



# WHOLESALE FOOD CERTIFICATION PAGE

Rev.: 04.10.19

The purpose of this document is to expedite licensing for establishments that change ownership or locations that do not require a food process and label review. Authority for this page is under Montana Code Annotated 50-57-103 (1) (a).

**Must be submitted to DPHHS by the local health authority with the license application and fee.**

<b>Return completed page to:</b>	<b>The local health authority in the county where the establishment is located.</b>	<b>Telephone: 406.444.2837</b> <b>Fax: 406.444.5055</b> <b>E-mail: hhsfcs@mt.gov</b>	OFFICE USE Request ID _____  Contact ID _____
----------------------------------	---	--	--

## GENERAL INFORMATION

Firm Name	Plant name (site of production/warehouse)	
Firm mailing address	Plant address	
Firm city	Plant city	
Firm state and zip code	Plant county	
Contact person and title Mr. Ms.	Contact telephone	Contact e-mail

Firm operates as a:

Sole proprietor	Partnership	Cooperative	LLC	Corporation
-----------------	-------------	-------------	-----	-------------

Firm partner or officer information:

Name	Title	Address, city, state, zip code

If firm is not in Montana, provide contact information of individual residing in Montana who is authorized to receive and accept service of summons and legal notices:

Name	Title	Address, city, state, zip code

Proposed product(s) to be reviewed (mark all that apply):

Food	Dietary supplement
------	--------------------

**CERTIFICATION STATEMENT:** I certify the information provided on this form is true and correct.

Write or print name and title of certifier	Signature of certifier (type name for e-signature)	Date of certification