

STATE OF MONTANA

GREG GIANFORTE, GOVERNOR

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



DEPARTMENT OF LIVESTOCK (406) 444-7323
MILK CONTROL BUREAU (406) 444-2875
FAX (406) 444-1432
LIVMilkControl@mt.gov

Jobber/Import Jobber License Application – Fiscal Year 2022 (July 1, 2021 – June 30, 2022)

Please review the information below, update, and return this form to the Milk Control Bureau with the required license fee of \$2.00 before July 1, 2021.

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

Jobber

Montana Dept. of Livestock Licenses

Business Name: \_\_\_\_\_

Milk Control Bureau No.: \_\_\_\_\_

Address: \_\_\_\_\_

Milk and Egg Bureau No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone

Business: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Business Physical Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Type: Sole Proprietorship Limited Liability Company
(check one) Partnership Corporation

Montana Processor(s) supplying milk products:

Plant Name & City \_\_\_\_\_

Plant Name & City \_\_\_\_\_

Out-of-State Processor(s) supplying milk products:

Plant Name & City \_\_\_\_\_

Plant Name & City \_\_\_\_\_

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