



PUBLIC ACCOMMODATION LICENSE APPLICATION

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

License Fees: ☐ 1 - 10 rooms - \$100 ☐ 11 - 25 rooms - \$175 ☐ 26 or more rooms - \$250

PLEASE PRINT

Check #: _____ Amount: _____

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: (____) _____ 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/EHFSS.
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)

- | | |
|---|---|
| <input type="checkbox"/> Hotel / Motel # of rooms _____ | <input type="checkbox"/> Bed & Breakfast # of rooms _____ |
| <input type="checkbox"/> Boarding House / Rooming House / Hostel # of rooms _____ | <input type="checkbox"/> Tourist Home # of bedrooms _____ |

Water Supply:

- ☐ Public, PWSID # _____
- ☐ Private, Test Results Satisfactory? ☐ 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 – 50-51 MCA & ARM 37.111.1. 1 or 3)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____

***** Please do NOT staple check or money order to this document *****

EHFS October 2026

Applicant Instructions – Public Accommodation

Licensee (Operator/Owner) Name: The license for a facility is specific to an owner or operator. Write the name of the person or entity that will be responsible for ensuring this establishment will meet public health requirements. A new license application is necessary when the owner or operator of an establishment changes, even if the name of the facility does not change. If the facility is leased, list the name of the lessee when that person is responsible for the public health requirements.

Establishment Name: Write the business name of the facility. If the business has several sites, the establishment name must be specific to the location for this application. When making license application for multiple locations, use a separate application form for each facility, and give the physical location (street and number) for each on its respective application form.

Establishment Address and Contact Information: Write the physical location (street address) of the public accommodation establishment. Name the MT county where the establishment is located.

Mailing Address: The address entered here is where the license and the annual renewal courtesy reminder notice will be sent. Late fees may result if the renewal notice is sent to a seasonal facility location which is closed. If you desire the license(s) for one or several franchise operations to be sent to the head office or corporate office, or to a business agent, enter their mailing address.

Contact Information: Include the telephone number, and email & fax number (if applicable) of the Licensee (Operator/Owner).

Note: *The space at the bottom of the application form is to be completed by the local or state health authority.*

- If the facility has new construction or has been remodeled, plan review approval and pre-opening on-site inspection approval by the health authority is necessary before the license is approved and the establishment commences business.*
- If the new license application is for a change of ownership, at a minimum, a pre-opening on-site inspection by the health authority is necessary before the license will be approved.*
- It is recommended that new license applicants make contact with the local health department or county sanitarian early in the application process. Some portions of the license application review process may involve plan review, providing written procedures, building code approval, fire safety inspection, building permits, water system plans, laboratory analysis of water, etc., please contact your local health department office for assistance or plan review forms.*

☞ **Any changes to the establishment license require Regulatory Authority approval, except for contact information (mailing address, phone number, email address).**

Application Instructions for the Regulatory Authority – Public Accommodation

Type of Establishment: The type of establishment identifies the types of operations that occur within an establishment. A public accommodation establishment may have multiple types at the same location – check all that apply. Only one annual license fee is charged for each establishment regardless of the number of types approved by the Regulatory Authority.

- **Hotel or Motel:** Hotel or Motel includes a building or structure kept, used, maintained as, advertised as, or held out to the public to be a hotel, motel, inn, motor court, tourist court, or public lodginghouse; a place where sleeping accommodations are furnished for a fee to transient guests, with or without meals.
- **Bed & Breakfast:** Bed and Breakfast means a private, owner- or manager-occupied residence that is used as a private residence but in which: breakfast is served and is included in the charge for a guest room; and the number of daily guests served does not exceed 18.
- **Rooming House or Boarding House:** Rooming House or Boarding House means buildings in which separate sleeping rooms are rented that provide sleeping accommodations for three or more persons on a weekly, semimonthly, monthly, or permanent basis, whether or not meals or central kitchens are provided but without separated cooking facilities or kitchens within each room, and whose occupants do not need professional nursing or personal-care services provided by the facility.
- **Tourist Home:** Tourist Home means a private home or condominium that is not occupied by an owner or manager and that is rented, leased, or furnished in its entirety to transient guests on a daily or weekly basis.

Units / Number of Rooms: For hotels or motels, bed and breakfast establishments, or rooming houses or boarding houses, identify the number of sleeping rooms included in the license. For tourist homes, identify the number of units (buildings) that are rented, leased, or furnished to the public.

License Limitation / Condition / Comment Statement: May be used to identify lodging use restrictions, such as no second floor occupancy or specify room numbers that are included in the license, or any other information needed to clarify the license approval.