



Temporary Food License Application

Montana Department of Public Health & Human Services
Food & Consumer Safety Section – 406.444.2408

Non Profit (Exempt from licensing fees)

Establishments with 2 or fewer employees working at any one time (\$85.00 license fee)

Establishments with more than 2 employees working at any one time (\$115.00 license fee)

**Make check payable to – Montana Department of Public Health & Human Services (MDPHHS)

This application will serve as your license and **MUST** be posted at the location

Establishment Name
Licensee (Owner/Operator) Name _____
Licensee Mailing Address _____
City _____ State _____ Zip Code _____
Contact Telephone _____ Contact Fax _____
Name of Temporary Event _____
Event Physical Location _____ City _____
Dates of Operation _____ To _____ Total Days Operating _____
(Start Date) (Last Day)
Menu _____

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature _____ Date _____

**DO NOT send this application to Helena, 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 Local Health Authority Only!

Water Supply

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

Sewage Treatment

City/Municipal _____
 Public, (non-municipal)
 Private, Permit # _____

REQUIREMENTS / COMMENTS

- Prepare and serve only the food approved on this application
- NO food preparation may be done at home
- All food must be prepared on site or in an approved licensed kitchen
- Foods from approved sources only
- Sanitizer and test kits must be available on-site
- Proper handwashing must be available for all food service workers
- Operate at the specified location for the dates shown above
- Follow requirements as specified by the local health authority
- License not valid unless approved and signed by the local health authority

License Limitations and Restrictions _____

(The above statement will appear on the printed license identifying restriction with this license)

This application and license is only for temporary food service establishments that operate at a fixed location for a period of not more than 14 consecutive days in conjunction with a single event or celebration.

Signature of Regulatory Authority _____ Date _____
(Signature verifies compliance with applicable statutes and rules for this establishment)

Printed Name of Regulatory Authority _____ County _____