



For Office Use Only	
Date Application Received: _____	By (Initial): _____
Date Payment Received: _____	By (Initial): _____

MOBILE FOOD PLAN REVIEW APPLICATION

Mobile Food Establishment (MFE) means a retail food establishment that serves or sells food from a motor vehicle, a non-motorized cart, a boat, or other movable vehicle that periodically or continuously changes location and requires a servicing area to accommodate the unit for cleaning, inspection, and maintenance. This term does not include stands setup to operate as a temporary food service.

Submit at least 30 calendar days before Construction Begins

OPERATOR INFORMATION

Owner Name:		
Mailing Address:		
City:	State:	ZIP:
Contact Phone:	Cell Phone:	
Email:		

UNIT/STAND INFORMATION

Unit/Stand Name:		
Servicing Area:		
City:	County:	Business Phone:
Servicing Area(s) to Provide (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"/> Wastewater Disposal Department of Environmental Quality (DEQ) Public Water Supply: # _____ If a private water supply will be used, see FCS Circular 1, and submit required test results.		
If the servicing area will not provide the above, list the item and location where it will be provided: 		
Location where MFE will be parked/stored:		
City:	County:	State:

Proposed Start Date of Construction:
Proposed Start Date of Operation:

PLAN REVIEW FEE SCHEDULE

Check appropriate box(es)

****NOTE: See Retail Food Fee Schedule Page for detailed explanation on Risk Categories****

- | | |
|---|---|
| <input type="checkbox"/> Mobile Risk Category 1 (3 hours) \$150 | <input type="checkbox"/> Mobile Risk Category 3 (6 hours) \$300 |
| <input type="checkbox"/> Mobile Risk Category 2 (4.5 hours) \$225 | <input type="checkbox"/> Mobile Risk Category 4 (7.5 hours) \$375 |
| <input type="checkbox"/> Hourly Rate (if exceed base fee time) \$50/ hour | |
| <input type="checkbox"/> Expedited Review Fee \$200 | |
| Required when submitted less than 30 calendar days from proposed open date | |
| <input type="checkbox"/> Additional Walk-Through/Pre-opening Inspections \$100 Each | |
| <input type="checkbox"/> Remodel of Current Licensed Mobile (same business/ownership) \$100 | |

DOCUMENTS REQUIRED FOR APPLYING: CHECK ALL BOXES TO ENSURE APPLICATION IS COMPLETE

All 10 pages of this application, including any supporting documents requested herein. If an item does not apply to you, please mark N/A.

Payment for all plan review fees* made payable to: CCHD (Cascade City-County Health Department)

- Proposed Menu. Menus containing complex foods that go thru 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 8).
- Manufacturers' specification sheets for each piece of equipment (see page 7).
- Floor, wall and ceiling material finishes or stand construction (see page 8).
- Cabinetry material and countertop finish information (see page 8).
- Written plan and signed agreement of water servicing procedures and commissary kitchen use (see page 10, one agreement completed for each service provider).
- Any applications for variance from the Administrative Rules of Montana for Retail Food Establishments.

*The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you will receive a food license application.

Mail or deliver all pages of this application, paperwork, and correct fee using appropriate address below.

ADDRESS FOR MAILING

City-County Health Department
Environmental Health
115 4th Street South
Great Falls, MT 59401

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

Example: 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. Stand will be set up at county fairs and festivals throughout Montana.

FOOD PREPARATION REVIEW

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS. IF SPACE IS NOT SUFFICIENT, ANSWERS MAY BE WRITTEN/TYPED ON A SEPARATE SHEET OF PAPER AND INCLUDED IN SUBMISSION.

FOOD SUPPLIES:

1. Where will food be purchased?

2. What are the projected frequencies of deliveries for **Frozen foods:** _____,
Refrigerated foods: _____, and **Dry goods:** _____.

3. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage: _____,
Refrigerated storage: _____, and
Frozen storage: _____.

4. How will dry goods be stored off the floor?

COLD STORAGE:

1. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers as cooked/ready-to-eat-foods? YES / NO
If yes, how will cross-contamination be prevented?

2. What is the source of ice?

THAWING FROZEN TIME/TEMPERATURE CONTROLLED 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. Also, indicate where thawing will take place.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

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

HOT/COLD HOLDING:

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

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

COOLING:

Please indicate by checking the appropriate boxes 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). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/GRAVY	RICE/NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. 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 at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods.

PREPARATION:

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

2. How will food employees be trained in good food sanitation practices?

Number(s) of employees: _____

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

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

5. 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?

6. Will all produce be washed prior to use? YES / NO
Is there a planned location used for washing produce? YES / NO

Describe and indicate if it is on the mobile or in the servicing area:

7. 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.

Include a HACCP plan for any proposed specialized processing methods (vacuum packaging food items that are prepared on-site, smoking meats for preservation purposes, etc.) required by the regulatory authority.

CLEANING AND SANITIZING:

1. What sanitizing method will you use for dishes/and equipment?

Chemical Type: _____ Concentration: _____

For surfaces?

Chemical Type: _____ Concentration: _____

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

2. Are there any dishes and equipment that cannot fit into the three-compartment sink? YES / NO

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

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

FINISH SCHEDULE

Finish Area	Walls:	Ceiling:	Floor/Basecove:
<i>Ex. Storage</i>	<i>FRP</i>	<i>A</i>	<i>VCT</i>

CABINETRY MATERIAL AND COUNTERTOP FINISH

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

FRP – Fiberglass Reinforced Panel CT – Ceramic Tile SS – Stainless Steel L – Laminate A – Aluminum	QT – Quarry Tile VCT – Vinyl Composition Tile SW – Sealed Wood MS – Metal Shelving
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Freshwater tank: Manufacturer _____ size (gal) _____

Wastewater tank: Manufacturer _____ size (gal) _____

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

WATER HEATER INFORMATION

Type of Water Heater (choose one)

Storage Tank: Recovery Rate @ 80 degrees F rise: _____ GPH

Tankless/On-Demand: Flow Rate @ 80 degrees F rise: _____ GPM

Make	Model #	kW/BTU Rating	Storage Tank Capacity (Gallons), if applicable

*****See Appendix A (Storage Tank) or Appendix B (Tankless/“On Demand”) at end of application for “Peak Hot Water Demand Guidelines” for facility.***

Hot Water Heater must meet or exceed Peak Hot Water Demand. Exceptions will be considered on case-by-case basis depending upon facility operations and menu.

Appendix A

Peak Hot Water Demand Guidelines

Storage Tank Heater

Appropriately sizing your hot water heater is important to ensure all equipment requiring hot water will have an adequate supply at all times, especially peak hours. Use the following tool to determine the estimated maximum hot water demand for the establishment with a **storage tank water heater**.

For storage tank water heaters, the estimated gallons per hour (GPH) for the facility should be less than or equal to the water heater's recovery rate (@ 80 degree F rise), which can be found on the spec sheet for your hot water heater or by contacting the manufacturer.

Warewashing Sinks <i>(75% of sink capacity)</i>	Number of Compartments	Dimensions (single compartment, inches)			<i>For 75% Capacity: Multiply (# comp) x (cubic inches, LxWxD) x 0.003255</i>	GPH
		Length	Width	Depth		
					0.003255	
					0.003255	
Total						
Prep Sinks <i>(5 GPH per compartment)</i>	Number of Compartments					GPH
					X 5	
					X 5	
Total						
Handwashing Sinks <i>(5 GPH per sink)</i>	Number of Handwashing Sinks					GPH
					X 5	
Mop/Utility Sinks <i>(5 GPH per sink)</i>	Number of Mop/Utility Sinks					GPH
					X 5	
Hose Reel <i>(5 GPH per reel)</i>	Number of Hose Reels					GPH
					X 5	
Pre-Rinse Sprayer <i>(45 GPH per sprayer)</i>	Number of Pre-Wash Sprayers					GPH
					X 45	
** Note: Only calculate pre-rinse sprayer if connected to hot water**						
For any other equipment type requiring hot water, see equipment spec sheet or consult manufacturer to find GPH					Overall Facility GPH Demand	

Appendix B

Peak Hot Water Demand Guidelines *On-Demand/ "Tankless" Heater*

Appropriately sizing your hot water heater is important to ensure all equipment requiring hot water will have an adequate supply at all times, especially peak hours. Use the following tool to determine the estimated maximum hot water demand for the establishment with a **on-demand/tankless water heater**.

Because the efficiency of on-demand/tankless water heaters are dependant upon the temperature of the incoming water supply, these systems may not be ideal for the cold weather winters in Montana. The total gallons per minute (GPM) for the facility should be less than or equal to the water heater's GPM @ 80 degree F temperature rise**, which can be found on the equipment spec sheet (flow rate graph) or by contacting the manufacturer.

***100 degree F rise if facility has high temperature dishmachine*

Equipment	Quantity (Total Faucets)	Estimated Usage	GPM
Handwashing Sink		X 0.5 GPM	
Warewashing Sink		X 2 GPM	
Prep Sink		X 1 GPM	
Service Sink		X 1 GPM	
Pre-rinse Sprayer		X 2 GPM	
Total			
<p><i>If facility uses low-flow fixtures less than the estimated usage, use the GPM found on the spec sheet for the fixture.</i></p> <p><i>For any other equipment type requiring hot water, see equipment spec sheet or consult manufacturer to find GPM. List Make, Model, and GPM in chart below.</i></p>			
Equipment Type	Make	Model	GPM
Total			
Overall Facility GPH Demand			

COMMISSARY AGREEMENT

(Shared Kitchen/Service Area)

Type of Food Establishment (circle one): Mobile Temporary Food Service Other

If other, describe: _____

Business Owner: _____

Business Name: _____

Food License Number: _____ Issuing State: _____

I understand and agree to the following conditions:

- This agreement is non-transferable. Any change of commissary location will require a new agreement to be submitted to the health department.
- Cascade City-County Health Department (Environmental Health Division) must be notified before making any changes to the menu and/or operation.
 - A plan review may be required for extensive changes/alterations
- All temperature control for safety (potentially hazardous) foods will be directly transported in a clean and sanitary manner. **Cold holding will be 41°F or below. Hot holding will be 135°F or above.**

Owner's Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY COMMISSARY OWNER

Business Owner: _____

Business Name: _____

Street Address: _____ City: _____

Manager/Primary Contact: _____

Date(s)/Time of Accessibility to Commissary: _____

This business agrees to provide the following services (check all that apply) for the above-mentioned food service establishment:

- | | |
|--|--|
| <input type="checkbox"/> Approved Potable Water Source Supply | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Dry Food <input type="checkbox"/> Cold Holding <input type="checkbox"/> Hot Holding |
| <input type="checkbox"/> Overnight Storage of Mobile Truck/Trailer | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Warewashing Facilities | <input type="checkbox"/> Cooking Area |
| <input type="checkbox"/> Equipment/Utensil Storage Area | <input type="checkbox"/> Solid Waste Disposal |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Other: _____ |

If the business above discontinues the use of my facility or the agreement is terminated, I will notify Cascade City-County Environmental Health Services.

Signature: _____

Title: _____ Date: _____

CCHD Mobile Food Service Requirements

1. **All** mobile food services **must** meet the requirements of the Administrative Rules of Montana (Title 37, Chapter 110, Subchapter 2) for Retail Food Establishments.
2. A mobile unit selling commercially pre-packaged, non-potentially hazardous foods does not have to meet licensing requirements for Food Service Establishments (candy bars, muffins, cookies, etc.). No opening, repackaging, serving, or sampling is allowed.
3. The **plan review** procedure must be followed. Complete the attached application and return to the health department prior to any construction. If only commercially pre-packaged, potentially hazardous food (e.g. frozen meat, packaged sandwiches, etc.) is sold or distributed, a **written proposal** describing the type of food service, method of temperature control, transport equipment, and distribution plan is needed. A label review may also be required. A plan review provides the opportunity to discuss areas of concern and before a license is issued.
4. **Minimum requirements for all mobile units that wish to obtain a statewide* mobile Food Purveyors License for the preparation or service of any unpackaged food items:**
 - *(To be truly mobile and designed to travel throughout the state, these requirements are geared to make the mobile unit totally self-contained and able to operate without their commissary when they are operating at functions out of town).*
 - A mobile unit must operate in conjunction with a licensed permanent food establishment (commissary) that will provide “support services”. Support services may include, but are not limited to, storage of food products, paper goods, equipment, freezers, additional refrigeration or cooking equipment, clean up facilities, and/or a source of potable water. The scope of support services will be determined during the plan review and be based on the menu and type of operation. Homes cannot be licensed or used as a commissary. Renting space at a licensed food service establishment could be approved if it can accommodate the mobile food operator’s needs. A letter of agreement between the commissary and the mobile food service operator is required to be on file in the department office.
 - The mobile unit must have hot and cold water under pressure. Freshwater capacity will vary depending on menu, sink size, amount of food handling and clean up, number of employees, and hours of operation. The plan review process will address the amount of water required on a case-by-case basis, generally no less than a 40 gallon tank. A licensed plumber should be contracted to ensure that commercial standards are met for safety.
 - A separate hand wash sink must be available, and equipped with paper towels and liquid soap.
 - A 3-compartment sink that has basins large enough to accommodate all items that must be washed, rinsed, and sanitized must be present. A drain board is also needed for air drying.
 - The 3rd compartment of the 3-compartment sink may be used for food preparation in most areas as long as prep is done during times of non-use.

- Mop sinks may be required by other departments, but CCHD does not always require this because of the limited floor space in some mobile units. Mop water must be disposed of in a sanitary manner (not in the 3-compartment sink or outside).
 - Adequate, mechanical, commercial refrigeration is required. The amount required will depend on the proposed menu. Advance preparation of potentially hazardous foods that require cooling cannot be done in the mobile unit, only in the designated commissary. A freezer may also be required to accommodate the menu and/or allow for enough food storage for a vendor to travel throughout the state to various functions. Accurate thermometers are required.
 - Adequate dry storage space is required to hold all non-perishable food supplies and paper products in a sanitary manner.
 - All food service equipment must be contained within the mobile unit. Outdoor grills or popcorn kettles are allowed outside as long as they are positioned to be easily accessible to the facilities within the mobile unit. These grills must also be sectioned off from the general public, and an overhead fire resistant tarp or tent must be available to set up to protect grilled items from rain and other potential contaminants.
 - Adequate ventilation is required by most health departments when frying or deep frying is done. Building departments typically do not regulate truly mobile units, but a licensed electrician should be contracted to ensure that a commercial vending mobile unit meets commercial codes. Contact the Fire Department at 727-8070 for necessary requirements or information on hood systems and fire suppression.
 - All surfaces must be smooth, non-absorbent, and easily cleanable.
 - Lights must be shielded.
 - A food grade hose is needed to supply potable water, from an approved source, to the unit.
 - Note: Although CCHD does not require screened windows, it may be a requirement in other counties.
5. A mobile unit selling potentially hazardous foods that are only held at proper temperatures and served, but not prepared on the mobile unit, must have a hand wash sink on the mobile unit, and they must report back to a licensed commissary for all cleanup (utensils, food storage containers, etc.) at the end of each day. These mobile units are limited to Cascade County since the commissary is a key part of their operation.
6. **ALL mobile units are required to move daily or before the next day's use to discharge wastewater, take on potable water,** and report back to their commissary if necessary. An exception would be an organized event or festival lasting more than one day (water and wastewater issues will be dealt with these events individually). Otherwise, any mobile unit that attempts to position itself in one location on a regular basis will be considered a permanent structure and must meet all applicable requirements of a permanent facility, including the wastewater regulations in Cascade County.
7. Mobile units seeking a Food Purveyor License must also contact Community Development (if operating in Great Falls) at 455-8414 to obtain the appropriate business license needed.