



Fergus County Health Department  
Environmental Health Services  
712 W Main  
Lewistown, MT 59457

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## Temporary Food Service License Application

*This application will serve as your license which must be posted at location*

### 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)

### **PLEASE MAKE CHECKS PAYABLE TO Fergus County**

- 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)

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_