**MOBILE FOOD PLAN REVIEW APPLICATION**

**Mobile Food Establishment (MFE)** means a retail food establishment that serves or sells food from a motor vehicle, a nonmotorized 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.

Beaverhead County Sanitation  
2 S. Pacific St #12  
Dillon, MT 59725  
406-683-3770  
www.beaverheadcounty.org

**Submit 30 days before Construction Begins**

**OPERATOR INFORMATION**

<table>
<thead>
<tr>
<th>Owner Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>Contact Phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

**UNIT/STAND INFORMATION**

<table>
<thead>
<tr>
<th>Unit/Stand Name:</th>
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<tbody>
<tr>
<td>Servicing Area:</td>
</tr>
<tr>
<td>City:</td>
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</tbody>
</table>

Servicing Area 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:

<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
<th>State:</th>
</tr>
</thead>
</table>

**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

Check appropriate box(es)

- [ ] Mobile Food Unit- New Construction  $ 
- [ ] Mobile Food Unit- Remodel or Addition  $ 
- [ ] Menu change only  $ 

Plan Review Fee Submitted  $ __________

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

DOCUMENTS REQUIRED FOR APPLYING

All 10 pages of this application.

Payment for all plan review fees* made payable to: Beaverhead County Sanitation

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)

- 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).
- Cabinet material and countertop finish information (see page 9).

*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
Beaverhead County Sanitation
2 S. Pacific St #12
Dillon, MT 595725

ADDRESS FOR COURIER DELIVERY
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

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.

<table>
<thead>
<tr>
<th>THAWING METHOD</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 70°F (21°C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked from Frozen state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
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</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS/ GRAVY</th>
<th>THICK SOUPS/GRAVY</th>
<th>RICE/NOODLES</th>
</tr>
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<tbody>
<tr>
<td>Shallow Pans</td>
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<tr>
<td>Ice Baths</td>
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<td>Reduce Volume or Size</td>
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<td>Rapid Chill</td>
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<tr>
<td>Other (describe)</td>
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</table>

**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

   ________________________________________________________________

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.
   ________________________________________________________________

   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 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? _______________
   If yes, please describe how they will be cleaned and sanitized? ________________________________

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

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

![Krowne Hand Sinks](image)

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

<table>
<thead>
<tr>
<th>ITEM NUMBER (FROM PLAN)</th>
<th>QTY</th>
<th>EQUIPMENT</th>
<th>MANUFACTURER</th>
<th>MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. #1</td>
<td>1</td>
<td>Hand-Washing Sink</td>
<td>Krowne</td>
<td>HS-9</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Finish Area</th>
<th>Walls:</th>
<th>Ceiling:</th>
<th>Floor &amp; Basecove:</th>
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<tbody>
<tr>
<td>Ex. Storage</td>
<td>FRP</td>
<td>A</td>
<td>VCT</td>
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### CABINETRY MATERIAL AND COUNTERTOP FINISH

<table>
<thead>
<tr>
<th>Finish Area</th>
<th>Cabinet:</th>
<th>Countertop:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Food Preparation</td>
<td>SW</td>
<td>L</td>
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<tr>
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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.

MOBILE FOOD ESTABLISHMENT NAME: ________________________________

OWNER(S) NAME: __________________________________ PHONE NO: ________________________

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: ________________________________

☐ Approved Potable Water Source ☐ Food Preparation Area
☐ Waste Water Disposal ☐ Food Storage Area
☐ Cleaning Area for MFE ☐ Utensil Washing Area
☐ Overnight Storage of MFE ☐ Equipment and Utensil Storage Area
☐ Overnight Refrigeration ☐ 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: ________________________________________________

DPHHS - FCSS Sept 2015