



LAKE COUNTY ENVIRONMENTAL HEALTH

106 FOURTH AVENUE EAST
POLSON, MT 59860-2175

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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. 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 DEPARTMENT

106 4th Avenue East
Polson, MT 59860
Phone: (406) 883-7236 FAX: (406) 883-7205

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Establishment Information

___NEW ___REMODEL* ___CHANGE OF USE**

Name of Establishment: _____

Establishment Address: _____

Establishment Mailing Address: _____

Establishment Phone (if available): _____

Establishment E-mail (if available): _____

Name of Owner: _____ Phone: _____

Applicant Information

Applicant's Name: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Applicant E-mail (if available): _____

Title (owner, manager, architect, etc.): _____

**Remodel defined as:* 1) the installation of any major piece of food service equipment, including, but *not* limited to cooking and dishwashing equipment; and/or 2) altering the structural configuration of the facility housing the food service establishment, such as the removal or addition of walls or a change in the designated use of an area in the facility.

***Change of use defined as:* 1) the existing facility is not currently a food service establishment; and/or 2) a menu change to an existing food establishment.

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. Lake County Planning 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 – check at Environmental Health Department. If a property went through a subdivision process, it may be restricted to a residential use.

Building Codes

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 (please note the date of contact on application line) to the following:

Date Contacted:

_____ City of Polson, Building and Planning Department, Ron Melvin
Phone: (406) 883-8216

_____ City of Ronan, City Planner, Dan Miller
Phone: (406) 676-4231

If outside of one of these locations, contact:

_____ State Department of Labor and Industry, Building Codes Bureau, 301 South
Room 430, Helena, MT 59620-0517 (406) 841-2040

They will tell you who of the following needs to be contacted for permits and inspections. An inspection by the Fire Marshal will always be required by our office. A building inspection must be done if the facility is remodeled (see previous definition of remodel), or has not been used as a food establishment. Indicate date contacted. They will give you a copy of the inspection, please attach to this review or submit prior to licensing.

Date Contacted:

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

_____ Rob Morris
State of Montana-Building Codes Bureau
Phone: (406) 202-1324 (cell)
E-mail: robmorris@mt.gov

_____ Dave Micone, Plumbing and Mechanical Inspector
Phone: (406) 752-5117 office, (406) 439-4106 cell
E-mail: dmicone@mt.gov

_____ Andy Wasson, Electrical Inspector (areas south and west of Yellow Bay)
Phone: (406) 822-1502 office, (406) 202-4352 cell
E-mail: awasson@mt.gov

_____ Ron Fennell, Electrical Inspector (areas north and east of Yellow Bay)
Phone: (406) 202-4363 cell
E-mail: rfennell@mt.gov

Wastewater/ Water

If your proposed establishment is located on a parcel with a private well and wastewater system, both systems will require approval from this department before a license is issued. Depending on number of patrons per day and length of time, you may be required to become a public system. This will require further approval from the Montana Department of Environmental Quality. Please check with the Environmental Health Department for further information.

GUIDELINE FOR FOOD SERVICE PLAN REVIEW

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). A COPY OF THE ARM IS INCLUDED IN THIS PACKET (GREEN BOOK).

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.

PLEASE CIRCLE / ANSWER THE FOLLOWING:

FOOD SUPPLIES:

1. Where will food supplies be obtained? Indicate source(s).

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.

FOOD STORAGE AND PROTECTION:

1. Is adequate approved freezer and refrigeration available to store frozen foods at 30°F (0°C) and below, and refrigerate foods at 41°F (5°C) and below? **YES / NO**

2. 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?

3. Does each refrigerator/freezer have a thermometer? **YES / NO**

Number of refrigeration units: _____

Number of freezer units: _____

4. Describe the **date marking system*** that will be used for refrigerated, ready-to-eat, **potentially hazardous foods**.

*Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the “sell by” date, “best if used by” date, or the date by which the food must be consumed, which is 7 calendar days or less from the day that the food is prepared, if the food is maintained at 41°F or less; or 4 calendar days or less if maintained between 42° and 45°F.

5. How will dry goods be stored off the floor (food grade containers must be provided for

bulk foods removed from their original packaging)?

FOOD PREPARATION REVIEW

Type of food establishment (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Food service establishment | <input type="checkbox"/> Deli |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Produce (onsite retail) |
| <input type="checkbox"/> Food Manufacturer (onsite retail) | |
| <input type="checkbox"/> Perishable food dealer (ex. grocery) | |

Type of service (check all that apply):

- | |
|--|
| <input type="checkbox"/> Sit Down Meals |
| <input type="checkbox"/> Take Out |
| <input type="checkbox"/> Other, please describe: _____ |
| <input type="checkbox"/> Catering |

Number of seats: _____

Number of staff (max. per shift): _____

Hours of operation: Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____

Check categories of Potentially Hazardous Foods (**PHF's**) to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, ground meats, poultry, fish, eggs	_____	_____
2. Thick meats, whole poultry	_____	_____
3. Cold processed foods (i.e. salads, sandwiches)	_____	_____
4. Hot processed foods (i.e. soups, stews, chowders, casseroles, rice, pasta)	_____	_____
5. Bakery goods (i.e. pies, custards, creams)	_____	_____
6. Sliced melons, soy products, sprouts.	_____	_____
7. Other _____	_____	_____

THAWING:

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

THAWING METHOD	Meats	Processed 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)			

COOKING:

1. Will food thermometers (0° - 212° F) be used to measure final cooking/reheating temperatures of PHF's? **YES / NO**

2. List types of cooking equipment (ovens, grills, etc.)

3. Foods must be cooked to a minimum internal temperatures as indicated in ARM 37.110.207 (4) Food Preparation (See ARM pg. 13)

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135° F (57.2° C) and above during holding for service?

Indicate type and number of hot holding units: _____

2. How will cold PHF's be maintained at 41° F (50° C) and below during holding for service?

Indicate type and number of cold holding units: _____

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C). Cooked PHF's must be cooled within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). PHF's assembled at ambient temperatures must be cooled within 4 hours to 41°F. Also, indicate where the cooling will take place.

Cooling Method	Shallow Pans	Ice Baths	Reduce Volume or Size	Rapid Chill	Other (describe)	Location of Cooling Process
Thick Meats						
Thin Meats						
Thin Soups/ Gravy						
Thick Soups/ Gravy						
Rice/ Noodles Other (describe)						
Assembled foods (i.e. tuna salad)						

1. 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? _____

REHEATING:

1. How will PHF's 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 within 2 hours? _____

Indicate type, size, and number of units used for reheating foods. _____

2. Will microwave reheating be done? **YES / NO**

If yes, describe your process to reheat in a microwave. _____

PREPARATION:

Montana Administrative Rule 37.110.210 provides that employees must minimize bare hand contact with ready-to-eat food. Food workers must wash hands and use a barrier, such as disposable gloves, tissue, spatula or tongs for any ready-to-eat food preparation activities.

1. Please list categories of PHF's prepared more than 12 hours in advance of service.

2. How will food employees be trained in good food sanitation practices?

3. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES / NO**

Please describe briefly:

4. Will all produce be washed prior to use? **YES / NO**

Is there a food prep sink for washing produce? **YES / NO**

5. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F - 135°F) during preparation.

6. Will foods be processed by smoking/curing, food additives for preservation, or reduced/modified atmosphere packaging? **YES / NO**

If yes, a HACCP plan must be submitted to the regulatory authority.

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 menu, please give some examples of items that you might serve. **Attach the menu/items to this plan review.**

2. Please indicate how many meals you can safely prepare in the catering operation. _____

3. Please 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. Please indicate how safe food temperatures are maintained throughout all phases of your catering operations. Provide copies of any log sheets to be used.

5. List all equipment used to transport hot or cold food. Provide specification sheets for any equipment.

6. Please describe how food will be displayed and served.

7. Please describe what happens with any leftovers.

CLEANING AND SANITIZING:

Will a 3-compartment sink or dish machine* be provided for ware washing?

_____ ***A 3-compartment sink is required in addition to a dish machine in order to have a back-up ware washing method if dish machine is not functioning properly.**

Indicate if the dish machine is high temperature or chemical sanitizing machine.

_____ Indicate the type of sanitizer to be used (i.e. chlorine, quaternary ammonia, iodine).
_____ Chemical test strips must be provided for the sanitizer indicated.

FACILITY REVIEW

(See Guide for Design, Installation and Construction of Food Service Establishments)

Total square feet of facility: _____

Projected date for start of construction: _____

Projected date for completion of project: _____

FINISH SCHEDULE:(See Guide for Design, Installation and Construction of Food Service Establishments)

Applicant must fill in materials (i.e. quarry tile, stainless steel, sheet vinyl, FRP, etc.)

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP SERVICE AREA				
DISHWASHING AREA				
RECEIVING AREA				

INSECT AND RODENT HARBORAGE:

1. Are all outside doors self-closing and pest proof? Please describe method(s) of control. _____

2. Are screens provided on all doors/windows left open to the outside? _____
Minimum screening requirement is 16 mesh to the inch.
3. Are air curtains used? **YES / NO** If yes, where? _____

4. Describe your pesticide usage protocol. _____

GARBAGE AND REFUSE:

Inside facility

1. Do all containers have lids and liners? _____
2. Will refuse be stored inside? **YES / NO** If so, where? _____
3. Is there a garbage can cleaning sink or area? **YES / NO** If so, where? _____

Outside

A commercial container constructed to be mechanically dumped by the garbage collector must be provided outside the establishment and must be collected at intervals not to exceed 7 days. The commercial container must be placed on a hard, level, cleanable surface (i.e. concrete).

1. Frequency of pickup _____/WK
Garbage collection service _____

Premises:

1. What will be the surface of your parking area? _____
2. Is the area around building clear of unnecessary brush, rubbish, boxes and other harborage? _____

PLUMBING:

SINKS	YES	NO
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Is there a hand washing sink in each food preparation, bar, dish/utensil washing, and toilet room areas?		
Is hot and cold running water under pressure available at each hand washing sink?		
Are hand soap and paper towels available at all hand washing sinks?		
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?		
Is a food preparation sink present?		
Does the largest pot and pan fit into each compartment of the three compartment sink? If no, what is the procedure for manual cleaning and sanitizing large pots? _____		
Are there drain boards installed on both ends of the three compartment sink?		
Is there a mop sink present? Food preparation and ware washing sinks may not be used for wastewater disposal.		

PLUMBING CONNECTIONS AND DRAINS

The potable water system shall be installed to preclude the possibility of backflow. Devices shall be installed to protect against backflow and back siphonage at all fixtures and equipment connected to plumbing.

A direct connection may not exist between the sewage system and any drains originating from equipment in which food, portable equipment, or utensils are placed.

Indicate on the plans what plumbing fixture(s) or equipment has backflow or back siphonage controls, such as: air-gaps, atmospheric vacuum breakers, indirect connections, etc.

The following equipment must have air-gapped drains. Please check all that apply:

- ___ ice machines/ice storage bins
- ___ food prep sinks
- ___ steam table/steam kettle drain lines
- ___ condensate drain lines from refrigeration equipment (to a floor sink outside the unit)
- ___ running water dipper wells
- ___ dish machine
- ___ open beverage service (i.e. soda machines, tap beer, espresso machines, etc.)

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The following inlets which are or may become submerged must have devices installed to protect against backflow and back siphonage. Please check all that apply:

- ___ supply inlet to garbage grinder

- _____ supply inlet to dish table trough
- _____ fill line for steam kettle
- _____ supply line for dish machine
- _____ garbage can washer
- _____ perforated pipe to oriental wok cookers
- _____ mop/janitorial sink with a hose connection

WATER SUPPLY:

Type of water supply:

- _____ Municipal (city)
- _____ Private well. Total Coliform and Nitrate testing will be required.
See Environmental Health Department for guidance.
- _____ Public* Provide PWS ID number _____
Please attach copy of written approval for the public water system from DEQ.

***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– Public Water can be reached at (406) 444-4400**

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)
- _____ Private* Local wastewater treatment permit # _____
- _____ Public** Please attach copy of written approval (state and/or local permits)

*Existing private wastewater treatment systems will be evaluated on a case by case basis, and may require extensive modifications.

**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—Water Protection Bureau/Wastewater can be reached at (406) 444-3080.

Is a grease trap/interceptor provided? _____

Type and location of grease storage receptacle:

- _____ 1000 gal external grease interceptor
- _____ in-line internal grease interceptor, maintenance schedule required

DRESSING ROOMS:

Provide location and description of storage facilities provided for employees’ belongings (i.e. purse, coats, backpacks, etc.).

TOXIC MATERIALS:

Are chemicals (i.e. cleaners, sanitizers, medications, detergents) stored separately from food, equipment, single service items? Indicate location:

All containers of toxics including sanitizing spray bottles must be clearly labeled. All pesticides must be approved for food service.

LAUNDRY FACILITIES:

Are laundry facilities located on premises? **YES ? NO** If yes, what will be laundered?

How will clean and soiled linens be stored separately? _____

Is a laundry dryer available? **YES / NO** If yes, indicate location. _____

VENTILATION AND EXHAUST SYSTEMS:

All exhaust ventilation must meet uniform mechanical and fire codes. In accordance with 37.110.213 paragraph 11, ARM, hoods must be installed at or above all deep fat fryers, broilers, fry grills, steam-jacketed kettles, hot-top ranges, ovens, barbeques, rotisseries, dishwashing machines and similar equipment which comparable amounts of steam, smoke, grease, or heat. (See ARM pg. 25)

Indicate all areas where exhaust hoods are to be installed:

LIGHTING:

All lighting in the facility must be adequate and shielded.

Minimum lighting requirements:

50 foot-candles: food prep and dishwashing areas

20 foot-candles: utensil and equipment storage and toilet rooms

10 foot-candles: walk-in refrigeration units, dry storage, other areas

ALL FACILITIES MUST BE NON-SMOKING WITH SIGNS POSTED AT ALL ENTRANCES AND THE KITCHEN AREA. EXCEPTIONS MAY BE PERMITTED FOR BARS/CASINOS WITH APPLICATION TO THE STATE (MONTANA DEPARTMENT OF HEALTH AND HUMAN SERVICES). PERSONS UNDER THE AGE OF 18 MUST BE PROHIBITED FROM AREAS WHERE SMOKING IS ALLOWED.