*COUNTY LETTERHEAD*

*(DATE)*

*(OWNER)  
(ESTABLISHM EN T N AM E)  
(ADDRESS)*

*(CITY STATE ZIP)*

SUBJECT: Refusal to validate 2017 (*type of license*), License # (*xxxxxxx****)***

*(Owner)*:

This department has received the referenced license that was recently issued by the Montana Department of Public Health and Human Services (DPHHS). This is to notify you that the

(your county) County Health Officer refuses to validate this license. The reasons include:

*(list violations)*



State law allows you 30 days upon receipt of this letter to appeal this decision. If you do not respond, DPHHS will be notified to inactivate your license and you will no longer be authorized to operate this establishment. The referenced state statute is listed below for your review:

*MCA 50 -50-215. Refusal by local health officer* -- *appeal to board. (1) The local health officer may refuse to validate a license issued under this chapter only upon a finding that the requirements of this chapter and any rules implementing it are not satisfied. If the local health officer refuses to validate the license, the officer shall notify the applicant and the department in writing stating the officer's reasons. (2) The applicant or any person aggrieved by the decision of the local health officer not to validate a license may appeal the decision to the local board of health within 30 days after receiving written notice of the local health officer 's decision. (3) The hearing before the local board of health must be held pursuant to the contested case provisions of the Montana Administrative Procedure Act.*

Please contact (*sanitarian*) at (*phone#*) or (*email*) if you have any questions. Please keep in mind that any correspondence related to this notice must be submitted in writing.

Respectfully,

County Health Officer (or their designee)

cc: DPHHS-Food & Consumer Safety Section, PO Box 202951, Helena MT 59620