



TRAILER COURT/CAMPGROUND/YOUTH CAMP/WORK CAMP LICENSE APPLICATION

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

License Fees: 1 - 10 sites - \$40 11 - 25 sites - \$60 26 or more sites - \$120

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 sites available)

- Campground: # of sites: Recreational Vehicles _____ Tents _____ Rustic Cabins _____
 - General Services Campground - provides on-site potable water, sewage disposal, solid waste disposal and other services such as laundry or groceries.
 - Limited Services Campground - provides for sewage disposal, solid waste disposal, and may provide potable water [as determined by ARM 37.111.206(2)].
 - Primitive Campground – used for backcountry camping and does not provide any services.
- Trailer Court (Mobile Home Park): # of sites _____
- Work Camp: \$40
- Youth Camp: \$40

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 – 50-52-1 MCA & ARM 37.111.2)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____