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Temporary Food Service Plan Review Application

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

Environmental Health Services
123 South 27th Street, Billings, MT 59101
Phone: 406-256-2770
Fax: 406-256-2767
environmental.he@riverstonehealth.org

Additional information is also available on our web site at www.riverstonehealth.org



What is a Temporary Food Establishment?

“Temporary Food Establishment” means a food establishment that in a calendar year

- (a) Operates at a fixed location for no more than 21 days in conjunction with a single event or celebration. Examples: Strawberry Festival and Montana Fair

OR

- (b) Uses a fixed menu and operates within a single county at a recurring event or celebration for no more than 45 days. Examples: Live After Five and Yellowstone Farmers Market

Requirements for Temporary Food Establishments

The State of Montana Food Service Rule has specific requirements for temporary food services providing potentially hazardous food to the public (with or without charge) in conjunction with special events. Our office recognizes the limited capacity of most temporary operations; however, it is necessary for the protection of public health to closely regulate the operation of temporary food establishments. In Yellowstone County, the Registered Sanitarians at RiverStone Health are responsible for verifying state licensure, approving vendors for operation, issuing permits for vendors without state licenses, and conducting inspections.

Minimum Requirements for Temporary Food Establishments:

1. Current **Retail Food License** issued by the State of Montana OR **Temporary Food Service Permit** issued by **RiverStone Health**. (Exceptions are listed on page 3.)
2. A **Plan Review Application** must be submitted to and approved by RiverStone Health prior to issuing a **Temporary Food Service Permit**.
3. **Food items must be purchased from an approved source**. All food must be prepared at the event with the proper equipment OR in an approved licensed kitchen prior to the event.
4. **Handwashing station**. This may be a commercial type of portable station or a two-gallon or larger insulated container with a faucet type (not push button) spigot for water, a catch basin, soap, and paper towels.
5. **Sanitizer bucket** (100 PPM Chlorine or 200 PPM Quat) with wiping cloths OR sanitizer spray bottle. Test strips to test sanitizer concentration must be available. The vendor must clean and sanitize food contact surfaces throughout the day.
6. **Dishwashing station**. The food service vendor must provide three basins large enough for complete immersion for the washing, rinsing, and sanitizing of all utensils and equipment that will be used for food preparation.

7. At least one food worker may be required to be certified as a **Food Protection Manager (CFPM)**.
8. A complete checklist for temporary food service operators is available as a separate document.

Temporary Food Service Plan Review & Permits

A **Temporary Food Service Permit** is required for all food vendors, **EXCEPT** for the following:

- Vendors who are **ONLY** serving unopened commercially packaged snacks or whole uncut fruit. (Examples: candy, chips, canned or bottled beverages)
- Montana Mobile Food Service license holders who operate from their mobile unit.
- Montana Retail Food Service license holders with a catering endorsement.
- Licensed Wholesale Food Establishments that provide samples to the public as part of a marketing activity.
- Non-profit organizations operating for less than 4 days in a 12-month period.

These food vendors require a permit, but are EXEMPT from paying any fees:

- Private, religious, fraternal, youth, patriotic or civic organizations serving or selling food to the public for more than 4 days in a 12-month period. (Examples: 4-H, Boy Scouts, church, and school groups).
- Retail & Wholesale Food Service Establishments licensed in Montana.

FEE	AMOUNT	
Plan Review Application	\$50	A Plan Review must be approved before operating for the first time AND then only if there is a significant change in the menu or operator.
Permit	\$25 per event	A Temporary Food Service Permit is valid for a specific event and/or location and is non-transferable.

Plan Review

As the local regulatory authority, RiverStone Health must receive and approve a plan review for **every Temporary Food Vendor** in Yellowstone County, even those that are exempt from paying a permit fee. This pre-operational review provides the opportunity to discuss areas of concern and provide education on safe food handling practices. RiverStone Health may impose restrictions on the types of foods to be prepared and served based upon preparation and sanitary facilities available.

Plan Review and Permitting Process, continued

NEW AND FIRST TIME VENDORS:

New or first-time temporary food service vendors must go through an approval process before operating at any event.

Step 1: At least ten days prior to participating in an event, submit Plan Review Application and \$50 application fee to RiverStone Health

Step 2: RiverStone Health issues approval for menu and operation.

Step 3: RiverStone Health inspects approved vendor at the event and collects \$25 permit fee.

Step 4: RiverStone Health issues permit.

APPROVED VENDORS:

Approved vendors operating at subsequent events must do the following:

Step 1: Notify RiverStone Health of dates of the event and any changes in the menu or operation.

Step 2: RiverStone Health inspects approved vendor at the event and collects \$25 permit fee.

Step 3: RiverStone Health issues permit.



Temporary Food Service Plan Review Application

Complete and submit to Environmental Health Services, RiverStone Health

123 South 27th St. • Billings, MT 59101

Phone (406) 256-2770 • Fax: (406) 256-2767 • environmental.he@riverstonehealth.org

Date: _____

VENDOR INFORMATION

Name of Operator/Owner: _____

Name of Establishment: _____

Mailing Address: _____

Email: _____

Contact Telephone: _____

FOOD SERVICE OPERATION

1. Do you have a current Montana Retail or Wholesale Food License? Yes No
If yes, provide the license number F/FL/M _____

2. Facility Type: Temporary Set-up/Booth Permanent Building Mobile
• If mobile, will mobile unit be present at event? Yes No
• If yes, will you have a temporary set-up outside of a mobile unit? Yes No

3. Menu - provide a complete list of all food/beverage products that will be prepared, sold, or sampled during events:

4. Where will food be purchased?

5. Indicate the food processes used for food preparation or service and the equipment used:

Process	Food Items	Equipment
Cold-Holding		
Hot-Holding		
Cooking		
Cooling		
Reheating		
Time as a Control		
Other		

6. Will you be preparing food at events or off-site? **At Event** **Off-site**

If food is prepared off-site, please specify **where** the food will be prepared and **how** the food will be transported to maintain proper temperatures:

7. Handwashing is required, describe where handwashing will be done at events:

8. Dishes and utensils must be washed, rinsed, and sanitized. Sanitizing food contact surfaces is also required. How will sanitizing be done throughout events? What chemical(s) will be used?

9. Describe power source: (generator? electricity provided?)

10. Will leftovers be kept after the event has ended? **Yes** **No**
 If **yes**, how will you ensure leftovers will be time/temperature controlled for safety?_

11. Additional requirements of Temporary Food Service Set-ups:

- Adequate trash receptacles must be available. Trash should be covered and picked up with enough frequency to minimize pests and other public nuisances.
- All Minimum Requirements for Temporary Food Service must be met to operate and be permitted.
- Any Registered Sanitarian may request additional information from you. Please provide information at their request.
- Adequate potable water and proper waste disposal is required. If well water is used, a current water test must be provided. Liquid waste disposal must be through an approved system, such as a mop sink.
- If power is necessary for your operation, it may be necessary to have a back-up supply.

12. If you know your event schedule, please list events and dates of operation here.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from RiverStone Health may nullify final approval.

SIGNATURE	PRINT NAME	DATE
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*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 (i.e. federal, state, or local).*

Health Department Use:

APPROVAL: _____ DATE: _____

REVIEWED BY: _____
RiverStone Health Sanitarian