

Variance – A variance from some parts of the Administrative Rules of Montana may be applied for.

Proposed date for start of operation: _____

PLAN REVIEW FEE SCHEDULE

Mobile Food Service Plan Review : \$90.00 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 license fee. After your plan review has been reviewed and approved, you will receive notification of approval. A food license application will be completed following a preoperational inspection of the unit.

DOCUMENTS REQUIRED FOR APPLYING

- _____ All 9 pages of this application
- _____ Flathead County commissary agreement form
- _____ Plan review fee
- _____ Proposed Menu – menus containing complex foods that go through the temperature danger zone more than once will not be accepted.
- _____ Easily readable layout to scale indicating: – Use of all areas (storage, preparation, etc.)
– Location of all equipment and sinks (handwashing, utensil washing and, if necessary food preparation)
- _____ Information on hot water heater, fresh water tank and waste water tank (see page 9)
- _____ Manufacturers’ specification sheets for each piece of equipment (see page 8)
- _____ Floor, wall and ceiling material finishes or stand construction (see page 9)
- _____ Cabinetry material and countertop finish information (see page 9)

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



DESCRIPTION/DIAGRAM OF OPERATION INCLUDING TYPE OF UNIT, HOW IT WILL BE MOVED, WHERE IT WILL BE OPERATING, STORAGE, ETC.

Examples of the types of information wanted: Hot dog stand on wheels that will be towed behind a vehicle. Storage of supplies in the cart for up to 3 days of use. Cart will be set up at county fair, Kalispell farmer's market and other festivals



FOOD SUPPLIES

Where will food be purchased? _____

What are the projected frequencies of deliveries for frozen foods? _____

What are the projected frequencies of deliveries for refrigerated foods? _____

What are the projected frequencies of deliveries for dry goods? _____

Provide information on the amount of space (cubic feet) allocated for frozen storage: _____

Provide information on the amount of space (cubic feet) allocated for refrigerated storage: _____

Provide information on the amount of space (cubic feet) allocated for dry storage: _____

How will dry goods be stored off of the floor? _____

What is the source of ice? _____

COLD STORAGE

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

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

Please indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. More than one method may apply.

Thawing Method	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Running water less than 70°F (21°C)		
Microwave (as a part of the cooking process)		
Cooked from frozen		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than one inch = thick



HOT/COLD HOLDING

How will hot TCS foods be maintained at 135°F or above? Indicate type and number of hot holding units.

How will cold TCS foods be maintained at 41°F or below? Indicate type and number of cold holding units.

COOLING

Please indicate how TCS foods will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours) by writing a description of the process in the appropriate boxes.

Cooling Method	Thick Meats	Thin Meats	Thin Soup/Gravy	Thick Soup/Gravy	Rice/Noodles
Shallow Pan					
Ice Bath					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

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? Indicate type and number of units used for reheating foods.



PREPARATION

Please list foods prepared more than 12 hours in advance of service.

How will food employees be trained in good food sanitation practices? Number of employees: _____

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

How will you ensure that employees are properly restricted or excluded? What symptoms will the Person in Charge look for?

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled (YES/NO)? _____
-- If not, how will ready-to-eat foods be cooled to 41°F?

Will all produce be washed _____ Is there a planned location used
prior to use (Yes/No)? _____ for washing produce (Yes/No)? _____
-- Describe and indicate if it is on the mobile or in the servicing area.

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:

Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.



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: _____

How will you ensure that the proper level of chemical sanitizer or the proper temperature is used?

Are there any dishes and equipment that cannot fit into the three-compartment sink?

If yes, please describe how they will be cleaned and sanitized:

If your mobile does not have a three-compartment sink, explain how you can rotate dishes and utensils to meet requirements.



FRP – Fiberglass Reinforced Panel	CT – Ceramic Tile	QT – Quarry Tile
VCT – Vinyl Composition Tile	SS – Stainless Steel	SW – Sealed Wood
L – Laminate	MS – Metal Shelving	A – Aluminum

FINISH SCHEDULE

Finish Area	Walls	Ceiling	Floor & Base-Cove
<i>Ex. Storage Room</i>	<i>FRP</i>	<i>A</i>	<i>VCT</i>

CABINETS MATERIAL AND COUNTERTOP FINISH

Finish Area	Cabinet	Countertop
<i>Ex. Food Preparation</i>	<i>SW</i>	<i>L</i>

Water Heater: Manufacturer: _____ Size (gal.) _____

Fresh Water Tank: Manufacturer: _____ Size (gal.) _____

Waste Water Tank: Manufacturer: _____ Size (gal.) _____

Note: The location of the water heater, fresh water tank and waste water tank must be on the layout.

