

RETAIL FOOD COMMISSARY KITCHEN 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 _____

Applicant Information

Name _____
Mailing Address _____
City, State, Zip _____
Phone Number _____
Email _____

Commissary Kitchen Information

Establishment Name _____
Establishment Address _____

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

Commissary Agreement (written agreement between applicant and facility)

Operation Information

Is this operation seasonal? No Yes open from _____ to _____

Days kitchen will be utilized _____

Hours kitchen will be utilized _____

Amount of cold storage available to you at kitchen (in cubic feet) _____

Type of cold storage available to you (walk in cooler, prep table, etc.):

Equipment within space you will use (grills, ovens, mixers, etc.):

Equipment you will supply at the commissary kitchen (utensils, grills, etc.):

What items will be prepared at the commissary kitchen?

Are you cooking then cooling any items at the commissary kitchen? No Yes; list each food item that will be cooled and describe the cooling method for each (use a separate page if needed):

How will items be transported to the mobile to keep them hot / cold (mechanical cooler, hot box, etc.):

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

Submit this application to

Email your completed application to phlicest@lccountymt.gov or mail 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 Public Health will send you an invoice when we are ready to take payment for your application. You must submit an application before payment can be received.