



# TEMPORARY FOOD SERVICE LICENSE APPLICATION

THIS APPLICATION WILL SERVE AS YOUR LICENSE WHICH MUST BE POSTED AT LOCATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES  
FOOD & CONSUMER SAFETY SECTION – 406.444.2408

- Establishments with 2 or fewer employees working at any one time (\$85 license fee)
- Establishments with more than 2 employees working at any one time (\$115 license fee)

**PLEASE PRINT**

Licensee (Operator/Owner) Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Licensee Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ Contact FAX: (\_\_\_\_) \_\_\_\_\_

Name of Temporary Event: \_\_\_\_\_

Temporary Event Physical Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ To \_\_\_\_\_ Total Days Operating: \_\_\_\_\_  
(Start Date) (Last Day)

*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!**

**Water Supply:**

- City/Municipal
- Public (Non-Municipal), PWSID # \_\_\_\_\_
- Private, Test Results Satisfactory?  Yes  No

**Sewage Treatment:**

- Public, DEQ # \_\_\_\_\_
- Private, Permit # \_\_\_\_\_

Approved Menu: \_\_\_\_\_

License Limitations and Restrictions: \_\_\_\_\_

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

**TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS (SPECIFIED ABOVE) TO OPERATE AT THE SPECIFIED TEMPORARY EVENT AND FOR THE DATES OF OPERATION SHOWN ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.**

SIGNATURE OF REGULATORY AUTHORITY: \_\_\_\_\_  
*(Signature verifies compliance with applicable statutes and rules for this establishment – 50-50 MCA & ARM 37.110.200)*

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

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