# 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.

Your Agency Name

Address

Phone and e-mail

website **Submit 30 days before Construction Begins**

|  |  |  |  |
| --- | --- | --- | --- |
| **OPERATOR INFORMATION** | | | |
| Owner Name: | | | |
| Mailing Address: | | | |
| City: | State: | | ZIP: |
| Contact Phone: | | Cell Phone: | |
| Email: | | | |

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| **UNIT/STAND INFORMATION** | | |
| Unit/Stand Name: | | |
| Servicing Area: | | |
| City: | County: | Business Phone: |
| 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: | | |
| |  |  |  | | --- | --- | --- | | City: | County: | State: | | | |

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| **Variance** – A variance from some parts of the Administrative Rules of Montana may be applied for. |
| Proposed date for start of operation: |

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| **PLAN REVIEW FEE SCHEDULE** |
| Check appropriate box(es)  € Mobile Food Unit- New Construction $xxx  € Mobile Food Unit- Remodel or Addition $xxx  € Menu change only $xxx  **Plan Review Fee Submitted $**  Note: **Plan review fees cannot be refunded after review has started.** |

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| **DOCUMENTS REQUIRED FOR APPLYING** |
| **€ All 10 pages of this application.**  Payment for all plan review fees\* made payable to: Insert your agency information here  **€** 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 9)  **€**Manufacturers’ specification sheets for each piece of equipment (see page 8).  **€** Floor, wall and ceiling material finishes or stand construction (see page 9).  **€** Cabinetry 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.  M ail or deliver all pages of this application, paperwork and correct fee using appropriate address below .   |  |  | | --- | --- | | **ADDRESS FOR MAILING** | **ADDRESS FOR COURIER DELIVERY** | | Insert you agency information here | Insert you agency information here | |

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| 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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Refrigerated storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,and

Frozen storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. How will dry goods be stored off the floor?

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**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?

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1. 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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1. 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COOLING**  **METHOD** | **THICK**  **MEATS** | **THIN**  **MEATS** | **THIN**  **SOUPS/ GRAVY** | **THICK**  **SOUPS/GRAVY** | **RICE/NOODLES** |
| 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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1. How will food employees be trained in good food sanitation practices?

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

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

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

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1. 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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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1. 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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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?

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1. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

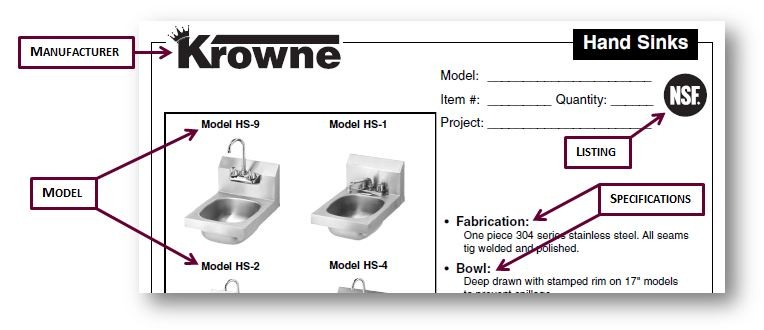
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4. If your mobile does not have a three-compartment sink, explain how you can rotate dishes and utensils to meet

requirements. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EQUIPMENT SCHEDULE FORM

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



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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM NUMBER (FROM PLAN)** | **QTY** | **EQUIPMENT** | **MANUFACTURER** | **MODEL** |
| ***Ex. #1*** | ***1*** | ***Hand-Washing Sink*** | ***Krowne*** | ***HS-9*** |
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#### 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. ~**

**FRP** – Fiberglass Reinforced Panel **QT** – Quarry Tile

**CT** – Ceramic Tile **VCT** – Vinyl Composition Tile

**SS** – Stainless Steel **SW**  – Sealed Wood

**L** – Laminate **MS** – Metal Shelving

**A** – Aluminum

**FINISH SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Finish Area** | **Walls:** | **Ceiling:** | **Floor & Basecove:** |
| ***Ex. Storage*** | ***FRP*** | ***A*** | ***VCT*** |
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**CABINETRY MATERIAL AND COUNTERTOP FINISH**

|  |  |  |
| --- | --- | --- |
| **Finish Area** | **Cabinet:** | **Countertop:** |
| ***Ex. Food Preparation*** | ***SW*** | ***L*** |
|  |  |  |
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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:**