



CITY-COUNTY HEALTH DEPARTMENT

115 4<sup>th</sup> Street South Great Falls, MT 59401 406-454-6950

## 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 30 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):

Food preparation  Food Storage  Solid Waste Disposal  Water  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)

- Mobile Food Unit - New Construction      \$75
- Mobile Food Unit - Remodel or Addition      \$75
- Menu change only      Call your local Sanitarian

**Plan Review Fee Submitted \$ \_\_\_\_\_ Date Submitted: \_\_\_\_\_**

**Note: Plan review fees cannot be refunded after review has started.**

## 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 4<sup>th</sup> 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.

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

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**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.

<b>COOLING METHOD</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/GRAVY</b>	<b>RICE/NOODLES</b>
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.

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**PREPARATION:**

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

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

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Number(s) of employees: \_\_\_\_\_

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

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

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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?

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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:

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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.

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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?

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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. \_\_\_\_\_

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

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## EQUIPMENT SCHEDULE FORM

**New equipment:** Submit manufacturer specifications sheet for each piece of new equipment (see example):



**Used equipment.** List used equipment below:

ITEM NUMBER (FROM PLAN)	QTY	EQUIPMENT	MANUFACTURER	MODEL
<i>Ex. #1</i>	<i>1</i>	<i>Hand-Washing Sink</i>	<i>Krowne</i>	<i>HS-9</i>

Additional equipment may be listed on a blank sheet of paper or on the layout page.

**Photographs of used equipment suggested.**  
 ~ Used or existing equipment must be field approved prior to installation. ~



## 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>

<b>FRP</b> – Fiberglass Reinforced Panel <b>CT</b> – Ceramic Tile <b>SS</b> – Stainless Steel <b>L</b> – Laminate <b>A</b> – Aluminum	<b>QT</b> – Quarry Tile <b>VCT</b> – Vinyl Composition Tile <b>SW</b> – Sealed Wood <b>MS</b> – Metal Shelving
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**Water heater:** Manufacturer \_\_\_\_\_ size (gal) \_\_\_\_\_

**Fresh water tank:** Manufacturer \_\_\_\_\_ size (gal) \_\_\_\_\_

**Waste water tank:** Manufacturer \_\_\_\_\_ size (gal) \_\_\_\_\_

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

## SERVICING AREA AGREEMENT

**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

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**MOBILE FOOD ESTABLISHMENT NAME:** \_\_\_\_\_

**OWNER(S) NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

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### TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a  DAILY BASIS  WEEKLY BASIS

OTHER, EXPLAIN: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area              |
| <input type="checkbox"/> Waste Water Disposal          | <input type="checkbox"/> Food Storage Area                  |
| <input type="checkbox"/> Cleaning Area for MFE         | <input type="checkbox"/> Utensil Washing Area               |
| <input type="checkbox"/> Overnight Storage of MFE      | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Overnight Refrigeration       | <input type="checkbox"/> Prepackaged Foods for Retail Sale  |

**SERVICING AREA NAME:** \_\_\_\_\_

**OWNER/MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**LICENSE ISSUED BY:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_  
(ATTACH COPY OF LICENSE ISSUED BY REGULATORY AGENCY)

**I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

# 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 3<sup>rd</sup> 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.