



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

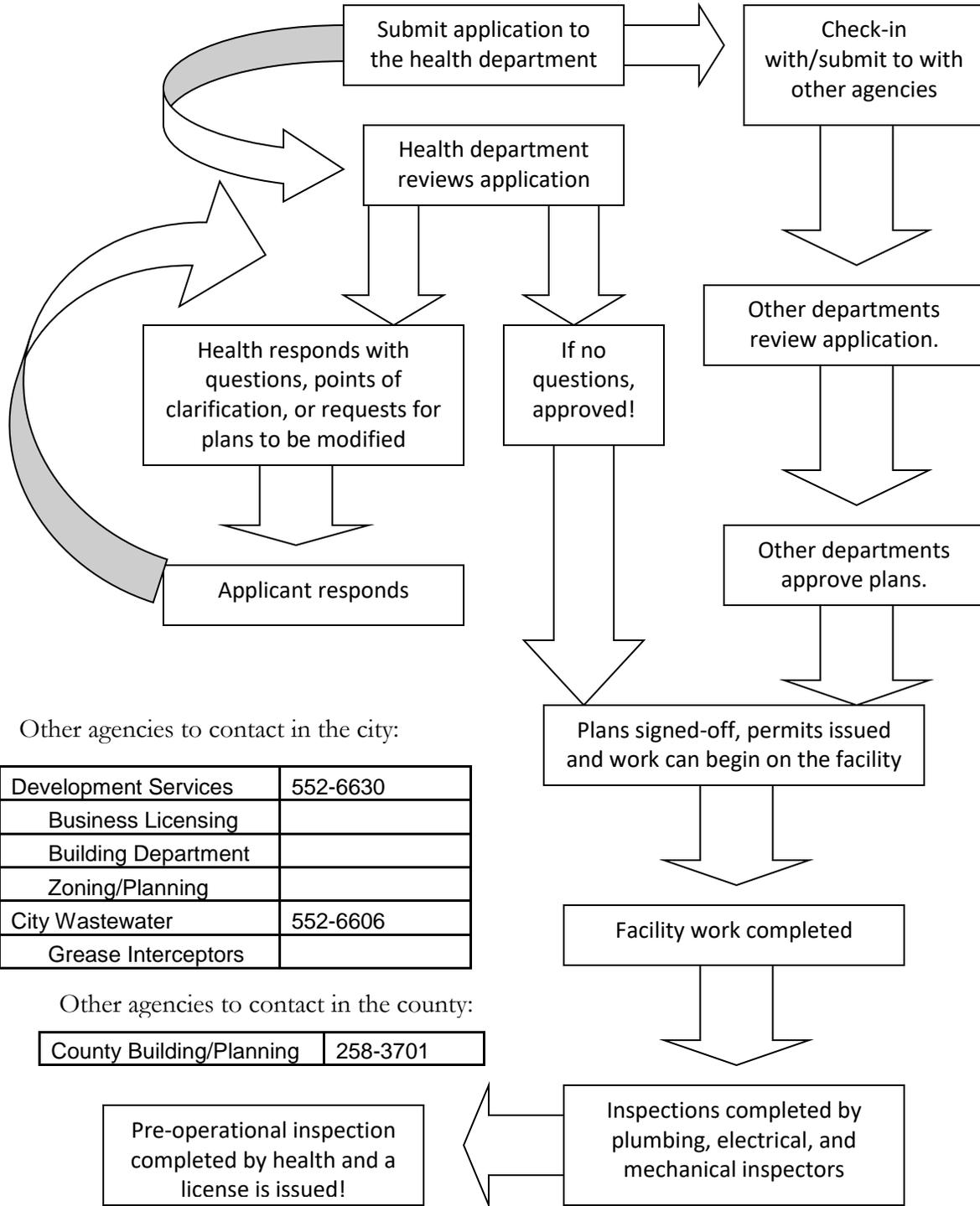
| Included | N/A | |
|----------|-----|---------------------------------------|
| | | Completed and Signed Application Form |
| | | Floor Plan: |
| | | Equipment Layout |
| | | Plumbing Layout w/ Drain Types |
| | | Hoods Labeled w/ Type |
| | | Spec Sheets or Make/Model List |
| | | Commissary Agreement |
| | | 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 |
|--------------------------|----------|

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.

Production and Process Review

Maximum number of staff per shift: _____

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

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Describe the products that you will manufacture including the process entailed, how the final product will be packaged, and how much of the product will be made at one time.

| Product | Process | Packaging | Quantity |
|---------|---------|-----------|----------|
| | | | |
| | | | |
| | | | |

Will any of the following processes be done onsite?

| Process | Yes/No | Foods Processed/Produced |
|---|--------|--------------------------|
| Smoking for preservation | | |
| Curing | | |
| Additives (including acidifying) | | |
| Reduced Oxygen Packaging | | |
| Cook Chill (vacuum sealing cooked product into a bag and ice bathing) | | |
| Juicing | | |
| Seed Sprouting | | |
| Fermentation | | |

Food Supplies:

Note: if sources are not easily recognized as licensed and approved, your reviewer may request additional information.

| | Source | Frequency of Delivery |
|-------------|--------|-----------------------|
| Meat | | |
| Seafood | | |
| Dairy | | |
| Produce | | |
| Baked Goods | | |
| Produce | | |
| Eggs | | |
| Spices | | |

Food Storage and Protection:

| | Amount of Space Available | Amount Needed Pre-Production | Amount Needed Post-Production |
|----------------------|---------------------------|------------------------------|-------------------------------|
| Dry Storage | | | |
| Refrigerated Storage | | | |
| Frozen Storage | | | |

1. How will you ensure that storage units hold appropriate temperatures?

2. Will raw animal products be stored in the same cold units as ready-to-eat foods? _____

If so, how will cross-contamination be prevented? _____

3. Top to bottom, how will raw animal products be organized in refrigeration units: _____

4. How will food and single-service items (e.g. paper cups, food boats) be kept off of the floor?

5. Where will chemicals be stored? _____

6. Potentially hazardous or Time-Temperature Controlled for Safety foods (PHF/TCS) must be date marked after preparation or after their manufacturer's packaging has been opened. Describe the date marking system that will be used.

How long will these date marked, ready-to-eat PHF/TCS foods be stored at 41F or lower?

7. How will staff ensure proper rotation and timely discard of expired items?

8. Who will be responsible for checking deliveries to ensure that food arrives in temperature and in good condition? _____

How will staff ensure that all deliveries are checked and put away promptly after delivery (e.g. scheduling deliveries for slower times)?

Thawing:

Check here if no thawing will be done at the establishment and proceed to the next section: _____

Indicate how foods will be thawed by writing the food to be thawed next to the intended process. Then, note the equipment or sink that will be used for the chosen method.

| Thawing Method | Food to be Thawed | Equipment/Sink Used |
|--|-------------------|---------------------|
| Refrigeration | | |
| Cool Running Water | | |
| Microwave (immediately prior to cooking) | | |
| Cooked from Frozen | | |
| Other (describe): _____ | | |

Cooking:

Check here if no cooking will be done at the establishment and proceed to the next section: _____

1. What equipment will be used to cook food? _____
2. How will staff verify that foods are properly cooked? _____

Cooling:

Check here if no cooling will be done at the establishment and proceed to the next section: _____

Fill out the table on the next page indicating the types of foods that will be cooled, the anticipated amount of food to be cooled at one time, the cooling method that will be used, and which sinks or equipment will be utilized in the process.

| Cooling Method | Thick Meats | | Thin Meats | | Thick Soups/Sauces | | Thick Soups/Sauces | | Rice/Noodles | | Assembled foods (e.g. sandwiches) | | Location: Sinks or Equipment Used |
|----------------|-------------|-----|------------|-----|--------------------|-----|--------------------|-----|--------------|-----|-----------------------------------|-----|-----------------------------------|
| | | amt | | amt | | amt | | amt | | amt | | amt | |
| Shallow Pans | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Ice Baths | | | | | | | | | | | | | |
| Reduced Size | | | | | | | | | | | | | |
| Ice Wands | | | | | | | | | | | | | |
| Blast Chiller | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | |

- List the cooling parameters to be used: the temperatures that must be reached and how quickly those temperatures are attained. _____

Monitoring:

Indicate the types of thermometers that will be used and describe their intended use (e.g. taking grill temps, internal cooking temps).

| Thermometer Type | Used? Y/N | Intended Use |
|---------------------------|-----------|--------------|
| Bimetallic Stemmed (Dial) | | |
| Digital/Thermocouple | | |
| Infrared (Laser) | | |

- How often will thermometers be calibrated? _____
- Describe the calibration process, including the temperature to which the thermometer will be calibrated.

- If you will use another critical control besides temperature (e.g. pH), indicate how you will monitor it and how the monitoring device will be calibrated.

Training and Management:

- Employees trained in proper food production techniques are an asset to food operations. Describe your employee training program (e.g. corporate videos, in-house training, send employees to ServSafe) _____

- Well-trained, active managers are also critical to a safe food operation. What food safety training will managers receive, and how will managers ensure that protocols are being followed? _____

3. What Active Managerial Controls and documentation is important. What documents will you maintain? These may include time-temperature logs, HACCP plans, or Standard Operating Procedures. What Active Managerial Controls that you plan to use?

Handling and Hygiene:

1. Employee cleanliness and good hygienic practices are important to food safety. Describe your policies for the following areas of concern:

| Area of Concern | Policy/Requirement |
|---|--------------------|
| Bathing/General Cleanliness | |
| Hair Restraint | |
| Fingernails—length, false nails, polish | |
| Jewelry on hands and arms | |
| Clothes/Uniform/Aprons | |
| Cuts/Wounds | |

2. Proper exclusion of ill employees is essential in preventing the spread of foodborne illness. List the symptoms or situations for which employees will be sent home: _____

3. When will hand washing be required? _____

4. Bare hand contact with ready-to-eat items is not permitted. What barriers will be utilized when handling ready-to-eat foods? _____

General Production:

1. What produce (fruits, vegetables, herbs) will be washed before use? _____

Where will the above items be washed? _____

Are there any produce items that will not be washed? Why? _____

2. Will all components of cold assembled foods (e.g. tuna salad, chicken salad, breakfast burritos) be pre-chilled prior to assembly? _____

If not, describe how the product will be quickly chilled to 41F. _____

3. How will you minimize the amount of time that food spends in the temperature danger zone between 41F and 135F? (e.g. only work with small batches, work in cold room, cook to order only, etc.) _____

Cleaning and Sanitizing:

1. Will a three-compartment sink be provided? _____

What sanitizer will be used in the three-compartment sink? _____

If chemical, what concentration will be used? _____

If high-heat, what temperature will be used? _____

Dimensions of each compartment (length, width, depth) _____

Size of your largest dish or piece of equipment _____

Describe the manual dishwashing process that will be used. _____

Does the sink have drain boards? _____

If not, describe how sufficient dish drying space will be provided.

2. Will a dish machine be used? _____

What type of sanitizer will be used in the dish machine? _____

If chemical, what concentration will be used? _____

If high-heat, what temperature will be used? _____

Describe dish drying area _____

3. Are there any large pieces of equipment that will not fit in the three-compartment sink? _____

Are there any pieces of clean-in-place equipment or stationary equipment that need to be cleaned where they are installed? _____

Describe the cleaning and sanitizing procedure for items that are not cleaned in the dishwasher or three-compartment sink. _____

4. What surface sanitizer will be available for use throughout the day?

 5. How will staff ensure that sanitizer is at the correct concentration? _____
 6. How often will in-use items (e.g. grill line utensils, blenders, meat slicers) be washed, rinsed, and sanitized? _____
 7. Will there be a master cleaning schedule to ensure that equipment and areas that are not cleaned daily (e.g. under grill lines, hoods) are adequately maintained? _____
If so, please attach the schedule, or briefly describe how often items will get cleaned.

- If a master cleaning schedule is not in place, how will management ensure that the facility is kept clean and well maintained? _____

Delivery:

1. How will you ensure that food is protected from contamination during transport?

2. How will TCS items be kept hot or cold during transport? _____

3. What is your estimated delivery area by mileage or drive time? _____

Sampling

Check here if you do not plan on sampling foods and proceed to the facility section: _____

*** It is essential that food safety measures are in place at during sampling events the same as they would be in a permanent facility. Planning ahead is essential and your responsibility.

1. Hand washing must be available at points of food sampling. If a hand sink is not available in the area of service, you must provide a hand washing station. Describe the hand wash station that will be utilized. Restrooms are not approved hand sinks.

2. How will you handle foods during service? _____

3. How will you ensure utensils are adequately rotated? Utensils must be rotated anytime they become contaminated or have been in use for four hours. _____

4. How will you keep food above 135F or below 41F during transport and service? _____

5. If you plan to use time instead of temperature control, please describe your system, including how you will track time. _____

Please note that if events last longer than 4 hours (including transport, set-up, and service), mechanical refrigeration or hot holding equipment may be required.

6. What items will be reheated onsite? _____
How will you reheat foods onsite? _____

7. What items be cooked onsite? _____
What cooking equipment will be used? _____

8. What kind of sanitizer will you have onsite? _____

I understand that proper set up at the event site is crucial to safe food service. I also understand that my retail catering license only applies to onsite events at my establishment location or offsite events under contract for a set amount of goods or services.

X _____
(signature of applicant)

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 my 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: _____