



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:

120 CARLTON AVE SUITE 100
HELENA, MT 59604

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: 59727

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 # Ennis
- 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: 07/01/2012 COUNTY: Madison

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

FCS February 2018



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

Date 07/10/2022
Page 1 of 1

Public Accommodation Establishment Inspection Report

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

Report Received By _____ Title _____
 Report Received By Printed Name _____
 Inspector _____ Phone _____ Follow-up inspection required: Yes / No
 Inspector Printed name _____
 Email _____