



Ravalli County Environmental Health  
215 South 4<sup>th</sup> Street – Suite D  
Hamilton, MT 59840  
(406) 375-6565  
FAX (406) 375-6566

---

**To:** Those wanting to establish a public accommodations establishment.

**From:** Ravalli County Environmental Health Department

**Subject:** Process for establishing a public accommodations establishment defined in 50-51-102 MCA (*i.e. Bed & Breakfast, Guest Ranch, or Outfitting & Guide facilities*).

The following information is for your inquiry in obtaining a Public Accommodations License for a Bed & Breakfast operation in Ravalli County. **THIS PROCESS MAY TAKE 20-30 DAYS BEFORE YOU CAN BEGIN WORK ON YOUR PUBLIC ACCOMMODATIONS.** The steps that need to be taken 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 to the Health Department (RCEH). If you will be building or remodeling, you will also need to contact the City or State for Building Codes.
3. Please include a check for the **\$100 Plan Review Fee** when returning the Plan Review to our department. A receipt may be obtained if requested. Please make checks payable to RCEH.
4. When your approved plans are approved, obtain all necessary building, mechanical, electrical and plumbing permits.
5. When your project is finished, have the City or State Building Inspectors conduct the required inspections and provide copies for RCEH at your final health inspection - before opening your establishment 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 License fee is determined as follows: \$40 for 1-10 rooms; \$80 for 11-25 rooms; and \$160 for 26 or more rooms.

**BED AND BREAKFAST AND ROOMINGHOUSE/BOARDINGHOUSE PLAN REVIEW  
APPLICATION**

Prior to new construction, addition or remodeling of an existing structure, or change of use, plans must be submitted to the department or local health authority for review and approval. See Administrative Rules of Montana 37.111 subchapter 3 for Bed and Breakfast Establishment requirements.

Establishment is: NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ CONVERSION \_\_\_\_\_

Name of establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

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

Name, address, email and phone number of applicant if different from owner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be included in the plans CHECK LIST:**

- \_\_\_\_\_ Floor plan/drawing
- \_\_\_\_\_ Septic approval
- \_\_\_\_\_ Completed plan review packet
- \_\_\_\_\_ Zoning/Planning contacted (Title Report)
- \_\_\_\_\_ Evidence of fire authority approval
- \_\_\_\_\_ New construction/remodel only: plans submitted to building dept.
- \_\_\_\_\_ Water Sample Results Nitrate
- \_\_\_\_\_ Water Sample Results Coliform

**Please answer the following questions regarding your establishment:**

1. Do you have at least one storage room sufficient in size for storing extra bedding and furnishings? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
2. Do you have adequate and convenient janitorial facilities including a sink and storage area for equipment and chemicals? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
3. Are the floors and walls smooth and non-absorbent in the toilet and bathing rooms, laundries, janitorial closets and similar rooms subject to large amounts of moisture? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

4. Are the bathing surfaces provided with anti-slip surfaces? **Yes** \_\_\_ **No** \_\_\_\_\_
5. Is your water supply public or private? Public \_\_\_\_\_ Private \_\_\_\_\_  
 If public, enter name and PWS # \_\_\_\_\_  
 If private, has the source been approved? **Yes** \_\_\_ **No** \_\_\_\_\_
6. Are you aware that if your establishment is on a non-public water supply that you must submit quarterly bacterial samples? **Yes** \_\_\_ **No** \_\_\_\_\_
7. Are you aware that if you add extra bedrooms to your B&B that you may have to expand your septic system (if you are not on public sewer)? **Yes** \_\_\_ **No** \_\_\_
8. Does the hot water in your laundry room reach a minimum temperature of 130°F? **Yes** \_\_\_ **No** \_\_\_\_\_
9. Is the hot water for hand sinks and bathing facilities between 100°F and 120°F? **Yes** \_\_\_ **No** \_\_\_\_\_
10. Do you have separate areas for sorting and storing soiled laundry and folding and storing clean laundry? **Yes** \_\_\_ **No** \_\_\_\_\_
11. Do you have separate carts or laundry baskets for transporting clean and soiled laundry? **Yes** \_\_\_ **No** \_\_\_\_\_
12. Does your laundry facility have a hand wash sink or a soak sink that may be used as a hand wash sink? **Yes** \_\_\_ **No** \_\_\_\_\_
13. Are you aware that using germicidal or fungicidal cleaners is required for cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats and floors? **Yes** \_\_\_ **No** \_\_\_\_\_
14. What is the method you plan to use to wash, rinse and sanitize dishes, utensils, etc? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Do you plan to offer to your guests the use of swimming pools, hot tubs, mineral baths or public swimming of any kind? **Yes** \_\_\_ **No** \_\_\_\_\_
16. Will you be requiring a guest register with the guest's name, home address and assigned unit? **Yes** \_\_\_ **No** \_\_\_\_\_
17. How do you plan to have solid waste (garbage) removed from your facility? \_\_\_\_\_  
 How frequently? \_\_\_\_\_
18. Have you read and understood the Montana Department of Public Health and Human Services Rules for Hotels, Motels, Tourist Homes, Rooming houses and Boardinghouses? ARM 37.111.301 **Yes** \_\_\_ **No** \_\_\_\_\_

City of Hamilton (406) 363-3316  
 City of Darby, Darby Town Hall (406) 821-3753  
 City of Stevensville, Inspector (406) 381-9673  
 State of Montana Building Codes, David Cook (406)841-2056  
 Deputy State Fire Marshall, Dawn Drollinger (406) 257-2584