

# 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.

***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**

July 2022