**Montana Department of Public Health & Human Services – Food & Consumer Safety Section**

**CHANGE FORM FOR EXISTING ESTABLISHMENT LICENSE**

**INSTRUCTIONS:**

1. If the update involves change of ownership, change of location or change of license category, **a** **NEW license application form must be submitted**.
2. Complete all required fields.
3. Complete applicable fields that require update(s).
4. Email the completed form to [hhsfcs@mt.gov](mailto:hhsfcs@mt.gov) or fax to (406) 444-5055.
5. The update(s) will be entered into the licensing database within 10 business days and an updated license will be printed and mailed to the county (as applicable).

**REQUIRED FIELDS:**

ESTABLISHMENT NAME ON CURRENT LICENSE

LICENSE #       COUNTY       DATE

SANITARIAN MAKING REQUEST

REPRINT LICENSE AND MAIL YES  NO

**PLEASE COMPLETE ONLY THE AREAS REQUIRING UPDATES(S):**

UPDATE LICENSEE (OPERATOR) NAME AND/OR MAILING ADDRESS (32 characters max):

UPDATE ESTABLISHMENT NAME/OR LOCATION: (32 character max)

**UPDATE:**

LICENSE TYPE

SUBTYPE

NUMBER OF ROOMS/UNITS

CONDITIONS

INACTIVATE LICENSE:  OOB  OWNERSHIP CHANGE MOVED TO NEW LOCATION

REACTIVATE LICENSE:

* **REMINDER**: If the update involves change of ownership, change of location or change of license category – a NEW license application form must be submitted.

**State Use**:

Date corrected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License reprinted and sent to county: 🞏