



RETAIL FOOD LICENSE APPLICATION

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

- Establishments with 2 or fewer employees working at any one time (\$85 license fee)
- Establishments with more than 2 employees working at any one time (\$115 license fee)
- One Stop License? (Fees collected by Department of Revenue– ONE STOP)

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 same regardless of number checked)

- | | |
|--|--|
| <input type="checkbox"/> Food Service Establishment | <input type="checkbox"/> Water Hauler |
| <input type="checkbox"/> Tavern or Bar | <input type="checkbox"/> Perishable Food Dealer (Retail only) |
| <input type="checkbox"/> Meat Market (Onsite Retail Only) | <input type="checkbox"/> Food Service/Catering (Retail) |
| <input type="checkbox"/> Bakery (Onsite Retail Only) | <input type="checkbox"/> Food Service/Delicatessen (Onsite Retail) |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Produce (Onsite Retail Only) |
| <input type="checkbox"/> Food Manufacture (Onsite Retail Only) | <input type="checkbox"/> Mobile |

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 – 50-50 MCA & ARM 37.110.200)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____