



WHOLESALE FOOD LICENSE APPLICATION

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

WHOLESALE FOOD MANUFACTURER, WHOLESALE FOOD WAREHOUSE, WHOLESALE WATER OR BEVERAGE BOTTLER,
WHOLESALE FOOD SALVAGER
License Fee: **\$115.00**

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: *******VOID******* 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):

- | | |
|--|--|
| <input type="checkbox"/> Food Manufacturer (Wholesale, off site) | <input type="checkbox"/> Repacking Only (Re-packaging non-perishables) |
| <input type="checkbox"/> Perishable Food Vending (all) | <input type="checkbox"/> Food Supplement Manufacturer (Wholesale) |
| <input type="checkbox"/> Food Salvage / Reconditioning | <input type="checkbox"/> Food Warehouse / Frozen Food Plant |
| <input type="checkbox"/> Beverage Manufacturing | <input type="checkbox"/> Bakery (Wholesale, Off-site) |
| <input type="checkbox"/> Fish/Seafood Processor (Wholesale) | |

*Product Codes (see back page): _____

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: *******VOID*******
(Signature verifies compliance with applicable statutes and rules for this establishment – 50-57-201, MCA)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____