RETAIL FOOD LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION

- ☐ Establishments with 2 or fewer employees working at any one time (**$85** license fee)
- ☐ Establishments with more than 2 employees working at any one time (**$115** license fee)
- ☐ One Stop License? (Fees collected by Department of Revenue– ONE STOP)

PLEASE PRINT

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Mailing Address (If different from above): _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Telephone: (____)_____ Contact FAX: (____)_____ Email: _____

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ **Date:** _____

Regulatory authority must submit applications with fees to DPHHS/FCSS.
DPHHS will not accept license applications directly from applicants.

This Section is to be completed and signed by the Regulatory Authority Only!

Type of Establishment: (Check one or more – fee same regardless of number checked)

- ☐ Food Service Establishment
- ☐ Tavern or Bar
- ☐ Meat Market (Onsite Retail Only)
- ☐ Bakery (Onsite Retail Only)
- ☐ School Cafeteria
- ☐ Food Manufacture (Onsite Retail Only)
- ☐ Water Hauler
- ☐ Perishable Food Dealer (Retail only)
- ☐ Food Service/Catering (Retail)
- ☐ Food Service/Delicatessen (Onsite Retail)
- ☐ Produce (Onsite Retail Only)
- ☐ Mobile

Water Supply:

- ☐ Public, PWSID # _____
- ☐ Private, Test Results Satisfactory? ☐Yes ☐No

Previously Licensed: ☐ **No** ☐ **Yes Former name of Establishment:** _____

Previous License Number: _____ **Last Calendar Year Licensed**: _____

License Limitations and Restrictions:_____

_____

(The above statement will appear on the printed license identifying restriction with this license)

SIGNATURE OF REGULATORY AUTHORITY: _____

(Signature verifies compliance with applicable statutes and rules for this establishment – 50-50 MCA & ARM 37.110.200)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ **COUNTY:** _____

***** Please do NOT staple check or money order to license application *****