



## Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901

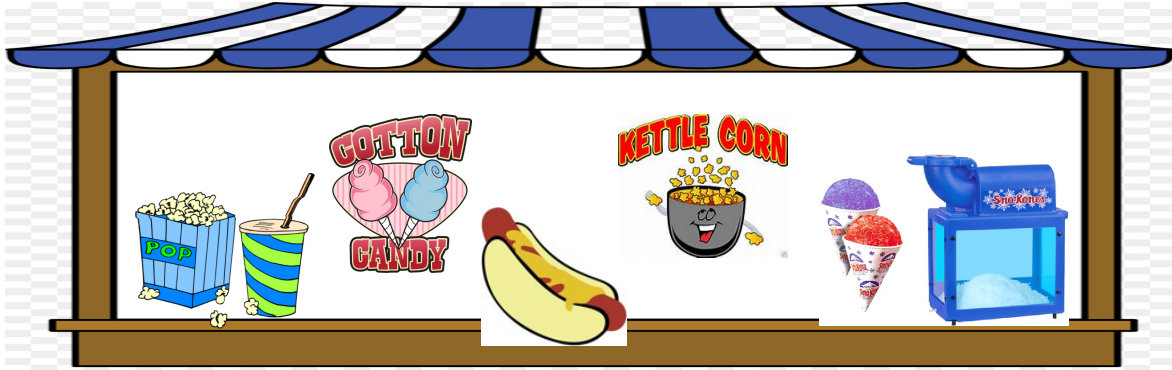
(406)-751-8130

Email: [ehealth@flathead.mt.gov](mailto:ehealth@flathead.mt.gov)

[www.flatheadhealth.org](http://www.flatheadhealth.org)

Community Health Services  
406-751-8110 FAX 866-380-1740  
Environmental Health Services  
406-751-8130 FAX 406-751-8131  
Flathead Family Planning  
406-751-8150 FAX 855-931-9091  
Population Health Services  
406-751-8101 FAX 406-758-2497  
WIC Services  
406-751-8170 FAX 406-751-8171  
Animal Shelter  
406-752-1310 FAX 406-752-1546

# Temporary (Tent) Food Service Plan Review Application



### Facility Information

Establishment Name (required):

(99 1<sup>st</sup> St., My Place, etc.)

Physical Address (storage location):

(Street Address, City)

### Owner Information

Owner Name: \_\_\_\_\_

Company/LLC: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Manager/Contact Information (if different)

Contact Name: \_\_\_\_\_

Company/LLC: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*FCCHD use only*

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Received by: \_\_\_\_\_



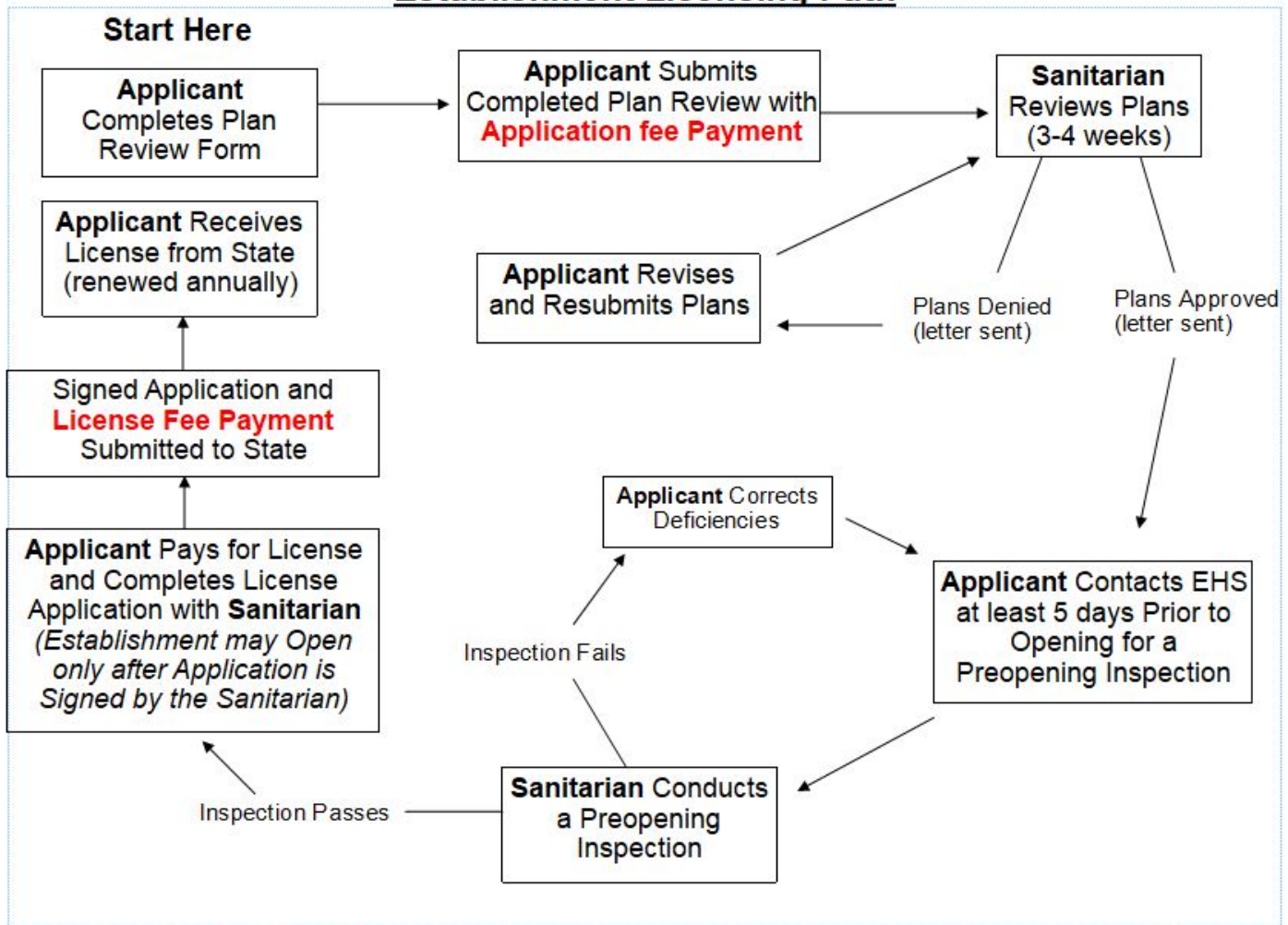
**Fee Schedule**

<b>Base Fees (Fees are waived for non-profit organizations)</b>	<b>Fee</b>	<b>Qty. (#)</b>	<b>Total (across)</b>
Base Plan Review Application Fee (for each non-identical set-up)	\$50.00		
Additional Late Application Fee (submission within 5 days of first event)	\$50.00		
Additional Late Application Fee (submission within 2-4 days of first event)	\$100.00		
Additional Late Application Fee (submission within 0-1 day of the first event)	\$200.00		
<b>Additional Fees (Non-profits are exempt from permit fees)</b>	--	--	--
**Base Annual Permit Fee per Set-up	\$50.00		
**Event Fee Per Event (See table below)	\$15.00		
Total:	--	--	

**\*\* NOTE: The base annual fee and event fee(s) may be paid after the plan review application is approved if no events are known at the time of application.**

	<b><u>Event Name</u></b>	<b><u>Event Location</u></b>	<b><u>Start Date</u></b>	<b><u>End Date</u></b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## Establishment Licensing Path



S:\EH\FOOD & CONSUMER\PlanReview\2022\PathRevised.pub

Figure 1.

### Guidelines for an Efficient Review Process

Your application will be reviewed in the order it is received by the inspector to whom the application is assigned. In order to make the review process as fast as possible, ensure the following:

- Complete the application entirely – do not leave any question blank (check “NA” if not applicable)
- Ensure answers are legible (neat and large enough writing to read)
- Complete the application that reflects how the facility will look and operate at the time of opening
- Submit the application as early as possible (allow 3-4 weeks before intended operation date)
- Be available if contacted by the reviewer during the review process and respond to contact quickly
- **Contact other agencies (zoning, building, fire, etc.) – they may require additional permits. Check with the respective city in which you are located for permitting requirements.**
  - **County – State building / fire codes apply to facilities in County jurisdictional areas**
  - **City (Whitefish, Columbia Falls and Kalispell) have their own permitting processes.**
- Read the frequently asked questions (FAQ) sheet on the Department web-site:  
<https://www.flatheadhealth.org/environmental-health/food-safety/>
- Include all required information & documents listed on the checklist at the end of this application



**A) Operation:**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Temporary food service operations must operate in association with a sanctioned event and cannot set up in front of a business, home or along the side of the road. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Temporary food service operators must register and pay an event permit fee prior to operating at an event. Individual permits list each approved event on them. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Temporary food service operation must operate with a limited menu that limits on-site food handling to cook and serve activities only. Preparation such as cutting, chopping, washing, mixing or other processing must be conducted in advance in an approved commissary. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	

*\*Events must be registered in the Health Department Database before an event permit can be issued for the event*

**B) Physical Setup**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will overhead cover be provided? Please describe:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will ground cover be provided? (Note: Ground cover on grassy or paved areas is not mandatory but should be available for the case of inclement weather). Please describe:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will side walls be provided? (Note: Side walls must be available for dust events or inclement weather). Please describe:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C) Water Supply:**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are food service operations limited to offering only prepackaged food items including prepackaged samples? (If yes, skip ahead to Section "D")	<input type="checkbox"/>	<input type="checkbox"/>	
	2	If not limited to prepackaged food items, where will fresh water be acquired?  <i>Provide a commissary agreement form signed by yourself and the owner/manager of the commissary location.</i>			
	3	If not limited to prepackaged food items, include a diagram or description of the temporary hand wash station that will be used on site.  _____ _____			
	4	How much water is available on-site? _____ gallons			

**D) Wastewater Disposal**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are operations limited to offering only prepackaged food items including prepackaged samples? (If yes, skip ahead to Section "E")	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Wastewater, including water from hand washing must be disposed of in an approved manner. Dumping wastewater on the ground is prohibited. Describe how waste-water will be collected and how/where it will be disposed.  <i>Provide a commissary agreement form signed by yourself and the owner/manager of the commissary location.</i>			
	3	What is the capacity for waste water holding on-site? _____ gallons			

**E) Equipment**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are time-temperature control for safety (TCS) or potentially hazardous food (PHF) items used on site? These items include items that require refrigeration such as meats (either raw or cooked), dairy, eggs, cut melons, cut lettuce, or condiments such as salsa or relish where the bottle says "keep refrigerated" or "refrigerate after opening". If no, skip to "E3" List TCS/PHF foods (beverages) or ingredients & how they will be held at safe temperature (include equipment to be used):  _____ _____ _____  <b>NOTE: Ice chests are not approved for use at events over 4 hours.</b>	<input type="checkbox"/>	<input type="checkbox"/>	



<i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	3	Will any food be held hot for service? Please list all foods that will be held hot and how this will be accomplished (including what equipment will be used and the holding temperatures):  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Will food be cooked or reheated on-site? Please list all foods that will be cooked or reheated and how this will be accomplished (including what equipment will be used and the final cook or reheat temperatures):  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Will reusable utensils (spatulas, tongs, forks, spoons, ladles, etc.) be used on-site for activities such as cooking or serving? If utensils will be used on-site, please describe how contamination of food (through occurrences such as prolonged use or accidentally dropping a utensil on the ground) will be prevented (include where and how items are stored):  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

## F) Operation Staff

<i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Will only authorized individuals be allowed in food & beverage storage and food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Food safety manager level training through an ANSI approved course is required of at least one person in all establishments that prepare or handle food. Establishments with a simple menu that does not include preparation or cooking can be exempted from this requirement. Does your menu qualify you for this exemption? If yes, please explain why your menu excludes you from this requirement:  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	If your menu does not exempt you from the requirement to have a certified food safety manager, please name the person or people who are or will be certified. Include the date of their certification next to their name. Attach a copy of each certificate for those that have already completed an approved course.  _____			



Office use only	#	Item (explain in detail)	Y	N	NA
	4	Each employee, including yourself, is required to have basic food safety and sanitation training. This can be accomplished through a training course or by other in-house methods. Please explain how food safety and sanitation information will be provided to people working in the kitchen (attach any written policy referenced).			
	5	Every licensed operation is expected to have a policy requiring specific symptoms (vomiting, diarrhea, sore throat with a fever, jaundice and a lesion or wound with pus in it) or diagnosed illnesses (Norovirus, Hepatitis A, Shigella, Salmonella and Shiga Toxin-producing E.coli) to be reported to management. Do you have a policy that requires reporting of these symptoms and illnesses? If yes, please describe (attach any written policy referenced):	<input type="checkbox"/>	<input type="checkbox"/>	
	6	You must be able to show that every employee, including yourself, is aware of the illness policy described above. Describe how will you will show that each employee aware of your illness policy:			
	7	Food workers, including yourself if applicable, are expected to maintain a high level of personal hygiene. Please indicate how this will be ensured (attach any written policy referenced):			
	8	Will smoking, applying makeup/hair spray, eating, drinking from an open top container, etc., be permitted in food preparation and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	
	9	Food workers, including yourself, are expected to restrain hair (including facial hair) while working in the kitchen. Will hair/beard restraints be provided for food workers who need them?	<input type="checkbox"/>	<input type="checkbox"/>	
	10	No bare hand contact is allowed with ready-to-eat food. How will this standard be maintained in your operation? Note: If gloves will be used to meet this requirement, then it must be understood that the use of gloves is not a substitute for hand washing with running water and soap when changing activities. In short, clean gloves should only be used on clean hands.			



<i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	12	Will soap and hand drying facilities (single service towels in dispensers) be provided at each hand washing station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	Will hand washing reminder and instruction signs be available at each hand washing station? List other ways will adequate and frequent hand washing be monitored and enforced?  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14	Are separate areas provided for personal belongings (coats, boots, umbrellas, purses, medications, etc.)? Describe the storage facilities for these articles:  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

### **G) Purchasing and Receiving**

<i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Will all food (beverages) and ingredients, including ice, come from an approved/licensed source? Please list where food supplies will be acquired:  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Fresh foods such as produce must be free of spoilage. Frozen food must be kept frozen until thawed for use. Refrigerated foods such as milk and eggs must be transported and received at 41°F or lower. Packaged foods must remain unadulterated with the packaging uncompromised until used. Describe how these standards will be maintained during transport (including any equipment that will be used):  _____			
	3	How will contamination of food and equipment (including dishes and utensils) be prevented during transport to and from the event?  _____			
	4	Describe the procedure that will be 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.  _____			





## H) Storage

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is there adequate storage to accommodate the food/beverage supply requirements for the projected number of customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will food/beverage grade containers be used to store food products? Describe food items that will be stored and their the containers:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Describe where and how food containers will be stored:  _____			
	4	Will raw meats, poultry or seafood be stored in the same refrigeration unit(s) or ice chests with cooked ready-to-eat foods? If yes, please describe how cross-contamination will be prevented:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Does each refrigerator, freezer and ice chest have an accurate thermometer, stored in a conspicuous location? <b>NOTE: Ice chests are not approved for use at events over 4 hours.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## I) Thawing & Preparation

Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will frozen foods be thawed by approved methods (not at room temperature)? Please describe how each type of frozen food will be thawed:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will food be prepared more than 12 hours in advance of service? If yes, please list the food items that will be prepared in advance:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will produce be washed prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**J) Cooking/Reheating & Cooling**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	<p>Will a food product thermometer be used to measure final cooking/reheating temperatures for potentially hazardous foods? Please list each potentially hazardous food categories to be cooked and what time &amp; temperature guidelines will be used for each:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<p>Will hot foods be cooled for reuse or delayed service? If yes, please describe in detail how and where this will be accomplished (list food types and cooling methods for each):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<p>Will raw, rare or undercooked animal products (cooked to order hamburgers, runny/over-easy eggs, homemade mayonnaise, hollandaise sauce, etc.) be served to customers? If yes, list each raw or undercooked animal product that will be served:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	

**K) Service**

Office use only	#	Item (explain in detail)	Y	N	NA
	1	<p>Are single service dishes and utensils such as plastic spoons, plastic forks, plastic/paper cups and plastic/paper bowls used? If yes, describe how they will be protected from contamination (including how they are stored and protected until dispensed):</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	2	<p>A consumer advisory informing consumers of increased foodborne illness risk is required on the menu denoting each menu item that may be undercooked to order or contain raw or undercooked animal products. I.E., <i>“Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.”</i> Is there a consumer advisory on the menu for these items? If yes, what does the consumer advisory say?</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## L) Cleaning & Sanitizing

Office use only	#	Item (explain in detail)	Y	N	NA
	1	<p>What sanitizer will be used on cooking equipment, cutting boards, counters and other food contact surfaces that cannot be submerged in sinks or fit into a dishwasher? <b>*Check one:</b></p> <p> <input type="checkbox"/> Chlorine (bleach)           <input type="checkbox"/> Lactic Acid (must have manufacturer concentration information on-site)         </p> <p> <input type="checkbox"/> Quats           <input type="checkbox"/> Hydrogen Peroxide (must have manufacturer concentration information on-site)         </p> <p> <input type="checkbox"/> *Other (list): _____         </p> <p>*Must provide research showing safety and effectiveness of sanitizer</p> <p>Minimum concentration (parts per million) to be used? _____ (ppm)</p> <p>Maximum concentration (parts per million) to be used? _____ (ppm)</p>			
	2	Will chemical test kits be available and used on-site for each type of sanitizer used (including the dishwashing sanitizer)?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	<p>Will soap, sanitizers and other cleaners/detergents be stored away from food storage and food preparation areas?</p> <p>Please describe where chemicals will be stored:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Are all cleaning chemical containers appropriately labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
	5	<p>Establishments must have a protocol for cleaning up vomit in food service and dining areas. The protocol should include a step by step procedure that addresses personal protective equipment as well as chemicals that will be used. The protocol must include a step that will sanitize affected areas with an EPA approved norovirus disinfectant. Is there a vomit clean-up protocol? Please describe or attach a copy of the protocol. Also, list the sanitizer to be used and include a copy or picture of the label showing that it is an EPA approved norovirus disinfectant.</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	

## M) Garbage & Refuse

Office use only	#	Item (explain in detail)
	1	<p>Describe how garbage will be collected and stored on-site:</p> <p>_____</p> <p>_____</p>
	2	<p>Describe how and where will garbage be disposed:</p> <p>_____</p> <p>_____</p>



**Required Documentation Checklist (NOTE: Incomplete applications may not be reviewed)**

Yes	NA	
<input type="checkbox"/>		I have included a floor plan showing the location of equipment (refrigerators, freezers, stoves, fryers, steam tables, prep tables, dish machines, deli slicers, blenders, etc.), hand wash stations, food storage and chemical storage areas. *This can be a hand sketch, <u>if neatly completed</u>
<input type="checkbox"/>		I have included a menu of the food or beverages I will be offering
<input type="checkbox"/>		I have included the application fee for this application <u>OR</u> will submit the fee at a later date (I understand that the application will not be logged in or reviewed until the fee is received)
<input type="checkbox"/>		I have signed the application below
<input type="checkbox"/>		I have included a commissary agreement for each servicing location I will be using.
<input type="checkbox"/>	<input type="checkbox"/>	I have included current ANSI accredited food safety manager certificates (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	I have included a waiver application for special process or other requested deviations from the regulation (if applicable)

**Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—Federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments before a license may be issued or validated by the health officer.**

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission may nullify any approval given.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

**Sanitarian Sign-Off:** \_\_\_\_\_

**Letter** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Date of Approval** \_\_\_\_\_

**Denial Dates:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

