: _____			

## K. Water Supply

Type of water supply:

\_\_\_\_\_ Municipal (City) Location: \_\_\_\_\_

\_\_\_\_\_ Private Has private water source been approved? YES / NO / PENDING  
If yes, by whom? \_\_\_\_\_

\_\_\_\_\_ Public DEQ\* PWSID Number: \_\_\_\_\_

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



## N. Garbage and Refuse

	YES	NO	NA
<b>Inside</b>			
Do all garbage containers have lids?			
Will refuse be stored inside? If yes, where? _____ _____			
<b>Outside</b>			
Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Describe the location of grease storage receptacle: _____ _____			
<b>Recycling Areas</b>			
Is there an area to store recycling containers? If yes, please describe location? _____ _____			
Indicate what materials are to be recycled: Glass _____ Metal _____ Plastic _____ Paper _____ Cardboard _____			
<b>Damaged Food Product Storage</b>			
Is there an area designated for the storage of damaged food items? If yes, provide the location of the storage area for damaged goods. _____			

## O. General

	YES	NO	NA
<b>Dressing Rooms:</b> Are dressing rooms provided? Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____			
<b>Toxic Chemicals:</b> Describe the location of the chemical storage area: _____ _____			
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? <i>All insecticides/rodenticides must be approved for food service.</i>			
Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?			
Are all toxics containers including sanitizing spray bottles clearly labeled?			
<b>Lighting:</b> Are lights shielded in all food prep areas, utensil & equipment ware washing, and storage areas? Provide a lighting schedule with protectors (shields) on the site plan.			
<b>Food Containers:</b> Are all containers used for storage of bulk food products approved for food service? Indicate the type of storage containers used: _____ _____			

YES	NO	NA

**Linens:** Will linens be laundered on site?

If yes, which linens will be laundered and where will they be laundered?

If no, how will linens be cleaned? \_\_\_\_\_

Location of dirty linen storage: \_\_\_\_\_

**P. Ventilation**

All exhaust ventilation must meet uniform mechanical and fire codes.  
Please attach copies of all documentation.

Indicate all areas where exhaust hoods are to be installed:	How is each listed ventilation hood system cleaned?

**Q. Small Equipment List**

Please specify the number, location, and types of each of the following:	Number	Location
Meat and other slicers		
Cutting boards		
Can openers		
Mixers		
Floor mats		

**R. Land Use**

The following issues need to be investigated before licensing:

**Zoning/Density Area:**

Are there any land requirements which may preclude having a food establishment on the property? **YES / NO**  
If yes, describe below. The Lake County Planning Department may be contacted at (406)-883-7235.

**Covenants:**

Are there any covenants which may preclude having a food establishment on the property? **YES / NO**  
If yes, describe below:

**Subdivision Designation:**

If a property went through a subdivision process, it may be restricted to residential use. Check with the Lake County Environmental Health Department.

**S. Building Codes and Fire Authority**

All commercial buildings are subject to state building codes. There are city building inspectors for Ronan and Polson. Outside of these areas, the state has jurisdiction.

I have submitted plans/applications to the following:

**Date Contacted:**

\_\_\_\_\_ City of Polson, Building and Planning Department  
Phone: (406) 883-8216

\_\_\_\_\_ City of Ronan, City Planner  
Phone: (406) 676-4231

*If outside of one of these locations, contact:*

\_\_\_\_\_ State Department of Labor and Industry, Building Codes Bureau  
301 South Park Avenue, Room 430  
Helena, MT 59620-0517  
Phone: (406) 841-2040

\_\_\_\_\_ Dawn Drollinger, Deputy State Fire Marshal  
D.C.I., Fire Prevention & Investigation Section  
Phone: (406) 257-2584  
E-mail: [ddrollinger@mt.gov](mailto:ddrollinger@mt.gov)

**I (We) hereby certify that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Lake County Environmental Health Department may nullify final approval.**

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
owner(s) or responsible representative(s)

.....  
**Approval of these plans and specifications by Montana Department of Public Health and Human Services/Food and Consumer Safety Section does not indicate compliance with any other code, law or regulation that may be required federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**