



BED AND BREAKFAST REVIEW APPLICATION

Establishment Information:

_____ New _____ Change of Ownership

_____ Remodel

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	
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

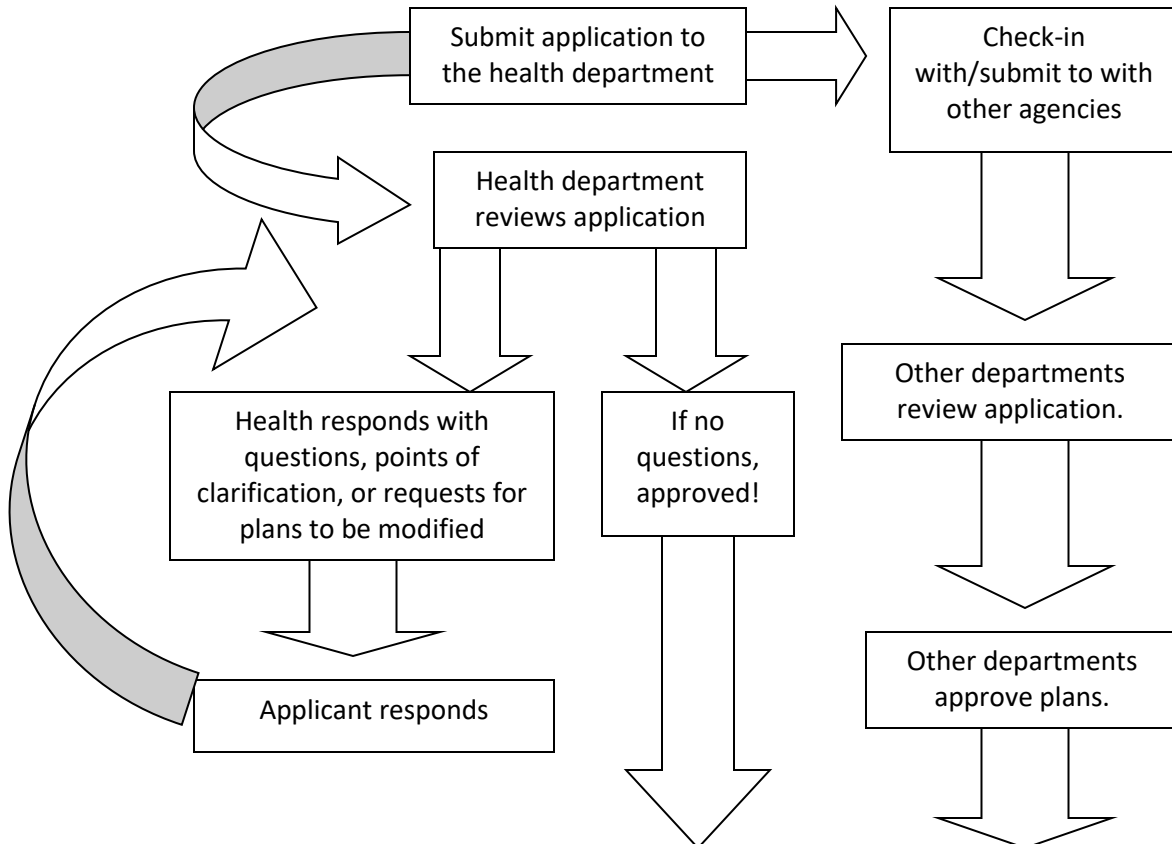
Included	N/A	
		Completed and Signed Application Form
		Floor Plan:
		Rooms Labeled
		Plumbing Layout/Fixtures Labeled
		Appliances Labeled
		Food Service Section
		Menu
		Equipment Specs
		Food Application
		Water/Wastewater Information
		Site Plan

Intake Sanitarian: _____

Date: _____

Sanitarian Comments: _____

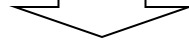
Process Overview



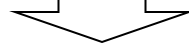
Other agencies you may need to contact in the city:

Development Services	552-6630
Business Licensing	
Building Department	
Zoning/Planning	
City Wastewater	552-6606
Grease Interceptors	

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



Facility work completed



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!



Inspections completed by plumbing, electrical, and mechanical inspectors

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 (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. Guests must receive new towels and bedding at least weekly. How will guests get new items if staying longer than one week? (e.g. cupboard where new items can be dropped off; cleaning service during 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? _____

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

- Will a hand sink be provided with water at 100-120F and soap and paper towels? _____
- If you are sending laundry out, what service provider will you be using? _____

Guest Rooms:

- 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? _____

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

- 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? _____

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

General Operation:

- How long will you maintain your guest register? _____

What is the maximum number of sleeping rooms? _____

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

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

Opening date _____ Closing date _____.

Swimming Pools and Spas:

- 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:

Food service for this public accommodation is best described as which one of the following (please check option that applies):

_____ Breakfast for registered guests only*

_____ Meals throughout the day available only to registered guests*

_____ Full service food establishment** available to registered guests and the general public.

How many meals do you plan on serving each day? _____

*Establishments with only Continental Breakfast **may continue with this packet.**

Full service food establishments must fill out the **Food Service Plan Review Packet, available at the Missoula City-County Health Department.

Construction Plans for a Continental Breakfast food service must include the following:

_____ Specifications for the proposed food service area including:

Floor plan drawn to minimum scale (1/4 inch equals 1 foot)

- Location of all food service equipment in kitchen
- Location of hand washing sink(s)
- Location of food storage area
- Location of mop sink
- Location of three-compartment sink
- Location of hoods or other ventilation
- Menu
- Equipment list
- Any other applicable information as required by the reviewing authority

FOOD SUPPLIES:

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

2. Will farm fresh eggs be used? If so, how will you advise guests that you are using uninspected eggs? _____

3. Provide information on the amount of space (in cubic feet) allocated for dry storage.

FOOD STORAGE AND PROTECTION:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F (5°C) and below? **Yes / No**

2. How will you keep raw meats, poultry, and shell eggs separate from ready-to-eat foods stored in the same refrigerators and freezers? _____

3. Does each refrigerator/freezer have a thermometer? **Yes / No**
Number of refrigeration units: _____
Number of freezer units: _____

4. How will food brought in by guests be kept separate from foods intended for use by the establishment?

Describe the ***date marking system**** that will be used for refrigerated, ready-to-eat, **PHF's**.

*** 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 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.**

How will dry goods be stored off the floor (food grade containers must be provided for bulk foods removed from their original packaging)? _____

THAWING:

1. What kinds of potentially hazardous foods will you need to thaw? _____

2. How will you thaw potentially hazardous foods prior to service? _____

COOKING:

1. How will you ensure that final cooking/reheating temperatures are met? _____

2. List types of cooking equipment.

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

HOT/COLD HOLDING:

1. Will you need to hold any foods hot or cold during service? _____

2. If so, how will you keep hot foods above 135F and cold foods below 41F?

3. How long will the breakfast service last? _____

COOLING:

1. Will any food be saved from one breakfast service for use at another? _____

2. If so, what kinds of foods will you carryover and how will you cool them to temperature properly?

Cooked PHF's must be cooled from 135°F to 70°F in 2 hours, and then 70°F to 41°F in another 4 hours.

3. What foods would you prepare at least a day in advance of service? _____

4. If any of those items had to be cooked or heated during preparation, how will you cool those to temperature properly?

REHEATING:

How will PHFs that are cooked, cooled, and reheated for service 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?

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

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

PREPARATION:

Missoula City-County Health Code Regulation 4, Section 5 provides that there be no bare hand to ready-to-eat food contact. Food workers must wash hands and use a barrier, such as disposable gloves, for any ready-to-eat food preparation activities.

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

2. 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:

3. Will there be a dedicated hand sink separate from the sinks used for dishwashing or food preparation?

YES / NO

4. Where will produce get washed prior to use? _____

CLEANING AND SANITIZING:

1. How many compartments does the kitchen sink have? _____

2. Will you have a 3-compartment sink or dish machine provided for ware washing?

3. If you will be using a dish machine, indicate if it 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.

4. What surface sanitizer will you use? _____

FINISH SCHEDULE:

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

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
FOOD STORAGE				
OTHER STORAGE				

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: _____

LAND SERVICES ADDENDUM:
WATER SOURCE AND WASTEWATER ASSESSMENT APPLICATION FOR
TOURIST HOMES

Owner's name _____ Phone # _____
Owner's address _____
City: _____ State: _____ Zip Code: _____
Email: _____

Facility Information

Type of establishment _____
Facility name _____ Phone # _____
Primary contact person _____ Phone # _____

Address Assigned by the County Road Department (located at 199 West Pine St, PH: 258- 4866):

Address: _____ City: _____ Zip _____

Legal description of facility: (Can be found on your tax statement or the Missoula County Property Database at www.co.missoula.mt.us/Owner/Default.aspx)

Geocode: 04- _____ - _____ - _____ - _____ - _____ Short Legal: T _____ R _____ Section _____ ¼ Section _____

Certificate of Survey # or Subdivision Name: _____

Tract or Lot _____ Block (if applicable): _____ Size of lot or parcel: _____

***** **WATER SOURCE** *****

Water source: New (Proposed) _____ Existing _____

Description of the type of water source (well, spring, lake, municipal, etc.): _____

Number of people to be served per day: # Employees _____ # Customers/Guests _____

Peak instantaneous demand:

fixture type	Number of each fixture in the house
toilet	
bathroom sink	
shower/tub	
kitchen sink	
dishwasher	
hose bib/hydrant	

Number and description of dwelling units and structures that will be connected to the water source:

Description of any existing or proposed water treatment devices:

Will the water source be:

At least 100 feet from septic systems Yes ___ No___ Unsure ___
 Out of the floodplain Yes ___ No___ Unsure ___
 At least 100 feet from surface water Yes ___ No___ Unsure ___

***** **WASTEWATER*******

Wastewater System Information: New (Proposed)_____ Existing _____ (Permit# _____)

Description of the type of wastewater system (drainfield, sewer, etc.): _____

Number of dwelling units _____ Number of bedrooms _____ Number of bedspaces _____

Surface Water:

Describe the nearest surface water to the drainfield: _____
How close is it to the drainfield? _____

Existing Structures: Describe existing structures, wells and wastewater systems on the parcel: _____

INCLUDE WITH APPLICATION:

Existing Well Permit: Attach any current well permits for the property.

Well Log: Attach if there is an existing well. If a well log is not available for an existing well, provide a Groundwater Information Center (GWIC) record created for the source.

Well Tests: Attach lab analysis for coliform bacteria within the last 30 days and nitrate (“mg/L NO₃-N” or similar) within the last 12 months, if the source already exists

Water System: Attach intended or existing depth and grout placement method for a well. Attach a drawn plan view (from above) of the building and water system layout from the water source to pressure tank and plumbing, showing all parts of the connected plumbing system, even those not directly serving the establishment. Include the materials used in the water system.

Wastewater System: Attach any current septic permits for the property.

Floor Plans: Attach floor plans (no larger than 11” by 17”) for all structures to be served by the water and wastewater systems (even if they are not directly connected to the system.) Floor plans don’t have to be to scale and can be hand drawn. Label the rooms and **show all bedspaces.**

Site Plan: Attach a site plan (no larger than 11” by 17”) showing the locations (existing and proposed) of all features (existing and proposed) listed below. Site plans can, but don’t have to be prepared to scale by a professional engineer or architect. **No aerial photos.** If the site plan is not drawn to scale, include enough measurements to accurately depict where everything is on the property.

- * Property Lines
- * Buildings
- * Roads & Driveways
- * Wells and Wastewater Systems within 100 feet of your property
- * Wastewater Mixing Zones for this property and adjacent properties
- * Floodplain & Floodprone Areas
- * Water Supplies – include water lines, tanks, plumbing system
- * Easements and No Build Zones
- * Wastewater Systems - all parts
- * Surface Water

Certificate of Subdivision Approval: Attach COSA with lot layout if parcel has one.

Nearby Uses and Activities on the Land:

- Attach a detailed description of land uses and activities within a 100- foot radius of the groundwater source or intake, including but not limited to roadways, driveways, parking areas, utilities, culverts, stormwater collection or conveyance features, buildings, shed or other structures
- General land uses and activities within a 500-foot radius of the groundwater source or intake, identifying sewer residential, sewer commercial, unsewered residential, unsewered commercial, irrigated agricultural, grassland or forest

Certification: I certify that the information I have provided on this application is accurate and true and that the submitted site plan is an accurate representation of all required elements.

Applicant’s Signature: _____ Date: _____