



# 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."