



# PUBLIC ACCOMMODATION LICENSE APPLICATION

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

License Fees:	<input type="checkbox"/> 1 - 10 rooms - \$40	<input type="checkbox"/> 11 - 25 rooms - \$80	<input type="checkbox"/> 26 or more rooms - \$160
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**PLEASE PRINT**

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: \_\_\_\_\_ 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 – fee is determined by the total number of guest rooms available)

- |   |  |
|---|--|
| <input type="checkbox"/> Hotel / Motel # of rooms _____                           | <input type="checkbox"/> Bed & Breakfast # of rooms _____              |
| <input type="checkbox"/> Boarding House / Rooming House / Hostel # of rooms _____ | <input type="checkbox"/> Tourist Home / Vacation Home # of units _____ |

**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: \_\_\_\_\_

(Signature verifies compliance with applicable statutes and rules for this establishment – 50-51 MCA & ARM 37.111.1. 1 or 3)

PRINTED NAME OF REGULATORY AUTHORITY: \_\_\_\_\_

DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

\*\*\*\*\* Please do NOT staple check or money order to this document \*\*\*\*\*

FCS February 2018