



# WHOLESALE FOOD LICENSE APPLICATION

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

WHOLESALE FOOD MANUFACTURER/PROCESSOR/WAREHOUSE  
License Fee: **\$115.00**

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

Establishment Telephone: (\_\_\_\_) \_\_\_\_\_ Owner/ Corporate Telephone: (\_\_\_\_) \_\_\_\_\_

Establishment 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/EHFS.  
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):

☐ Manufacturer/Processor

☐ Warehouse

License Subtype(s) (see back page): \_\_\_\_\_

Water Supply:

☐ Public, PWSID # \_\_\_\_\_

☐ Private ☐ 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 – 50-57-201, MCA)*

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

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

\*\*\*\*\* Please do NOT staple check or money order to license application \*\*\*\*\*

EHFS January 2016