



WAREHOUSE PLAN REVIEW APPLICATION

Establishment Information:

_____ **New** _____ **Change of Ownership**
 _____ **Remodel** _____ **Menu/Equip Change**
 _____ **HACCP** _____ **Change of Use**

Date of Application: _____

Service	Fee	
Full/Base Review	\$285	\$285
Change of Ownership	\$145	
Minor Remodel	\$145	
HACCP/Process Review	\$145	
Add'l Endorsement(s)	\$60	
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

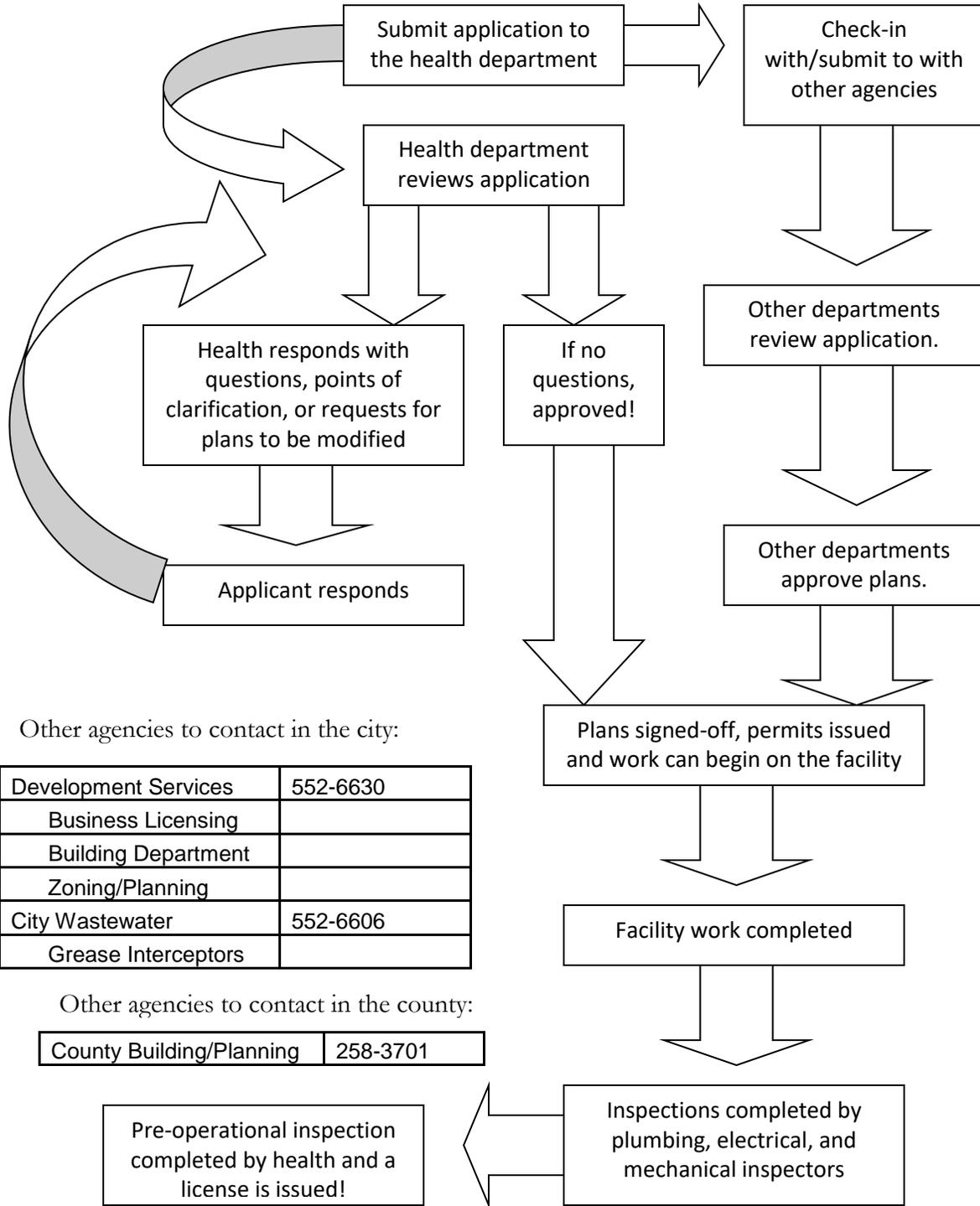
Included	N/A	
		Completed and Signed Application Form
		Floor Plan:
		Equipment Layout
		Plumbing Layout w/ Drain Types
		Hoods Labeled w/ Type
		Spec Sheets or Make/Model List
		Commissary Agreement
		Site Plan
		Water/Wastewater Information
		Menu
		Process Authority or HACCP Sheets

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.
- Menu
- Site plan showing parking areas, streets, dumpsters, and the septic system or well if applicable.
- Floor plan of the facility showing all sinks, hoods, and equipment. If the floor plan is not clearly labeled, an equipment schedule is required.
- Specification sheets for all food 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.
- Ventilation plan showing locations and types of hoods if not shown on the floor plan.
- HACCP or Special Process information, if applicable.

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.

Food Warehouse Application

Total Square Footage of the Facility: _____

Maximum Number of Employees per Shift: _____

Hours of Operation:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

1. Is this facility used by another distributor, manufacturer or by a retail food operation? ____
If so, by whom and when do they use it? _____

2. Water source:
Public Water Supply # _____ Private Water Supply _____

3. Waste Disposal:
City _____ Septic Permit # _____

4. Solid Waste:
Provider: _____ Number of pick-up times per week _____

5. Complete the finish schedule below for all rooms that apply:

	Floor/Coving	Walls	Ceilings
Walk-in Cooler			
Walk-in Refrigerator			
Warehouse			
Restrooms			
Janitorial Areas			
Laundry Rooms			
Locker Rooms			

6. The following items will have air-gapped drain lines to the sanitary sewer (write NA beside the items that do not apply):
 - Ice machines/ice storage bins _____
 - Condensate drain lines from refrigerator equipment _____
 - Dish machines _____
 - Water-fed machines (e.g. coffee, espresso, pop dispenser) _____

The following items will have vacuum breakers or other backflow prevention (write NA beside the items that do not apply):

- Supply inlet to garbage grinder_____
- Fill line for steam kettles_____
- Supply line for dish machine_____
- Mop/janitorial sink_____
- Garbage can or equipment washers_____

7. Will adequate ventilation be provided to remove excess heat, odors and moisture?_____

8. Will you be storing any frozen or refrigerated foods at your facility?_____

If so, what is the maximum volume of frozen product you will have to store at any given time?

If so, what is the maximum volume of refrigerated product you will have to store at any given time? _____

How much square footage of cold holding space will you have available? Please list using the chart below.

	Refrigeration (41F or less)	Freezer (0F or less)
Walk-in units		
Full size reach-ins		
Half-size reach-ins		
Chest units		

Please note: Refrigeration Trucks are not an approved permanent storage space. They are only approved for transportation purposes.

How will you monitor the units to ensure they maintain proper temperature?

Will raw meats (even packaged) be stored in the same units as cooked, processed, or ready-to-eat foods?_____

If so, how will you prevent cross-contamination? _____

9. What is your square footage of dry storage warehouse space?

10. How often will you get deliveries of product for distribution? What sources do you have?

	Delivery Frequency	Source
Meats/Poultry		
Fish		
Vegetables/Fruits		
Wild Game		
Dry Goods/Spices/Breads		
Others:		

How will you monitor the rotation of your products?

11. What is your Integrated Pest Management Plan?

Please note that all doors must be tight-fitting and kept closed during operation except during times of continual and brief conveyance of product. All windows must be kept closed unless guarded by a tight-fitting 16-mesh screen.

Only food safe pesticides and deterrent methods can be used.

12. Will employee storage and dressing rooms be provided? _____

13. Will laundry be done on-site? _____

14. Describe how supplies and food products will be transported to and from the facility:

How will you guarantee that products requiring refrigeration are able to maintain 41F or below during transport:

15. If using a facility currently in use by other operators, or one that also doubles as a retail facility, how will you keep your items separated by time and space?

If there are others using the proposed facility, designate on the floor plan which sections you will be using for your operation and storage—note, that it must be separate from other users.

16. How will you keep damaged, buy-back, or out-dated items separate from viable stock? _____

This application assumes that you only plan to store commercially packaged items at the facility proposed. If you are processing, repackaging, or bottling foods or beverages, at this or another facility, you must complete the Wholesale Food Manufacturer's Plan Review for each proposed site. If you plan to store foods at additional facilities, each one must be reviewed.

Will you be submitting plans for an alternative storage facility? _____

Will you be submitting plans for a processing facility? _____

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 apply 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: _____