



Flathead City-County Health Department

Environmental Health Services
1035 First Ave. West Kalispell, MT 59901
(406) 751-8130 FAX 751-8131
www.flatheadhealth.org

Community Health Services
751-8110 FAX 751-8111
Administration
751-8101 FAX 751-8102
Family Planning Services
751-8150 FAX 751-8151
Home Health Services
751-6800 FAX 751-6807
WIC Services
751-8170 FAX 751-8171
Animal Shelter
752-1310 FAX 752-1546

TEMPORARY FOOD SERVICE PLAN REVIEW

Temporary Food Establishment (TFE) means a retail food establishment that in a licensing year either:

- (a) Operates at a fixed location for no more than 21 days in conjunction with a single event or celebration; or
- (b) Uses a fixed menu and operates within a single county at a recurring event or celebration for no more than 45 days.

OPERATOR INFORMATION

Owner Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Phone: _____ Cell Phone: _____
E-mail: _____

SETUP/STAND INFORMATION

Name of Business: _____
Servicing Area: _____
City: _____ State: _____ Zip: _____
Servicing Area to Provide (attach signed agreement and check all that apply): <input type="checkbox"/> Food Preparation <input type="checkbox"/> Food Storage <input type="checkbox"/> Solid Waste Disposal <input type="checkbox"/> Water <input type="checkbox"/> Waste Water Disposal
Water Supply (Check one): <input type="checkbox"/> Private (see FCS Circular 1 and submit required test results) <input type="checkbox"/> Public (DEQ) Public Water Supply #:
If servicing area will not provide any of the above, list the service and location where it will be provided:

Providing quality public health services to ensure the conditions for a healthy community.



Public Health
Prevent. Promote. Protect.

EVENT INFORMATION (IF KNOWN)		
Event name	Location	Date

PLAN REVIEW FEE SCHEDULE	
Temporary Food Service Plan Review : \$25.00	Plan review fees made payable to: FCCHD or Flathead City-County Health Department
Fee Submitted: _____ Date: _____ Receipt #: _____	Received by: _____
Note: Plan review fees cannot be refunded after review has started	

*The plan review fee is a separate fee from the permit fee. After your plan review has been reviewed and approved, you will receive notification of approval. A temporary food service permit will be completed following a preoperational inspection of the unit.

DOCUMENTS REQUIRED FOR APPLYING
____ All 6 Pages of this plan review
____ Flathead County commissary agreement form
____ Plan review fee (\$25)

Mail or deliver all pages of this application, paperwork and correct fee to:
Flathead City-County Health Department
Environmental Health
1035 1st Ave. W
Kalispell, MT 59901

Applicant name (print): _____

Applicant signature: _____ Date: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No* See reason below	Reviewer Signature/Title: _____ / _____ Date: _____
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*Reason for disapproval:



GENERAL LAYOUT

Sketch a general layout of the Temporary Food Establishment indicating the location of cooking and holding equipment, handwashing and utensil washing facilities (if not using shared facilities), trash disposal containers, work tables, food and single-service storage.

BOOTH/TENT CONSTRUCTION

In dusty or windy environments, floor and side (wall) coverings are required

Overhead covering: Canvas Wood Other:

Floor: Asphalt Concrete Grass Tarp Wood Other:

Walls: Tarp Screen Wood Other:



PROPOSED MENU: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD, OR GIVEN AWAY

Menu item	Prepackaged?	Prepared on site?	Prepared at other location?*

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FOOD SOURCE

Where will food be purchased?

How will dry goods be stored off of the floor/ground?

What is the source of ice?

Will raw meats, poultry and seafood be stored in the same refrigerator(s), freezer(s), or cooler(s) as cooked/ready-to-eat foods? (YES/NO)

THAWING FROZEN TIME/TEMPERATURE CONTROLLED FOOD FOR SAFETY (TCS) FOODS

Please indicate any frozen foods that will be thawed and how thawing will be accomplished:

HOT/COLD HOLDING

How will hot TCS foods be maintained at 135°F or above?

How will cold TCS foods be maintained at 41°F or below?

Mechanical refrigeration is required for events lasting more than 4 hours

COOLING

Please indicate any TCS foods that will be cooled and how cooling to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours) will be achieved:

REHEATING

How will TCS foods that were previously cooked and cooled be reheated for hot holding so that all parts of the food reach a temperature of 165°F for 15 seconds?



PREPARATION/TRANSPORTATION

Will all produce be washed prior to use? (YES/NO)

Describe where produce will be washed:

Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation and transportation:

How will contamination of food and utensils be prevented during transportation?

HYGIENE

Certified Food Manager (ServSafe) available? (YES/NO)

How will bare hand contact with ready-to-eat foods be eliminated?

Type of handwashing setup (circle one):

Gravity-fed water with
spigot/bucket

Self-contained portable unit

Plumbed with hot and cold water
under pressure

Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks

CLEANING & SANITIZING

What sanitizing method will you use for dishes and equipment?

Chemical type: _____ Concentration: _____

What sanitizing method will you use for surfaces?

Chemical type: _____ Concentration: _____

Describe how you will rotate dishes and utensils if dishwashing is not available onsite at the TFE:

