TEMPORARY FOOD SERVICE PERMIT APPLICATION

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

BROADWATER COUNTY ENVIRONMENTAL HEALTH OFFICE
515 Broadway, Townsend MT 59644 (406) 266-9209

PERMIT FEE: $50.00

* **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: _____ Zip code: _____ 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: _____

- **TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED 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.**

PLEASE ATTACH PROPOSED MENU.

This Section is to be completed and signed by the Regulatory Authority Only!

Approved Menu: _____

License Limitations and Restrictions: _____

_____

_____

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: **BROADWATER**