



# RETAIL FOOD LICENSE APPLICATION

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

- Establishments with 2 or fewer employees working at any one time (\$85 license fee)
- Establishments with more than 2 employees working at any one time (\$115 license fee)
- One Stop License? (Fees collected by Department of Revenue– ONE STOP)

**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 same regardless of number checked)

- |  |  |
|--|--|
| <input type="checkbox"/> Food Service Establishment            | <input type="checkbox"/> Water Hauler                              |
| <input type="checkbox"/> Tavern or Bar                         | <input type="checkbox"/> Perishable Food Dealer (Retail only)      |
| <input type="checkbox"/> Meat Market (Onsite Retail Only)      | <input type="checkbox"/> Food Service/Catering (Retail)            |
| <input type="checkbox"/> Bakery (Onsite Retail Only)           | <input type="checkbox"/> Food Service/Delicatessen (Onsite Retail) |
| <input type="checkbox"/> School Cafeteria                      | <input type="checkbox"/> Produce (Onsite Retail Only)              |
| <input type="checkbox"/> Food Manufacture (Onsite Retail Only) | <input type="checkbox"/> Mobile                                    |

Water Supply:

- Public, PWSID # \_\_\_\_\_ Risk Code: \_\_\_\_\_
- 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 – 50-50 MCA)

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

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