



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	
Caterer	
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:

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

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

J. Sinks

	YES	NO	NA
Handwashing			
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 _____			
Toilet Facilities			
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
Food Preparation Sinks			
Is a food preparation sink present in food prep area?			
Is there an air gap?			
How will all produce be washed prior to use? _____ _____			
Multi use sink			
Is there an air gap?			
Describe the procedure for cleaning and sanitizing multiple use sinks between uses: _____ _____			
What will be your primary ware washing method? _____ Dishwasher _____ 3 compartment sink			
Dishwasher: 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?			
Three Compartment Sink: 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?			
Service Sink: Will a janitorial/mop sink be present? <i>Food Preparation or Ware Washing sinks may not be used for wastewater disposal.</i>			
Floor sink: 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.

	YES	NO	NA
Ice: Will ice be made on premises? (provide ice machine specifications)			
Will ice be purchased commercially?			
Will ice be packaged for retail sale? If yes, provide location of icemaker or bagging operation: _____			
<i>Approval for the labeling of ice will be required by the Food Processing & Labeling Section, Food and Consumer Safety Section, (406)-444-2408.</i>			
How will the ice machine be cleaned? _____			
Describe provision for ice scoop storage: _____			
Hot Water Tank			
The hot water generator must be sufficient for the needs of the establishment. What is the capacity of the hot water generator? (provide specifications) _____			
Water Treatment Device			
If there is a water treatment device, how will the device be inspected and serviced? _____			

L. Sewage Disposal

Sewage generated in a food service establishment must be disposed of in either a municipal sewage collection system, a public wastewater treatment system or a system constructed and operated in accordance with Title 75, Chapter 6, Montana Code Annotated, and Title 16, Chapter 20, Subchapter 4, Administrative Rules of Montana.

Type of wastewater treatment system:

- _____ Municipal (City) Location: _____
- _____ Private Local Wastewater Treatment Permit # _____
- _____ Public*DEQ Describe: _____

*Public wastewater treatment 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.

Is a grease trap provided? **Required by state and city-county codes** **YES / NO**

If yes, where? _____

Provide a schedule for cleaning & maintenance of the grease trap: _____

M. Insect and Rodent Control

	YES	NO	NA
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all openable windows have a minimum of #16 mesh screening?			
Are insect control devices identified on the plan? If yes, provide details: _____			
Will all pipes & electrical conduit chases be sealed?			
Will the exhausts and intakes for all ventilation systems be protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			

N. Garbage and Refuse

	YES	NO	NA
Inside			
Do all garbage containers have lids?			
Will refuse be stored inside? If yes, where? _____ _____			
Outside			
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: _____ _____			
Recycling Areas			
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 _____			
Damaged Food Product Storage			
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
Dressing Rooms: Are dressing rooms provided? Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____			
Toxic Chemicals: 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?			
Lighting: 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.			
Food Containers: 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. Catering Option

Do you plan to cater from this facility?

YES / NO

If yes, please answer the following questions:

1. Provide your catering menu. If you do not have a fixed menu, please give some examples of items that you might serve. **Attach the menu/items to this plan review.**
2. Indicate how many meals you can safely prepare in the catering operation.
3. Indicate how you will maintain adequate temperatures (keeping cold foods at or below 41°F and hot foods at or above 135°F) during food preparation and storage for catered events.
4. Indicate how safe food temperatures are maintained throughout all phases of your catering operations. Provide copies of any log sheets to be used.
5. Describe the handwashing facilities. Explain the setup and methods for handwashing.
6. List all equipment used to transport hot or cold food. Provide specification sheets for any equipment.
7. Describe how food will be setup, displayed, and served.
8. Describe what happens with any leftovers.

T. 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

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.