

Temporary Food Service

Plan Review and Permit Application Packet

updated Jan 1, 2018

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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

Fax: 406-256-2767 www.riverstonehealth.org

Permitting and additional information is also available on our web site at www.riverstonehealth.org



What is a Temporary Food Establishment?

"Temporary Food Establishment" means a retail 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 celebrations. Examples: Strawberry Festival, Yellowstone Farmers Market, 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: Alive After 5, Magic City Blues

Requirements for Temporary Food Establishment

The State of Montana Food Service Rules 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 capability 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 vendor 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 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 clothes 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 must 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 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, packaged ice cream, canned or bottled beverages)
- Montana Mobile Food Service license holders who are operating their mobile unit.
- Montana Retail Food Service license holders with a catering endorsement.
- Licensed wholesale food establishments providing free samples to the public as part of a marketing activity.

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 Food Service Establishments licensed in Montana.

FEE	AMOUNT	
Plan Review Application	\$35	A Plan Review must be approved before operating for the first time AND whenever there is a significant change in the menu or operation.
Permit	\$20 per event	A Temporary Food Service Permit is valid for a specific event and/or location and is non-transferable.

Plan Review and Permitting Process

As the local regulatory authority, RiverStone Health is responsible for completing 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 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 \$35 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 \$20 permit fee.
- **Step 4:** RiverStone Health issues Permit.

APPROVED VENDORS:

At least ten days before operating at subsequent events, approved vendors must do the following:

- **Step 1**: Notify RiverStone Health of the dates of the event and of any changes to the menu or operation.
- **Step 2:** RiverStone Health inspects approved vendor at the event and collects \$20 permit fee.
- **Step 3:** RiverStone Health issues Permit.



during events:

2018 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

VENDOR INFORMATION
Name of Operator/Owner:
Name of Establishment:
Mailing Address:
Email:
Contact Telephone:
FOOD SERVICE OPERATION
 Do you have a current Montana Retail or Wholesale Food License? Yes No If yes, provide the license number
 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 mobile unit? Yes No

3. Menu - Provide a list of all food/beverage products that will be prepared, sold or sampled

	Cold-Holding Hot-Holding Cooking Cooling	Reheating Time as a Control Other (please describe)
5.	For each process marked above, please list equipme	nt that will be used:
6.	Will you be preparing food at events or off-site? If off-site, please specify how food will be safely trans	At Event Off-site asported and time or temperature controlled:
7.	Describe how dishes and utensils will be washed, rin	sed, and sanitized at events:
8.	Describe how hand washing will be set-up at event:	
9.	How will food contact surfaces be sanitized through	out events (check all that apply)
	Sanitizer bucket with wiping clothes	Chlorine (100 PPM)
	Sanitizer spray bottle	Quaternary ammonium (200 PPM)
10.	Describe power source (generator? electricity provid	ed?)
11.	Where will foods be purchased?	

4. Food Processes used for preparation or service (check all that apply):

- 12. How/where will foods be prepared/cooked/refrigerated for service?
- 13. 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?

- 14. Additional requirements of Temporary Food Service Set-ups:
 - Adequate trash receptacles must be available. Trash should be picked up with enough frequency to minimize pests and other public nuisances.
 - All Minimum Requirements for Temporary Food Service (page 2 of this packet) must be met in order 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 will be used, a
 current water test must be provided. Waste disposal must be through an approved system,
 such as an RV dump.
 - If power is necessary for your operation, it may be necessary to have a back-up supply such as a generator or other source.
- 15. 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 a	ny deviation
from the above	without	prior f	bermissio	n from	1 RiverSton	e Health	may ni	ıllify j	final approv	al.	

SIGNATURE	PRINT NAME	DATE			
or regulation that may be required (i.e. federal of the completed establishment (structure or equ	this Regulatory Authority does not indicate complice, state, or local). Furthermore, it does not constitute wipment). A pre-opening inspection of the establishing if it complies with the local and state laws governing	e endorsement or acceptance ment with equipment in place			
Health Department Use:					
APPROVAL:	DATE:				
REVIEWED BY:					