



# WHOLESALE FOOD LICENSE APPLICATION

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

WHOLESALE FOOD MANUFACTURER/PROCESSOR/WAREHOUSE  
License Fee: **\$225.00**

**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: \_\_\_\_\_

Establishment Telephone: (\_\_\_\_) \_\_\_\_\_ Owner/ Corporate Telephone: (\_\_\_\_) \_\_\_\_\_

Establishment 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):

☐ Manufacturer/Processor

☐ Warehouse

License Subtype(s) (see back page): \_\_\_\_\_

Water Supply:

☐ Public, PWSID # \_\_\_\_\_

☐ Private ☐ Yes ☐ No

For previously licensed establishments:

☐ Location Change

☐ Ownership Change

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 – 50-57-201, MCA)*

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

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

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

EHFS October 2025

## **APPLICANT INSTRUCTIONS -- Manufacturer/Processor and Warehouse**

**Licensee (Operator/Owner) Name:** The license for a facility is specific to a legal licensee. Write the name of the person or entity that is the legal operator of the facility. A new license is required 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 establishment meeting 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:** This must be the physical location (street address) which includes city, zip and county of the establishment.

**Mailing Address:** The mailing address is where the license and renewal 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 in this space.

**Contact Information:** Please include the Establishment and Owner/Corporate phone number and fax number for the establishment and email address.

**Note:** *The space at the bottom of the application is to be completed by the regulatory authority.*

## **Regulatory Authority Instructions -- Manufacturer/Processor and Warehouse**

### **Type of Establishment:**

The type of establishment identifies the types of food operations that occur on premises. A food establishment may have multiple sub-types at the same location - check all types that apply.

### **Sub-types of establishments:**

The sub-type identifies the process or manufacturing approved by the Regulatory Authority.

### **Sub-Types:**

|    |                              |    |                       |
|----|------------------------------|----|-----------------------|
| 02 | Other Low-Risk Process/Pack  | 57 | Low-Acid Canned Foods |
| 04 | Other High-Risk Process/Pack | 58 | Mobile Unit           |
| 16 | Fish Products                | 60 | Sprouting Seeds       |
| 24 | Acidified Foods              | 61 | Water Bottling        |
| 32 | Alcohol Products             | 62 | Wild Mushrooms        |
| 54 | Dietary Supplements          | 63 | Wild Plants           |
| 55 | High-Acid Canned Foods       |    |                       |
| 56 | Juice Products               |    |                       |

**License Limitation/Condition/Comment Statement:** May be used to identify equipment use limitations, distribution limitations, product or processing limitations, a plan of correction (including starting & ending dates and the Regulatory Authority), or any other information needed to clarify the license approval.