



WHOLESALE FOOD 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

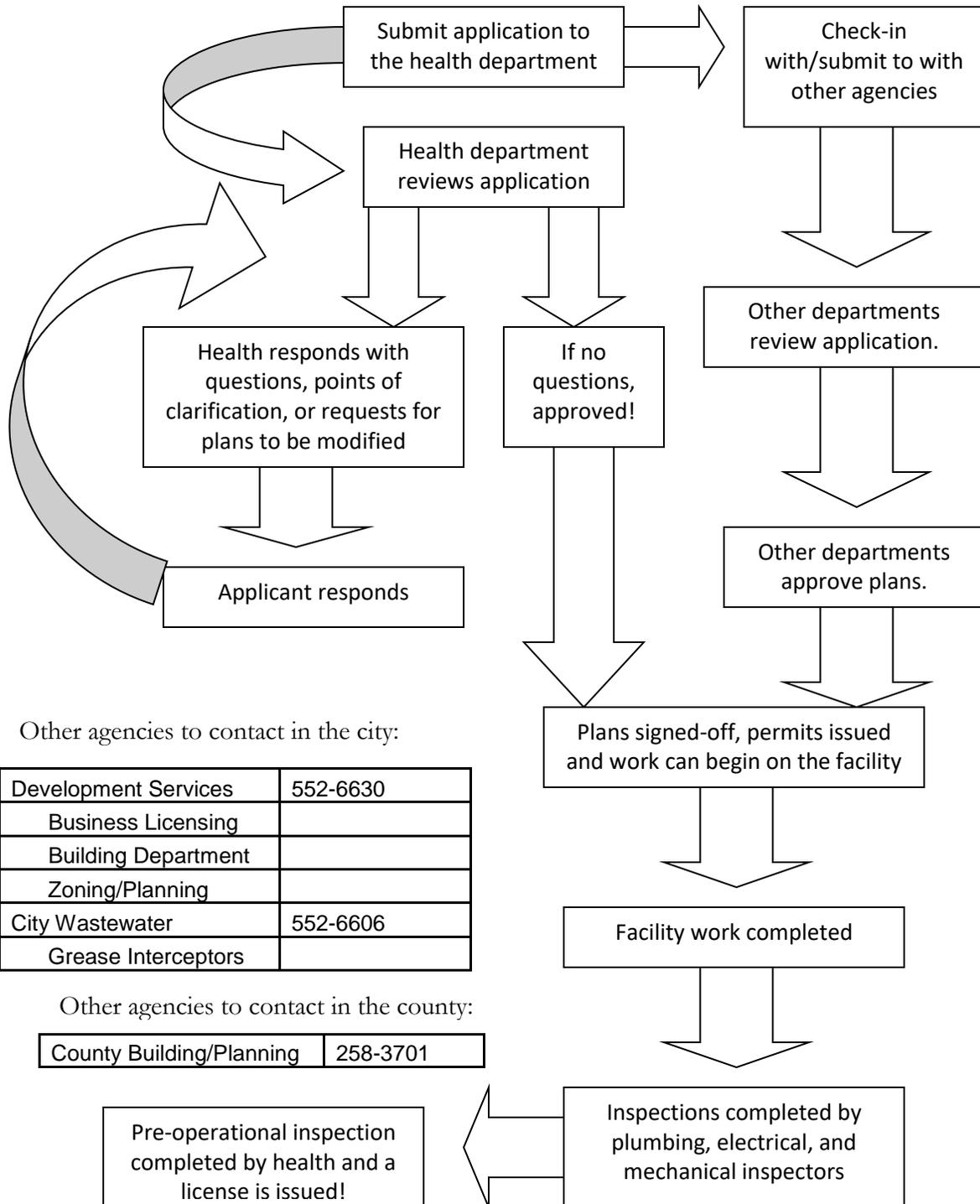
Included	N/A	
		Completed and Signed Application Form
		Floor Plan:
		Equipment Layout
		Plumbing Layout w/ Drain Types
		Hoods Labeled w/ Type
		Spec Sheets or Make/Model List
		Commissary Agreement
		Site Plan
		Water/Wastewater Information
		Menu
		Process Authority or HACCP Sheets

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.
- Product List
- 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/Special Process/Process Authority 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.

Facility Review

_____ **I am applying to have my own licensed facility in Missoula County** and have included all spec sheets, floor plans, and other facility information for review. The information in the subsequent sections pertains to my planned facility.

_____ **I am applying to be a commissary kitchen that rents to multiple users** and have included all spec sheets, floor plans, and other facility information for you to review. The information in the subsequent sections pertains to my planned facility. I understand that whatever equipment or sinks that get approved in this review, as well as available storage space, will determine which renters are approved to use my facility.

_____ **I do not have my own kitchen facilities and will be using a Commissary Kitchen.**

Commissary Name: _____

*Attach a commissary agreement letter signed by the manager or owner of the licensed kitchen that you would like to use.

*Include a current floor plan of the commissary kitchen and equipment schedule. You may use the floor plan on file at the department as long as you have reviewed the plan and included any updates/changes/additions to it since the last review. Add any equipment that you propose to bring into the facility and indicate where your items will be stored as well as the prep space that you will use. Initial and date the plan indicating that you have reviewed it and that it is correct to the best of your knowledge.

*Attach any spec sheets for equipment you are adding to the facility.

*Is this commissary used by others? _____ If so, how will you keep your operation separate from other kitchen users? You must be able to store things separately and have separation by time or space during preparation.

I understand that by submitting this signed application that all preparation and storage must be done in the commissary and that no items may be made or stored in my private residence.

Finish Schedule (Surfaces):

Describe finish materials for the following areas of the facility.

	Floor	Coving	Walls	Ceiling
Production/ Kitchen				
Warehouse				
Dry Storage				
Walk-in Refrigeration				
Toilet Rooms				
Garbage Storage				
Mop/Utility				
Dishwashing				
Receiving				
Bottling Room				
Other: _____				

Do you plan to store any food or single-service items in any of the following areas?

- _____ Bathrooms
- _____ Under stairwells
- _____ Under unshielded water or sewer lines
- _____ Mechanical rooms
- _____ Outside sheds/storage units
- _____ Detached refrigeration units

Plumbing:

1. Where will hand sinks be located? _____

2. Describe the components of a properly stocked hand sink: _____

3. Will any hand sinks have metered faucets? _____
4. Will all hand sinks have hot and cold running water under pressure? _____
5. Where will mop water and cleaning water be disposed of? _____

Plumbing Connections and Drain Lines:

Fill out the following table indicating the type of connection that each fixture or piece of equipment has to waste (i.e. indirect via air gap, direct to sewer).

Fixture/Equipment	Direct	Indirect
Ice Machine		
Ice Bin		
Food Prep Sink		
Three-compartment Sink		
Running Water Dipper Well		
Rinse Sink		
Dish Machine		
Beverage Systems (soda dispenser, tap beer, espresso machine)		
Steam Table/Bain-marie/Steam Kettle		
Plumbed Drainboards		
Condensate Drain Lines for Refrigeration		

Indicate the where backflow prevention devices (e.g. atmospheric vacuum breaker, double-check valve, hose bib vacuum breaker) are installed.

	Backflow Device Installed	Equipment/Fixture N/A
Inlet to Garbage Disposal		
Fill Line for Steam Kettle or Bain-marie		
Supply Line for Dish Machine		
Garbage Can Washer		
Perforated Pipe to Woks		
Mop/Utility Sink with Hose Connection		
Inlet to Plumbed Chemical Station		

Insect and Rodent Control:

1. Do you plan to prop open doors or windows in any section of the facility? _____
 If yes, describe how you will prevent pests from entering. _____

2. Will you have a pest control provider? _____
 If so, who will be your service provider? _____
3. Will you provide your own pest control services? _____ If so, describe the pest controls will you use (e.g. mouse traps, pesticides). If pesticides are used, you must include a

spec sheet for the chemical you plan to use and describe how you will ensure that food and equipment do not get contaminated through its use. _____

Garbage Storage and Disposal:

1. Will garbage or recyclables be stored inside? _____
If so, where? _____
2. Will all garbage cans inside have liners? _____ Lids when not in use? _____
3. Where will garbage cans be cleaned? _____
4. Will a commercial dumpster be provided for outside storage and pickup? _____
5. What garbage collection service will be used? _____
6. Frequency of garbage pickup will be _____ times per week.
7. Where will recycling be stored outside? _____

Employee Dressing Rooms and Personal Storage:

1. Where will employees be able to change clothes? _____
2. Where will employees be able to store personal items? _____

Toilet Rooms – Employee and Public:

1. Will bathrooms be available to the public? _____
2. Will there be separate restrooms for employees? _____
3. Will employee bathrooms be within 200 feet of the prep or service area? _____
If bathrooms are not available in the same building as the establishment, state where
bathrooms are located and include a bathroom use agreement signed by the owner/manager
of the building in which bathrooms are located. _____
4. Are all bathroom doors self-closing? _____
5. Do bathrooms have active or passive ventilation? _____

Toxic Materials:

1. Where will toxic materials be stored? _____
2. If toxic materials are stored in the same area as food or single-service items, explain how
chemical contamination of these items will be prevented. _____

Laundry Facilities:

1. Where will dirty linens, towels, aprons, or uniforms be stored? _____
2. List any items that will be laundered onsite. _____

3. State where laundry facilities will be located on the premises, if applicable. _____

4. Will a dryer be available? _____

Water Supply:

Will the establishment serve 25 or more people per day for at least 60 days out of the year?

If yes, the facility must be served by a Public Water Supply (PWS). Indicate below the Public Water supply that will serve your establishment.

Mountain Water (PWS# 294) _____

Lolo Municipal (PWS# 278) _____

If other, please list the PWS# _____

If you meet the definition of a PWS and your system is not yet approved, contact the Montana Department of Environmental Quality, Public Water Supply Division (DEQ-PWS) at 406-444-4400. Note that we cannot issue an approval letter until DEQ-PWS has approved the water supply.

If the establishment does not serve 25 or more people per day for at least 60 days out of the year, the water supply must be reviewed as a non-public system by Missoula City-County Health Department. Contact a Land Sanitarian at 406-258-4755. Note that we cannot issue an approval letter until the non-public system has been approved.

Wastewater Disposal:

Indicate the wastewater system used. Note that if the establishment meets the definition of a Public Water Supply, it will need to be served by an approved public wastewater system such as a municipal sewerage system.

Missoula Municipal Wastewater _____

Lolo Municipal Wastewater _____

If other, list the septic permit# _____

For information regarding septic systems including existing systems, please contact a Land Sanitarian at 406-258-4755.

For information regarding grease interceptors and Missoula Wastewater requirements, please call 406-552-6606.

Food Safety During a Remodel

This section applies to facilities that plan on operating during remodeling or construction activities. Check here if the facility is a new or existing space that will not be used during construction or remodeling: _____

1. What areas of the facility will be operational during construction/remodeling: _____

2. Estimated time that food production and storage areas will be affected? _____
3. What menu will be offered during construction: _____

4. Will any utilities be disrupted during operational hours (e.g. no power, water, or hot water)? _____
If so, how will the food establishment ensure safety without utilities? _____

5. Will any sinks be inaccessible or removed during the project? _____ If so, which ones? _____

How will food safety needs be met when sinks are not available? _____

6. Will there be a reduction in refrigeration capacity during the project? _____
If so, how much? _____

How will refrigeration needs be met during the project? _____

7. How will remodel/construction activities be separated from food preparation, service, and storage areas? _____

I understand that food safety cannot be compromised during this project and that my plan may need to be altered to protect public health. These alterations may include a change in the products made, the type of dishware or utensils used, or the facility's operational hours if utilities are disrupted, food safety requirements cannot be met, or if adequate separation cannot be maintained between the renovation and the food preparation areas. If conditions change during the remodel including an unexpected disruption in utilities, I understand that I need to call the health department for operational assistance.

Applicant Signature:

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 wholesale regulations, and that before a facility can operate, a wholesale food license must be issued.

Signature of Responsible Representative: _____

Printed Name of Representative: _____

Date: _____