

STATE OF MONTANA

GREG GIANFORTE, GOVERNOR

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



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LIVMilkControl@mt.gov

Producer-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.

Producer-Distributor

Montana Dept. of Livestock Licenses

Milk Control Program #: _____

Milk and Egg Bureau #: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact: Name: _____ Title: _____

Contact Telephone

Business: _____ Cell: _____ Fax: _____

Contact Email Address: _____

Dairy Physical Address: _____ County: _____

Processing Facility Physical Address: _____

Average number of cows milked (NOT entire herd): _____

Applicant does produce all products sold by applicant's dairy: Yes No

Milk sold by applicant is (check all that apply): Raw Milk Pasteurized

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

Table with 4 columns: Business Type, Sole Proprietorship, Limited Liability Company, State-Owned, Partnership, Corporation. Includes checkboxes for Distributor, Jobber, and 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 Program staff may need to discuss a monthly report or assessments with someone from your business. Please provide a name, address, telephone number, and email address below.

Receipts/Utilization and Assessment Reports Contact

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone

Business: _____ Cell: _____ Fax: _____

Contact Email Address: _____