



MOBILE FOOD LICENSE APPLICATION

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

<input type="checkbox"/> Small (Operating with 2 employees or less): \$150 <input type="checkbox"/> Large (Operating with 3 or more employees): \$225
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PLEASE PRINT

Check #: _____ Amount: _____

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Mailing Address: _____

City: _____ Zip Code: _____ County: _____

Owner 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/EHFS. 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 |
| <input type="checkbox"/> Meat Market (Onsite Retail Only) | <input type="checkbox"/> Food Service/Catering |
| <input type="checkbox"/> Produce | |

Water Supply:

- | | |
|---|------------------|
| <input type="checkbox"/> Public, PWSID # _____ | Risk Code: _____ |
| <input type="checkbox"/> Private, Test Results Satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> 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 restrictions 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 *****