



## ICE MANUFACTURING PLAN REVIEW APPLICATION

Establishment Information:

\_\_\_\_\_ New      \_\_\_\_\_ Change of Ownership

\_\_\_\_\_ Remodel      \_\_\_\_\_ Equip Change

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

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

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

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:
		Equipment Layout
		Plumbing Layout w/ Drain Types
		Hoods Labeled w/ Type
		Spec Sheets or Make/Model List
		Commissary Agreement
		Site Plan
		Water/Wastewater Information
		Menu
		Process Authority or HACCP Sheets

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

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

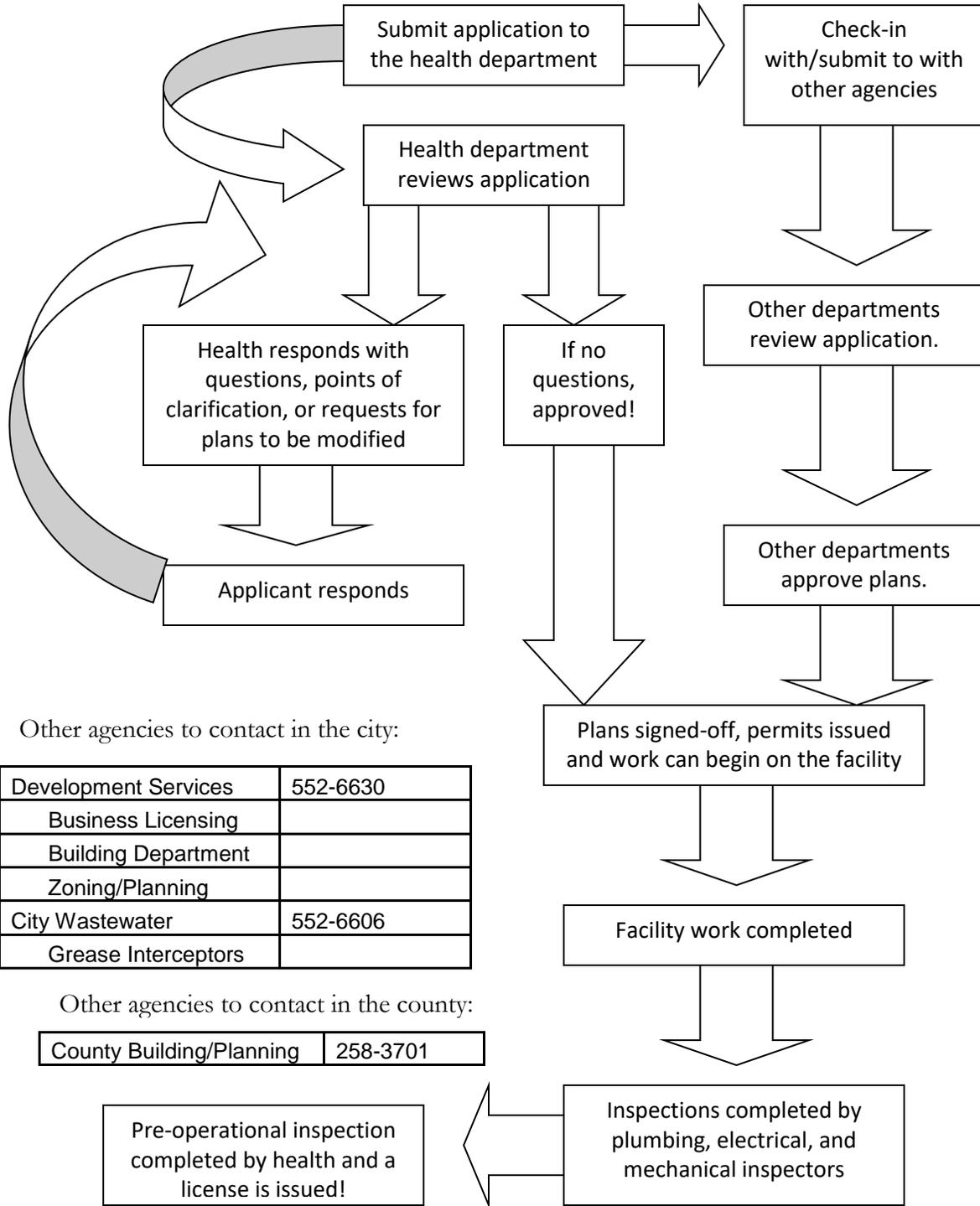
Sanitarian Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 most reviews can be completed in a of 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 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 menu, floor plan, and equipment list as 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.

## Items to Submit

- Application form, completed and signed.
- Site plan showing parking areas, streets, dumpsters, and the septic system or well if applicable.
- Floor plan of the facility showing all sinks and equipment. If the floor plan is not clearly labeled, an equipment schedule is required.
- Specification sheets for all equipment. If specification sheets cannot be provided, a list of the make and model may be an adequate substitute.
- Plumbing plan showing 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.

## 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.

## Process Review

Type of service (check all that apply):

- \_\_\_\_\_ Selling to customers at establishment location
- \_\_\_\_\_ Distributing to other establishments also owned by applicant
- \_\_\_\_\_ Selling to other businesses like grocery stores, coffee stands, outdoor food vendors (this is wholesale distribution)

Number of staff (max. per shift): \_\_\_\_\_

Hours of operation (Opening time to closing time each day):

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

### **Water Testing:**

1. Ice must be tested for total coliform before opening and during each month of operation. As a part of this approval, your pre-operational test results will be reviewed. Attach a copy of them to your application.
2. Who will be responsible for ensuring that the ice gets tested monthly?  
\_\_\_\_\_
3. Which certified lab do you plan to use for routine testing? \_\_\_\_\_
4. Where will you keep records to be reviewed during inspection? \_\_\_\_\_

### **Bagging Process:**

1. Is there a hand sink near the ice machine? \_\_\_\_\_
2. How will bare hand contact with this ice be eliminated? \_\_\_\_\_
3. Does the machine have an automatic dispenser? \_\_\_\_\_
4. Will you need a scoop? \_\_\_\_\_ Where will it be stored? \_\_\_\_\_

### **Cleaning and Sanitizing:**

1. Describe how the ice machine will be cleaned and sanitized. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How often will the machine get cleaned? \_\_\_\_\_
3. What sanitizer will you use? \_\_\_\_\_ At what concentration? \_\_\_\_\_

## Facility Review

**Finish Schedule (Surfaces):**

Applicant must fill in materials (i.e. quarry tile, stainless steel, sheet vinyl, FRP, etc.) in the area of the ice machine.

Floor	Walls	Coving	Ceiling

**Water Supply:**

Provide the facility's Public Water Supply number \_\_\_\_\_

Note: you may be asked to 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\*
- \_\_\_\_\_ Public\*\*

Local wastewater treatment permit # \_\_\_\_\_  
 Please attach copy of written approval (state and/or local permits)

**Plumbing and Drain Lines:**

Is the drain line for the ice machine air gapped? \_\_\_\_\_  
 Is there an air gapped three-compartment sink in the facility? \_\_\_\_\_

**Lighting:**

Is the lighting in the bagging area shielded? \_\_\_\_\_

**Statement:**

I hereby certify that the information included in this application, including the attached floor plans, equipment lists, and the menu 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 of the establishment to assess functional equipment, sinks, and other fixtures is required to determine compliance with food service establishment regulations, and that before a facility can operate, a food purveyor's license must be issued.

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

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

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