



# PUBLIC ACCOMMODATION LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES  
FOOD & CONSUMER SAFETY SECTION – 406.444.2408

License Fees:     1 - 10 rooms - \$40                       11 - 25 rooms - \$80                       26 or more rooms - \$160

**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: (\_\_\_\_) \_\_\_\_\_

*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 guest rooms available)

- Hotel / Motel # of rooms \_\_\_\_\_
- Bed & Breakfast # of rooms \_\_\_\_\_
- Boarding House / Rooming House / Hostel # of rooms \_\_\_\_\_
- Tourist Home / Vacation Home # of rooms \_\_\_\_\_

**Water Supply:**

- City/Municipal
- Public (Non-Municipal), PWSID # \_\_\_\_\_
- Private, Test Results Satisfactory?  Yes  No

**Sewage Treatment:**

- Public, DEQ # \_\_\_\_\_
- Private, Permit # \_\_\_\_\_

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 – 50-51 MCA & ARM 37.111.1. 1 or 3)*

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

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