

**Missoula City-County Health Department**

301 W. Alder, Missoula, MT 59802

Phone: (406) 258-4755 FAX (406) 258-4781

**PUBLIC ACCOMMODATION PLAN REVIEW APPLICATION  
(\$225 Base Fee)**

Amount Received: \_\_\_\_\_

Date: \_\_\_\_\_

Establishment Information

\_\_\_NEW      \_\_\_REMODEL      \_\_\_EXISTING STRUCTURE (not public accomm.)

Name of Establishment: \_\_\_\_\_

Location Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (if available): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Applicant Information

Contact Information: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

MCCHD Use Only:

Employee Initials \_\_\_\_\_

I have submitted plans/applications (**please note date of submittal on application line**) to the following:

- \_\_\_\_\_ Zoning/Planning, 435 Ryman (if located in a zoned area), 406-258-4657
- \_\_\_\_\_ City Building Department (Plumbing, Electric, Mechanical), 435 Ryman – (Within city limits), 406-258-4629
- \_\_\_\_\_ County Building Department (Plumbing, Electric, Mechanical), 6089 Training Dr., (Outside city limits) 406-258-3700
- \_\_\_\_\_ City Wastewater Division (Grease Interceptors and Variances), 1100 Clark Fork Lane, 406-552-6606
- \_\_\_\_\_ State Department of Commerce, Building Codes Bureau, 1218 E. 6th Ave., PO Box 200517, Helena, MT 59620-0517 (406) 444-3933 - **State review for medical gasses and elevators only.**



**TO:** Those wanting to establish a public accommodation  
**FROM:** Missoula City-County Health Department  
**SUBJECT:** Process for establishing a public accommodation

You have requested information to begin the process of establishing a public accommodation in Missoula County. **THIS PROCESS MAY TAKE 30-60 DAYS BEFORE YOU CAN BEGIN WORK ON YOUR PUBLIC ACCOMMODATION.** The steps you need to take are as follows:

1. Review plan review materials and develop your plan completely on paper before any equipment or materials are purchased.
2. Submit the required plan review information along with the appropriate plan review fee payable to the Health Department (MCCHD). If you will be building or remodeling, you will also need to contact the City, County, or State Building Department.
3. When your approved plans are returned to you, obtain all necessary building, mechanical, electrical, and plumbing permits.
4. When your project is completed, have the City, County, or State Building inspectors conduct the required inspections and call the Health Department for your final health inspection before opening your public accommodation to the public. At the time of your pre-opening inspection, you will need to have a check ready and payable to the Montana Department of Public Health and Human Services (MDPHHS) for your Public Accommodation license.  
The annual State licensing fees are:  
\$40 for an establishment with no more than 10 rooms.  
\$80 for an establishment with more than 10 but not more than 25 rooms.  
\$160 for an establishment with more than 25 rooms.
5. Obtain a City Business License, if necessary (435 Ryman).

If you have any questions along the way regarding health aspects of your project, call the Environmental Health Division at (406) 258-4755.

**PART 1. – Public Accommodations**

**Construction Documents must include the following items:**

Site plan of the area showing the following:

- Location of well and/or schematic of water supply coming into the building
- Location and schematic of septic system and/or sanitary sewer line to the building
- Location of outdoor solid waste receptacle(s) and/or recycled material bins on solid surface
- Parking area and driveways (paved where applicable)
- Location and footprint of the building(s) and outdoor swimming or bathing/spa areas

Floor plans drawn to scale (1/4 inch equals 1 foot) showing the following:

- Location and detail of storage rooms used for extra bedding and furnishings
- Location of janitorial facilities and toxic chemical storage
- Location and detail of laundry facilities including
  - location of hand wash/utility sink
  - flow chart for laundry route through sorting, washing, drying, ironing folding and storage of linens
- Show location of mechanical ventilation for all public restrooms, janitorial facilities, and guest bathrooms
- Location of ice machines
- Kitchen floor plan with labeled equipment (if food service is planned, see **Part 2**)

Plumbing Plans which show the following:

- Show floor sinks and indirect connections for waste lines
- Indicate where vacuum breakers will be installed.

Finishing schedules for floors, walls, ceilings and coving for the following areas:

- Laundry rooms
- Janitorial rooms
- Restrooms available to the public.
- Bathrooms and lavatories in the guest rooms. (Non-slip must be provided in tubs)

**Housekeeping and Maintenance:**

1. Where will chemicals be stored and disposed of? \_\_\_\_\_
2. Will you be using a wet mop? \_\_\_\_\_ If so, where will you dispose of mop water and wash mop heads? \_\_\_\_\_
3. If your facility has an automatic chemical dispenser to where will the waste or overflow line drain? \_\_\_\_\_

4. Will there be a vacuum breaker at the mop sink or hose bib in the utility area? \_\_\_\_\_
5. Will ventilation be provided in the janitorial and chemical storage areas? \_\_\_\_\_
6. What disinfectant will you be using on tubs, showers, and toilets? \_\_\_\_\_  
 Attach chemical spec sheets that verify that it is a fungicide/germicide/Viricide.
7. How often will maintenance and housekeeping be provided? \_\_\_\_\_
8. If on an extended stay, how often will guests get new towels? \_\_\_\_\_  
 Sheets? \_\_\_\_\_
9. What is the facility's pest management plan? \_\_\_\_\_
10. How will you train staff to recognize pests like bed bugs? \_\_\_\_\_  
 \_\_\_\_\_

**Laundry:**

1. How will dirty laundry get conveyed to the laundry room? \_\_\_\_\_
2. Provide specs on the washing machines and dryers if laundry is done onsite. How will you be able to check that the machine meets 130F in all cycles? \_\_\_\_\_
3. If you are sending laundry out, what service provider will you be using? \_\_\_\_\_
4. Will your washing machine be air gapped? \_\_\_\_\_
5. Will a hand sink be provided with water at 100-120F and soap and paper towels? \_\_\_\_\_

**Guest Rooms:**

1. Are all furnishing easily movable? \_\_\_\_\_  
 Will anything be difficult to move? If so, how will you make sure that it does not hinder the cleaning process? \_\_\_\_\_
2. Will there be anti-slip surfaces provided in bathtubs and showers? \_\_\_\_\_
3. Will there be reusable cups, dishes, utensils or coffee pots in the rooms? \_\_\_\_\_  
 If so, how will they get washed, rinsed, and sanitized? \_\_\_\_\_

Where will this process happen? \_\_\_\_\_

4. Where will cups, teas, coffee filters, and other complimentary items for guest rooms be stored? \_\_\_\_\_

Will there be sufficient room to ensure that they are not stored below chemicals or on the floor? \_\_\_\_\_

5. How will cups, teas, coffee filters, etcetera, be stored in the guest room to prevent contamination? \_\_\_\_\_
6. How will you maintain the hot water temperature between 100-120F in guest rooms? \_\_\_\_\_
7. Are there smoke alarms in individual rooms? \_\_\_\_\_

**Ice Machines:**

1. Is the ice machine provided for guest use a dispenser, or is it open with a scoop? \_\_\_\_\_
2. Is the machine air-gapped, or indirectly connected to waste? \_\_\_\_\_
3. Who is responsible for cleaning and maintaining the machine? \_\_\_\_\_

**General Operation:**

1. How long will you maintain your guest register? \_\_\_\_\_
2. What is the maximum number of sleeping rooms? \_\_\_\_\_. If multiple structures, please attach a list indicating the maximum number of sleeping rooms for each structure.
3. The maximum number of guests this establishment can accommodate per day is \_\_\_\_\_.
4. Is this establishment a seasonal operation? \_\_\_\_\_ If yes, explain below.

Opening date \_\_\_\_\_ to closing date \_\_\_\_\_.

**Water Supply**

\_\_\_\_\_ Documentation of review and approval by local health authority or DEQ of water supply serving the establishment. If public\*, supply the PWS # \_\_\_\_\_.

\*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and

approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ can be reached at (406) 444-2406

If your water system does not meet the definition of a public water supply, please answer the following questions regarding your **private** water supply.

Yes No

My proposed establishment is 200 ft or less from a public water supply line.

My proposed establishment serves 25 or more people per day, including guests, residents and staff, for 60 or more days in a calendar year.

Yes No

I have submitted a microbiological water sample for my private well.

I understand I must submit a microbiological water sample for my private well at least once each quarter.

My private well has adequate water production to meet all the needs of my establishment, including laundry, food service, irrigation, etc.

I will be using my private well water to make ice for customer use (Refer to 37.111.115 (5) ARM).

I have requested a sanitary survey of my water system.

**NOTE:** A separate review of your private water system is required for a fee. Please contact MCCHD for information.

### Wastewater Treatment System

Documentation of review and approval by local health authority or DEQ for the wastewater treatment and disposal system\* serving the establishment.

Septic Permit # \_\_\_\_\_

\*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ can be reached at (406) 444-2406

If your septic system does not meet the definition of a public wastewater treatment system, please answer the following questions regarding your **private** wastewater treatment system.

Yes No

My proposed establishment is 200 ft or less from a public sewer line.

My proposed establishment serves 25 or more people per day, including guests, residents and staff for 60 or more days in a calendar year.

I understand that if my septic system fails to accept effluent at the rate of application, pollutes state water, or has a mechanical failure, any new system must be designed by an engineer registered in Montana (37.111.116 ARM).

### Garbage Disposal

Garbage collection for this establishment will occur \_\_\_\_\_ time(s) per week, provided by \_\_\_\_\_ . I will have \_\_\_\_\_ (#) dumpsters stored on non-absorbent, cleanable surface of \_\_\_\_\_ .

### Swimming and Bathing Areas

All swimming pools and spa must be reviewed, approved, and licensed by the Food and Consumer Safety Section of the Department of Public Health and Human Services, 406-444-2408.

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## PART 2 – Food Service

**Food service for this public accommodation is best described as which one of the following (please check option that applies):**

\_\_\_\_\_ Continental breakfast\*: a meal served in the morning which consists only of non-potentially hazardous foods and milk. (i.e. coffee, tea, pastries, donuts, whole fruit with a peel, etc.)

\_\_\_\_\_ Full service food establishment\*\* available only to registered guests.

\_\_\_\_\_ Full service food establishment\*\* available to registered guests and the general public.

\_\_\_\_\_ Will you provide food and beverage support for conferences and events?\*\*\*

\_\_\_\_\_ Will you be offering service other than breakfast?\*\*\*

\_\_\_\_\_ Is there a “convenience store”? If so, what items will it sell? \_\_\_\_\_

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\*Establishments with only Continental Breakfast **may continue with this packet.**

\*\*Full service food establishments must fill out the **Food Service Plan Review Packet**, available at the Missoula City-County Health Department.

Construction Plans for a Continental Breakfast food service must include the following:

\_\_\_\_\_ Specifications for the proposed food service area including:

Floor plan drawn to minimum scale (1/4 inch equals 1 foot)

- Location of all food service equipment in kitchen
- Location of hand washing sink(s)
- Location of restroom facilities
- Location of food storage area
- Location of mop sink
- Location of three-compartment sink
- Menu
- Equipment list with manufacturer name and model numbers or specification sheets provided by the manufacturer
- Finish surfaces on floors, walls and ceilings
- Any other applicable information as required by the reviewing authority

Foods must be obtained from sources that comply with the applicable requirements of the Montana Food, Drug, and Cosmetic Act, Title 50, Chapter 31, MCA.

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**I attest that all of the information presented above is accurate and correct to the best of my knowledge. Any changes or alterations must be reviewed and approved by the Missoula City-County Health Department.**

**Note: Construction may not commence until all plans required by this rule have been approved by the department or local health authority. Construction must be in accordance with the plans as approved unless permission is granted by the department or local health authority to make changes (ARM 37.111.104).**

**I also understand that the review process may take 30-60 days and that incomplete applications may delay the approval process.**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**