



RETAIL FOOD LICENSE APPLICATION

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

- ☐ Small (Operating with 2 employees or less): \$150
- ☐ Medium (Operating with 3 to 9 employees): \$225
- ☐ Large (Operating with 10 or more employees): \$275
- ☐ One Stop License? (Fees collected by Department of Revenue— ONE STOP)

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/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"/> School Cafeteria | <input type="checkbox"/> Produce (Onsite Retail Only) |
| <input type="checkbox"/> Food Manufacture (Onsite Retail Only) | <input type="checkbox"/> Mobile |

Water Supply:

- ☐ Public, PWSID # _____
- ☐ Private, Test Results Satisfactory? ☐ Yes ☐ No

Risk Code: _____

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)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: _____ COUNTY: _____

***** Please do NOT staple check or money order to this license application *****

EHFS 2025