**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 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: 🞏