

STATE OF MONTANA

GREG GIANFORTE, GOVERNOR

DEPARTMENT OF LIVESTOCK
MILK CONTROL PROGRAM
PO BOX 202003
HELENA, MONTANA 59620-2003



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MILK CONTROL PROGRAM (406) 444-2875
FAX (406) 444-1432
LIVMilkControl@mt.gov

Out-of-State Distributor License Application – Fiscal Year 2024 (July 1, 2023 – June 30, 2024)

Please review the information below, update, and return this form to the Milk Control Program with the required license fee of \$2.00 before July 1, 2023.

After the program processes your fee and application, it will mail the license to the specified mailing address.

Out-of-State Distributor

Montana Dept. of Livestock Licenses

Business Name: _____

Milk Control Program No.: _____

Address 1: _____

Milk and Egg Bureau No.: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Primary Contact: Name: _____ Title: _____

Contact Telephone

Business: _____ Cell: _____ Fax: _____

Contact Email Address: _____

Business Physical Addresses

Address 1: _____

City 1: _____ State 1: _____ Zip 1: _____

Address 2: _____

City 2: _____ State 2: _____ Zip 2: _____

Address 3: _____

City 3: _____ State 3: _____ Zip 3: _____

Address 4: _____

City 4: _____ State 4: _____ Zip 4: _____

Address 5: _____

City 5: _____ State 5: _____ Zip 5: _____

Address 6: _____

City 6: _____ State 6: _____ Zip 6: _____

Business Type:
(check one)

Sole Proprietorship

Limited Liability Company

Partnership

Corporation

As an out-of-state distributor, which types of businesses do you sell milk products to? (check all that apply)

Distributor

Jobber

Retailer

I certify that the business holds all licenses required by the Department of Livestock for the conduct of this business and that in the case of milk entering Montana from another state or foreign nation, the business is in compliance with the requirements of the Montana Food, Drug and Cosmetic Act.

Signature of Applicant/License Holder

Date

Print or Type Name

Distributor License Supplement

Periodically, Milk Control Bureau staff may need to discuss a monthly report or assessments with someone from your business. Please provide a name, telephone number, and email for the following.

Administrative Assessment/Report of Sales Contact

Name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Telephone

Business: _____ Cell: _____ Fax: _____

Contact Email Address: _____