



Central Montana Health District

Environmental Health Office

507 West Main Street Lewistown, MT 59457

Phone/Fax: (406) 535-7466; E-mail: cmhealth@co.fergus.mt.us

Serving Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum & Wheatland counties

REQUEST FOR **SHORT-TERM** LICENSE EXEMPTION/FOOD SERVICE PERMIT

(This permit is valid for non-profit organizations or temporary food service establishments operating 14 days or less per calendar year or political subdivision/school.)

Please submit completed application at least 2 weeks prior to food event.

GENERAL INFORMATION

Date of Application _____
Organization's Name _____ Fax _____
Contact Individual's Name _____ Phone _____
Mailing Address _____

I certify that the above named organization qualifies as a non-profit, tax-exempt organization or political subdivision – school.

Signature _____ Date _____

EVENT INFORMATION TO BE COMPLETED:

Event Name _____
Location _____
Dates of use _____ Hours of operation _____

NOTE TO APPLICANT: Complete checklist on the back of this application.

License exemption is _____ approved. Food service permit _____ approved.
_____ denied. _____ denied.

Comments:

Sanitarian _____ Date _____

CHECK OFF WHEN COMPLETE:

- Menu included
- Source of the food that will be served, (example: IGA, Sysco, etc)
- List food items that will be prepared at home
- Equipment list
- Booth plan design
- Potable water source
- Sanitary Sewer source
- Restroom available
- Include statement: "No changes will be made without health department approval."