



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