



FOR DEPARTMENT USE ONLY
New license number:

Montana Wholesale Certification Page

Rev. 10.8.21

The purpose of this document is to expedite licensing for establishments that change ownership or locations.

This form does not apply to new ownership that plans to change food products or processing of the previously licensed establishment. If products or processes are changing, please complete and submit the Wholesale Food Review Form.

Authority for this page is under Montana Code Annotated 50-57-103 (1) (a).

Return completed form to the local health authority in the county where the establishment is located. The local health authority must then submit this document to DPHHS with the license application and fee.

GENERAL INFORMATION

Establishment Name	Plant name (site of production/commissary)	
Mailing address	Plant address	
City	Plant city	
State and zip code	Plant county	
Previous Establishment Name	Previous License Number	<input type="checkbox"/> Ownership Change <input type="checkbox"/> Address Change

FIRM OWNER INFORMATION

Name (sole proprietor, LLC, corporation)	Title	Contact telephone and e-mail

CERTIFICATION STATEMENT: I certify the information provided on this form is true and correct.

Printed name of certifier	Signature of certifier (type name for e-signature)	Date of certification