



## **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.

If you have any questions concerning temporary events, food safety, or need further assistance please contact:

Carbon County-Environmental Health  
17 West 11<sup>th</sup> St/ P.O. Box 466 Red Lodge, MT 59068  
Phone :406-446-1694  
Email: [jgutierrez@co.carbon.mt.us](mailto:jgutierrez@co.carbon.mt.us)  
<https://co.carbon.mt.us/>

**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 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:

**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      \$180.00
- Mobile Food Unit- Remodel or Addition      \$180.00
- Menu change only      \$0.00

**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: **CCT (Carbon County Treasurer)**

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,
  - Triple Sink (utensil washing); and
  - Prep Sink (if available)

- 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.

Mail or deliver all pages of this application, paperwork and correct fee using appropriate address below.

### ADDRESS FOR MAILING

Carbon County-Environmental Health  
P.O. Box 466  
Red Lodge, MT 59068  
Phone :406-446-1694

### ADDRESS FOR COURIER DELIVERY

Carbon County-Environmental Health  
17 West 11<sup>th</sup> St  
Red Lodge, MT 59068  
Phone :406-446-1694

**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.

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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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? \_\_\_\_\_

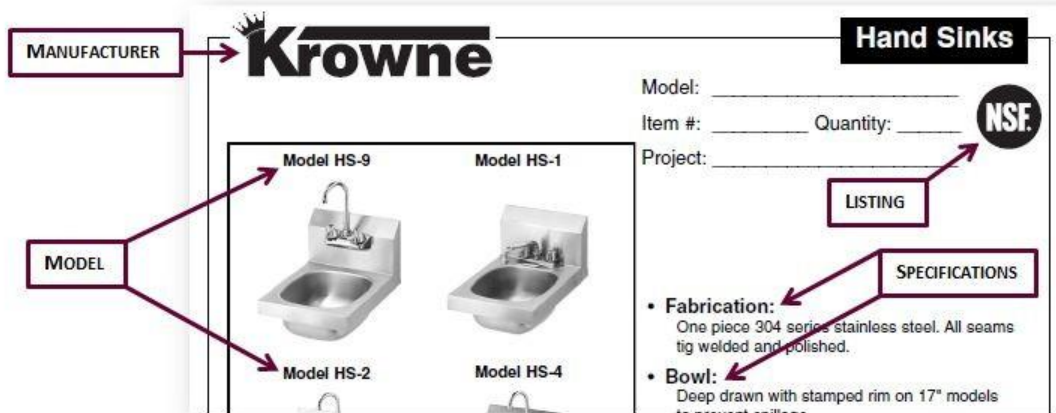
\_\_\_\_\_

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):



**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. ~

<b>FRP</b> – Fiberglass Reinforced Panel	<b>QT</b> – Quarry Tile
<b>CT</b> – Ceramic Tile	<b>VCT</b> – Vinyl Composition Tile
<b>SS</b> – Stainless Steel	<b>SW</b> – Sealed Wood
<b>L</b> – Laminate	<b>MS</b> – Metal Shelving
<b>A</b> – Aluminum	

### FINISH SCHEDULE

<b>Finish Area</b>	<b>Walls:</b>	<b>Ceiling:</b>	<b>Floor &amp; Basecove:</b>
<i>Ex. Storage</i>	<i>FRP</i>	<i>A</i>	<i>VCT</i>

### CABINETRY MATERIAL AND COUNTERTOP FINISH

<b>Finish Area</b>	<b>Cabinet:</b>	<b>Countertop:</b>
<i>Ex. Food Preparation</i>	<i>SW</i>	<i>L</i>

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

- |  |   |
|--|---|
| <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: \_\_\_\_\_