



Retail Food Operation Change Application

(Not for **mobile** food establishments)

Plans must be submitted for review and approval prior to construction, conversion or remodeling. (Food Code 8-201.11) Please allow **30 days** for review of your application. Missing attachments may delay your review and approval.

Plan Review Application Fee: _____

Receipt Number: _____

Date Submitted _____

Type of Plan

☐

Change of Ownership

☐

Menu Revisions

☐

Endorsement Change

Type of Service (check all that apply)

☐

Bakery

☐

Caterer

☐

Retail Food Store

☐

Wholesale/Manufacturing

☐

Takeout

☐

Restaurant

☐

Bar

Establishment Information

Name _____

Address _____

Phone Number _____

Owner Information

Name _____

Mailing Address _____

City, State, Zip _____

Phone Number _____

Email _____

All code references are from the "food Code. 2013, Recommendations of the United States Public Health Service, Food and Drug Administration" adopted by reference in Administrative Rules of Montana (ARM), Title 37, Chapter 110, Subchapter 2, Section 37.110.260.

Attachments

- | | | |
|--|---|---|
| <input type="checkbox"/> Plans | <input type="checkbox"/> Consumer Advisory | <input type="checkbox"/> Employee Health Policy |
| <input type="checkbox"/> Menu | <input type="checkbox"/> Equipment Layout | <input type="checkbox"/> Plan Review Fees |
| <input type="checkbox"/> Log Sheets | <input type="checkbox"/> Catering Endorsement Request | <input type="checkbox"/> Specification Sheets |
| <input type="checkbox"/> Policy for Vomiting and Diarrheal Accidents | <input type="checkbox"/> Certified Food Protection Manager Certificates | |

Outside City Limits – Please Include the following:

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Subdivision Approval | <input type="checkbox"/> Wastewater System Permit |
| <input type="checkbox"/> Non-Public Water and Wastewater Construction | <input type="checkbox"/> Water Sample Results |

I have submitted plans/applications to the following departments:

- | |
|---|
| <input type="checkbox"/> Environmental Health Services On-site Wastewater System |
| <input type="checkbox"/> Department of Environmental Quality, Public Water Supply |
| <input type="checkbox"/> Fire <input type="checkbox"/> Building <input type="checkbox"/> Planning |

Projected Start Date

Date: _____

Projected Completion Date

Date: _____

Operation Information

Total square footage of facility: _____

Number of floors which operations are conducted: _____

Hours of Operation:

Sunday _____	Monday _____
Tuesday _____	Wednesday _____
Thursday _____	Friday _____
Saturday _____	

Is this operational seasonal? ☐ No ☐ Yes open from _____ to _____

Number of Seats: _____

Number of staff (maximum per shift): _____

Maximum meals to be served (approximately)

Breakfast _____ Lunch _____ Dinner _____

Total meals per day _____ Total customers served per day _____

Food Preparation Review

Providing safe food requires managing the 5 most common causes of foodborne illness as identified by CDC. This will include providing active managerial control over the following risks:

- Food from unsafe sources
- Inadequate cooking temperatures
- Inadequate holding temperatures (including hot and cold holding, cooling)
- Contaminated equipment
- Poor personal hygiene

This plan review application will evaluate your proposed procedures, food sources, and facility design and their ability to control the risks of foodborne illness.

Provide the proposed menu, including seasonal, off-site (catering) and banquet menus.

Check All That Apply

- ☐ Yes ☐ No 100% prepackaged items (no on-site preparation)
- ☐ Yes ☐ No Receive, prepare and serve (salads, deli sandwiches, etc.)
- ☐ Yes ☐ No Receive, prepare and serve immediately after cooking
- ☐ Yes ☐ No Receive, prepare, cook, hold and serve
- ☐ Yes ☐ No Receive, prepare, cook, hold, cool, reheat and serve
- ☐ Yes ☐ No Process includes smoking, curing, and preserving
- ☐ Yes ☐ No Other (describe): _____

Food Sources

Please list all suppliers for this facility.

Receiving

Identify procedures for receiving, that assures safe and unadulterated food.

Deliveries

What is the projected frequency of deliveries (used to identify storage demands) for:

Frozen Foods: _____ days per week

Refrigerated Foods: _____ days per week

Dry Goods: _____ days per week

Will you have live shell stock? (check one) ☐ No ☐ Yes, describe procedures used for shell stock tags. (Food Code 3-203.12) _____

Storage Facilities

What is the projected frequency of deliveries (used to identify storage demands) for:

Frozen Foods: _____ days per week

Refrigerated Foods: _____ days per week

Dry Goods: _____ days per week

Please list equipment to be used for maintaining refrigerated foods at 41°F (5°C) and below or frozen. All refrigeration must be commercial grade. (Food Code 4-201.11 and 4-205.10)

Number of commercial refrigeration units:

Storage units _____ Total Capacity in cu. Ft _____

Prep units _____ Total Capacity in cu. Ft _____

Walk-in Dimensions _____

Number of commercial freezer units:

Freezer units _____ Capacity in cu. Ft _____

Walk-in Dimensions _____

Does each refrigerator/freezer have a thermometer? ☐ Yes ☐ No

Each refrigerator must have a permanently affixed thermometer measuring device located in the warmest part of each unit. (Food Code 4-204.112)

How often will cold holding temperatures be monitored? **Provide copies of log sheets that will be used to record monitored temperatures.** _____

Will you be using raw meats, poultry or seafood? ☐ Yes ☐ No

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? ☐ Yes ☐ No

How will cross-contamination be prevented? _____

What procedures will you use to provide product rotation in this operation? _____

How will dry goods be stored off the floor? _____

Total square feet of dry goods storage shelving space in facility: _____

What types of containers are used to store bulk food products? (This must meet the requirements of 4-101.11 safe, durable, non-absorbent, easily cleanable) _____

Please describe how you will store/manage damaged goods in this operation _____

Training

The 2013 Food Code 2-102.12 requires at least one employee with supervisory and management responsibility and the authority to direct and control food preparation and service to be a certified food protection manager.

Number(s) of employees with certified food protection manager training (provide copies of the Certified Food Protection Manager certificates) _____

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

Preparation

Preventing Contamination from Hands 2013 Food Code 3-301.11

Describe procedures to prevent bare hand contact with exposed, ready-to-eat foods: _____

Hand contact with raw meats on the cook line is a source of contamination. Please indicate how you will minimize or eliminate hand contact (i.e. use of tongs, spatulas, etc.) or otherwise prevent contamination. _____

Ready-To-Eat Foods

Food Code 4-301.12(F) A food preparation sink must be provided if food is placed into a sink or sink compartment for the purposes of thawing or cleaning.

Where will produce be washed? _____

Will ingredients for cold ready-to-eat food such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? ☐ Yes ☐ No ☐ N/A

If not, how will ready-to-eat foods be cooled to 41°F? _____

How will displayed foods be protected from contamination (i.e. sneeze shields, covered, individually wrapped) _____

Time-Temperature Management

Describe the procedure used for minimizing the length of time temperature controlled for safety foods will be kept in the temperature danger zone (41°F - 135°F) during preparation _____

Is thawing temperature controlled for safety food part of your operation? ☐ Yes ☐ No

If yes, please indicate by checking the appropriate boxes how frozen foods will be thawed.

(Check all that apply)

- ☐ Refrigeration
- ☐ Running water (less than 70
- ☐ Microwave (as part of cooking process)
- ☐ Cooked from frozen state
- ☐ Other (describe) _____

Cooking

List cooking equipment: _____

How often will cooking temperatures be monitored? (**Provide copies of log sheets that will be used to record monitored temperatures**) _____

Will you be selling or serving raw or undercooked animal foods? (This includes eggs or steaks cooked to order) ☐ No ☐ Yes (If yes, then a consumer advisory will be required. (Food Code 3-603.11)
Attach a copy of the notice and reminder that you will use to provide the consumer advisory.)

Hot and Cold Holding

How will hot temperature controlled for safety (TCS) foods be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units. _____

How will cold temperature controlled for safety foods be maintained at 41°F (5°C) or below during holding for service? _____

Describe your procedures for assuring that hot and cold holding temperatures are at safe levels.
(**Provide copies of log sheets that will be used to record monitored temperatures**) _____

Cooling and Reheating

List categories of food prepared and then cooled more than 12 hours in advance of service:

Will any temperature controlled for safety (TCS) foods be cooled for later service? ☐ Yes ☐ No

Cooling Methods

Please indicate by checking the appropriate boxes how TCS foods will be cooled from 140°F – 70°F in two hours and 70°F – 41°F in four hours. (3-501.14)

	Thick Meat	Thin Meat	Thick Soup Or Gravy	Thin Soup or Gravy	Rice and Noodles
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill (Ice Paddles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blast Chiller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) _____					

List all foods that will be cooked then cooled before service.

Provide copies of cooling logs that will be used to document your cooling procedures are meeting the standard listed above.

How will TCS foods be reheated for hot holding so that all parts of the food reach a temperature of at least 165 F for 15 seconds within two hours? (3-403.11) Include type and number of units used.

Specialized Processing (3-502.11)

Check any special process you are planning on doing. (These processes will require a variance and an approved HACCP plan.)

☐

Not Applicable

☐

Smoking

☐

Molluscan Shellfish Display Tank

☐

Curing

☐

Reduced Oxygen Packaging

☐

Sprouting Seeds or Beans

☐

Food Additives for preservation or to change to a non-TCS food

Serving Highly Susceptible Populations

Will the facility be serving food primarily to a highly susceptible population? ☐ Yes ☐ No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____

Are you aware of prohibitions on certain foods when serving to a high-risk population? (3-801)

☐

Yes

☐

No

Catering Option

Will you be catering from this facility? ☐ No ☐ Yes, provide the following:

- Catering menu
- Log sheets to be used
- Indicate how many meals you can safely prepare in addition to the meals referenced on page 2.

Indicate what commercial refrigeration is available for food preparation and storage activities for the catering operation. Include a description of how this will be shared with day-to-day operations.

Indicate how you will maintain safe food temperatures throughout all phases of your catering operations. (Receiving, preparation, cooking, cooling, reheating) Include procedures for taking food temperatures. _____

Potentially hazardous food may not be transported without temperature controls. Please list all equipment used to transport hot or cold food. Provide specification sheets for any equipment.

Please list all equipment used to maintain hot TCS food above 135°F for service. _____

Please list all equipment used to maintain cold potentially hazardous food below 41°F for service.

Please describe how food will be displayed and served. _____

Please describe what happens with any leftovers. _____

Employees and Personal Hygiene

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **Attach the policy for review** (2-201.11). ☐ No ☐ Yes

The Employee Health and Personal Hygiene handbook can be downloaded from the FDA web site. It contains forms, posters, and decision tools to protect your customers:
<http://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm>

Provide written procedures for employees to follow for responding to vomit or diarrheal events that involve discharge onto surfaces in the food establishment. The procedures must address specific actions to be taken to protect the employee, consumers, food and surfaces. (2-501-11) **Attach a copy for review.**

Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.)

Handwashing and Toilet Facilities

Check the appropriate box:

Yes No N/A

Is there a designated handwashing sink in the food preparation area, food service, and ware washing areas?

☐ ☐ ☐

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?

☐ ☐ ☐

Do self-closing metering faucets provide a flow of water for at least fifteen seconds without need to reactivate the faucet?

☐ ☐ ☐

Are single-use hand drying facilities (paper towels, air blowers, etc.) available at each handwashing sink?

☐ ☐ ☐

Are all toilet room doors that open into the food prep or service areas self-closing?

☐ ☐ ☐

Is hot and cold running water under pressure available at each handwashing sink? Minimum temperature is 100°F.

☐ ☐ ☐

Is hand cleanser available at all handwashing sinks?

☐ ☐ ☐

Is ventilation provided in toilet rooms?

☐ ☐ ☐

Water Source

Provide a copy of the well log. Provide the results of a bacteriological water test and nitrate + nitrate water test. If private, submit non-public water construction and use application. (37.110.267, FCS Circular #1-2012)

☐ Municipal ☐ Private* ☐ Public: Public Water Supply ID# _____

Will ice be provided? ☐ Yes ☐ No

Is ice made on premises? ☐ Yes ☐ No

Is ice purchased commercially? ☐ Yes ☐ No

Describe provisions for ice scoop storage. Note: Special requirements for labeling, water testing, ice testing and separation are required for ice bagging operations. Contact our office for these requirements. _____

Is there a water treatment device? (i.e. softener, filter, etc.) ☐ Yes ☐ No

If yes, what type of device? Provide specification sheets and indicate location on the plans.

How will the device be inspected and serviced? _____

Provide the following information on the size of the hot water generator (heater) for this establishment. Provide a copy of the hot water heater and dish machine specification sheets for calculating hot water needs of this facility.

BTU _____

GPH Provided _____

kW _____

Temperature Rise _____

Sewage Disposal

Is building connected to a municipal sewer or public water system? ☐ Yes ☐ No

If no, **submit a non-public wastewater system use application** for review and approval of your proposed operation.

Provide a copy of the Certificate of Subdivision Approval and Wastewater system permits. Contact Environmental Health Services to obtain a copy.

Are grease traps provided? _____

What is the capacity? (in gallons) _____

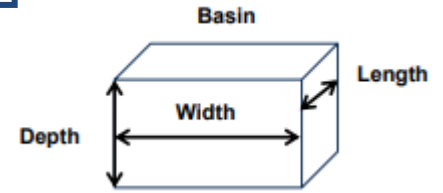
Provide a schedule for cleaning and maintenance _____

Cleaning and Sanitizing

What will be used for utensil washing? ☐ Three compartment sink ☐ Commercial dish machine

Three Compartment Sink

List dimensions for the three compartment sink(s) below:
(Food Code 4-301.12)



Sink Location	Basin Length	Basin Width	Basin Depth	Drainboards (Length)

Does the largest pot and pan fit into each compartment of the pot sink? ☐ Yes ☐ No
If not, what is the procedure for manual cleaning and sanitizing? _____

Are there drain boards on both ends of the pot sink? ☐ Yes ☐ No

If not, what is the procedure for stacking dirty dishes and air-drying clean dishes? (Food Code 4-301.13) _____

What type of sanitizer is used? Must be approved for food contact surfaces.

☐ Chlorine ☐ Quaternary ammonium ☐ Iodine ☐ Hot water
☐ Other _____

Are test papers and/or kits available for checking sanitizer concentration? ☐ Yes ☐ No

How often are sanitizer concentrations checked? _____

Commercial Dish Machine

What type of sanitization is used? ☐ Hot water with booster heater ☐ Low temperature with chlorine sanitizer

Is ventilation provided? ☐ Yes ☐ No

Do all dish machines have templates with operational instructions? ☐ Yes ☐ No

Do all dish machines have temperature / pressure gauges as required that are accurately working?
☐ Yes ☐ No

How often are chemicals checked for dish machines? _____

Describe backup plan for dish machine malfunctions: _____

Food Contact Surfaces

Indicate the process that will be used to clean equipment in place. This would include counter tops, cooking equipment, cutting boards and other surfaces. _____

What is the chemical type? _____ What is the concentration? _____

Do you use a test kit? ☐ Yes ☐ No

Building and General Information

Applicant must indicate what materials (quarry tile, stainless steel, 4” vinyl coved molding, etc.) will be used in the following areas. All surfaces must be durable, non-absorbent and easily cleanable.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Mop Service Area				
Garbage & Refuse Storage				

Insect and Rodent Control

Check the appropriate box:

Yes No N/A

Will all outside doors be self-closing and rodent proof?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are screen doors provided on all entrances left open to the outside?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Do all openable windows have a minimum of #16 mesh screening?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Is area around the building clear of unnecessary brush, litter, boxes, and other harborage?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Will there be a placement of insect electrocution or entrapment devices?
If so, where? _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Will air curtains be used? If so, where? _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Garbage and Refuse

What will be provided for garbage & refuse handling?

<input type="checkbox"/> Dumpster	<input type="checkbox"/> Grease Storage Receptacle	<input type="checkbox"/> Recycled Containers
<input type="checkbox"/> Compactor	<input type="checkbox"/> Individual Garbage Cans	

Describe surface and location where **dumpster / compactor / cans** are to be stored: _____

Number _____ Size _____

Frequency of pickup _____ Contractor _____

Describe location of **grease storage** receptacle: _____

Frequency of pickup _____ Contractor _____

If using recycled containers, indicate what materials will be recycled:

<input type="checkbox"/> Glass	<input type="checkbox"/> Metal	<input type="checkbox"/> Paper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Cardboard
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Plumbing Connections

An **indirect connection** to the sewerage system must be provided for any drains originating from food equipment, portable equipment, or for utensils. This would be by floor sink, hub drain or other approved method of breaking the sewer connection. Indicate all locations where an indirect connection is provided:

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Ice Machines	<input type="checkbox"/> Ice Storage Bins
<input type="checkbox"/> Food Prep Sinks	<input type="checkbox"/> Water Station	<input type="checkbox"/> Steam tables
<input type="checkbox"/> Dipper wells	<input type="checkbox"/> Beverage Dispensers	<input type="checkbox"/> Refrigeration / Condensate Lines
<input type="checkbox"/> Utensil Sinks	<input type="checkbox"/> Other _____	

General Information

Will pesticides be stored on site? Note: Pesticides must be stored in a locked, separate cabinet away from food and utensils and separate from cleaning and sanitizing agents. ☐ Yes ☐ No

Where will pesticides be stored? _____

Indicate storage location for all toxics (cleaning supplies, chemicals, etc.) for use on the premise or for retail sale (this includes personal medications) that is located away from food preparation and storage areas _____

Are all containers of toxics, including sanitizing spray bottles, clearly labeled? Note: Diluted chemicals must have manufacturer's label attached to spray bottles. ☐ Yes ☐ No

Is a mop sink present? ☐ Yes ☐ No

Describe how mops, garbage cans, floor mats will be cleaned. Note: 6-206.10 requires a service sink or curbed cleaning facility. _____

Describe location for drying mops _____

Will linens (towels, tablecloths, napkins, etc.) be laundered on site? ☐ Yes ☐ No

If yes, is a laundry dryer available? ☐ Yes ☐ No, how will linens be cleaned?

Location of clean linen storage _____

Location of dirty linen storage _____

Indicate all areas where exhaust hoods are installed _____

How is the ventilation hood system cleaned? _____

Small Equipment Requirements

Food product thermometers are required for monitoring food temperatures. Indicate what type of measuring devices you will provide. Note: The thermometer must be designed for the food being tested; i.e. Thermocouple for thin meats and foods. (4-302-12)

☐ Bi-Metal stemmed dial for thermometer (measuring between 0-220°)

☐ Digital thermometer

☐ Thermocouple (required for measuring thin products)

☐ Infrared (for surfaces temperature screening only)

Describe your method and frequency of calibrating thermometers _____

Describe your method of sanitizing thermometers _____

Specify the number and types of each of the following:

Slicers	
Cutting boards	
Can openers	

Mixers	
Floor Mats	

Approval of these plans and specifications by this regulatory authority does *not* indicate compliance with any other code, law or regulation that may be required by federal, state, or local. It further does not constitute endorsement or acceptance with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

I hereby certify that the information I have supplied is correct, and I fully understand that any deviation from the given information without prior permission from this health regulatory office may nullify final approval.

Signature of Owner or Responsible Representative

Date

Signature of Owner or Responsible Representative

Date

Submit this application to

Lewis & Clark Public Health
ATTN: Licensed Establishment Admin
1930 9th Ave
Helena, MT 59601

If you wish to discuss your plan with a sanitarian, contact us ahead of time to make an appointment. Leave a message at 406-457-8919 and we will return your call or email us at PHLicEst@lccountymt.gov.

Payment

Lewis & Clark County accepts cash, checks, credit cards, or money orders for payment.

Please either drop off payment or mail to the address above.

Contact us at 406-457-8977 to make arrangements to pay via credit card by phone. You must submit an application before payment can be received.

City Limits

City of Helena Community

Development Building Division

316 N Park Room 435
Helena, MT 59623
406-447-8437

City of Helena Fire Inspection

300 Neill Ave
Helena, MT 59601
406-447-8472

City of East Helena

City Hall
7 E Main
East Helena, MT 59635
406-227-5321

Lewis & Clark County

Building Codes Bureau

PO Box 200517
Helena, MT 59620-0517
406-841-2040

Department of Justice Fire

Prevention & Investigation Section

2225 11th Ave
Helena, MT 59601
406-444-2050

On-Site Wastewater

Subdivision Approval

Christal Ness – Permit Coordinator
316 N Park Room 230
Helena, MT 59623
406-447-8392

Environmental Health Services Division

316 N Park Room 230
Helena, MT 59623
406-447-8351

Water Supply

Public Water Supply

MT Dept. of Environmental Quality
1520 E. 6th Ave
PO Box 200901
Helena, MT 59620
406-444-4400

Feb 2025

Non-Public Water Supply

If you do not meet the definition of PWS, then you must meet the minimum standards and complete the non-public water and wastewater application form.