



EXAMPLE ONLY

Governor **Greg Gianforte**
Director **Brendan Beatty**

Letter Date: January 26, 2022

Letter ID:

Account ID:

Account Type: Logging Facility Sales and Use

Dear Taxpayer:

Your application for a Sales and Use Tax Permit has been accepted, and the number assigned to you is shown on the attached permit.

If you need help filing your returns or have questions about the Sales and Use Tax, call (406) 444-6900 or write to P.O. Box 5805, Helena, MT 59604-5805.

POST IN A VISIBLE PLACE
THIS PERMIT IS NOT TRANSFERABLE
MONTANA DEPARTMENT OF REVENUE
SALES AND USE TAX PERMIT

THE BUSINESS NAMED BELOW HAS BEEN GRANTED THIS SELLER'S PERMIT.
THIS PERMIT IS VALID UNTIL CANCELLED, REVOKED OR SUSPENDED FOR
CAUSE AS PROVIDED BY LAW.

Issued to:

Permit Number:

Issue Date: January 26, 2022

Effective Date: April 1, 2022



PUBLIC ACCOMMODATION LICENSE APPLICATION

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

FOOD & CONSUMER SAFETY SECTION

License Fees: 1 - 10 rooms - \$40 11 - 25 rooms - \$80 26 or more rooms - \$160

PLEASE PRINT

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: Bozeman Zip Code: 59717 County: Madison

Mailing Address (if different from above): _____

City: _____ State: MT Zip Code: 59717

Contact Telephone: _____ Contact FAX: () _____ Email: _____

I hereby certify that the information I have supplied above is true and correct.

Licensee Signature: _____ Date: _____

**Regulatory authority must submit applications with fees to DPHHS/FCSS.
DPHHS will not accept license applications directly from applicants.**

EXAMPLE ONLY

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

Type of Establishment: (Check one or more - fee is determined by the total number of guest rooms available)

- Hotel / Motel # of rooms _____
- Bed & Breakfast # of rooms _____
- Boarding House / Rooming House / Hostel # of rooms _____
- Tourist Home / Vacation Home # of units 1

Water Supply:

- Public, PWSID # Emis
- Private, Test Results Satisfactory? Yes No

Previously Licensed: No Yes Former name of Establishment: _____

Previous License Number: _____ Last Calendar Year Licensed: _____

License Limitations and Restrictions: _____

(The above statement will appear on the printed license identifying restriction with this license)

SIGNATURE OF REGULATORY AUTHORITY: _____

(Signature verifies compliance with applicable statutes and rules for this establishment - 50-51 MCA & ARM 37.111.1. 1 or 3)

PRINTED NAME OF REGULATORY AUTHORITY: _____

DATE: 03/01/2016 COUNTY: Madison

***** Please do NOT staple check or money order to this document *****

FCSS February 2018



STATE OF MONTANA
 Food & Consumer Safety Section
 Department of Public Health & Human Services

Date 07/10/2012
 Page 1 of 1

Public Accommodation Establishment Inspection Report

Facility Name _____ Owner _____ Manager _____
 Location Address _____ City _____ County _____
 Phone _____ Email _____ # of Rms/Units _____ Room Numbers Inspected _____
 License _____ Inspection Purpose: Regular _____ Follow-up _____ Complaint _____ Illness Investigation _____ Pre-opening Other _____

Item	Requirement from ARM Title 37, Chapter 111, subchapter 1 for hotels, motels, tourist homes, boarding homes & hostels.	IN	OUT	Not Observed	N/A
1	License current, all fees paid. Health authority allowed access.	X			
2	Plans reviewed & approved for new construction, remodeling or conversion.				X
3	Registration of overnight guests with name, contact info, and sleeping unit. Kept ≥ 1 yr.	X			
4	Wastewater system functioning, no hazards, no surfacing, no contamination of state waters.	X			
5	Wastewater system extension, alteration, replacement or repair in compliance with DEQ & Local regulations.				X
6	Water supply adequate & potable. Following restrictions if on health advisory or boil order.	X			
7	Nonpublic (NPWS) meets FCS Circular 1-2012 if constructed after May 25, 2012, or if modified, or if problems noted.				X
8	NPWS: coliform sampled 2X/yr Apr-Jun & Sept-Oct, or as directed. Nitrate sampled every 3 yrs. Coliform sample date _____ Results _____ Nitrate date _____ Results _____				X
9	Water test results sent to local health authority within 5 days. Test results kept ≥ 5 yrs.				X
10	Nonpotable water marked as needed, no connection to potable water, no public health risk.				X
11	Ice from licensed approved supplier or establishment's water meeting subchapter 1.	X			
12	Ice made, stored, transported & served in sanitary manner.	X			
13	Ice served with automatic dispenser, or by establishment staff with scoop. Scoop kept clean.	X			
14	Laundry mechanically washed until clean & hot air tumble dried to ≥ 130°F for ≥ 10 min.	X			
15	Clean & soiled laundry separated in labeled containers. Space for sorting, folding & storage.	X			
16	Floors & walls that get wet smooth, durable, nonabsorbent & easily cleanable. Ventilation ok.	X			
17	Handwashing sink accessible as needed. Supplied w/ hand soap, paper towels, trash can.	X			
18	Hands washed between touching soiled & clean laundry.				X
19	Warm water, not scalding, provided to handwashing sinks (100°F to 120°F).	X			
20	Janitor sink available & used (unless tourist home w/ approval). Mops air dried.				X
21	Storage space adequate for extra bedding, furnishings, cleaning supplies & chemicals.	X			
22	Cleaners & pesticides used, stored, & disposed according to label instructions.	X			
23	Cleaning devices for toilets/urinals & tubs/showers separated to prevent contamination.	X			
24	Ozone air purifiers not used in establishment.	X			
25	Guest room floors, walls, ceilings, furnishings, & fixtures clean & in good repair. Ventilation ok.	X			
26	Furnishings movable or mounted for cleaning. Maintenance provided as needed.	X			
27	Guest rooms cleaned & clean sheets, pillow covers, & washcloths for each new guest or group.	X			
28	Clean sheets, pillowcases, towels, washcloths provided to each guest at least weekly.	X			
29	Shared bathrooms cleaned daily.				X
30	Bedding, towels, washcloths clean & in good repair. Washable mattress pad used.	X			
31	All bedding washable or covered w/ duvet. Sheets folded ≥ 6 inches over blankets.	X			
32	Tubs/showers anti-slip surface or mats. Bathroom floors/walls smooth, durable, easily cleanable.	X			
33	Warm water, not scalding, provided to handwashing sinks, showers & tubs (100°F to 120°F).	X			
34	Food & drink items provided to guests washed, rinsed, & sanitized (100-200 ppm Cl-) or single use.	X			
35	Utensils for food & beverage stored, handled, & dispensed to keep clean.	X			
36	Food service meets ARM 37.110.2. Retail food service inspection attached.				X
37	Food service licensed if serving anyone other than overnight guests.				X
38	Lighting ≥ 10 footcandles in all public areas.	X			
39	Solid waste removed weekly to licensed facility, or approved alternative frequency. No burning.	X			
40	Containers rodent-proof, stable, on stand if metal. Covered when not used. No nuisance or flies.	X			
41	Swimming pools/spas licensed per ARM Title 37 Chapter 115.				X

Report Received By _____ Title _____
 Report Received By Printed Name _____

Inspector _____ Phone _____ Follow-up inspection required: Yes / No
 Inspector Printed name _____
 Email _____