



CITY OF MISSOULA BUSINESS LICENSE APPLICATION 2019

Please complete and return with the required fees

Remit to: Development Services, Business Licensing, 435 Ryman St, Missoula, MT 59802

Phone: (406) 552-6121; Fax (406) 327-2182

email: blic@ci.missoula.mt.us

LICENSE # _____

REASON FOR APPLYING:

____ New Business ____ Location Change ____ Ownership Change ____ Name Change (No fee)

****BUSINESS LICENSE FEES ARE NOT PRO-RATED AND WILL NEED TO BE RENEWED EACH YEAR, REGARDLESS OF THE ISSUE DATE****

All fees are based upon your FTE (Full Time Equivalent Employees), including all owners. The minimum fee is for 4 or less owners/employees.

TYPE OF LICENSE:

____ **Contractor License** Expires FEBRUARY 28th every year **Number of FTE:** _____
(FTE MINIMUM FEE: \$120; each additional owner/employee beyond 4 is \$30 per person)

____ **Home Based License** Expires MAY 31st every year **Number of FTE:** _____
(FTE MINIMUM FEE: \$92; each additional owner/employee beyond 4 is \$23 per person)

Home Based applications MUST be accompanied by a Home Occupation Additional Info form if you reside in the City or County

____ **Commercial License and Daycares (including in-home daycares)** Expires MAY 31st every year **Number of FTE:** _____
(FTE MINIMUM FEE: \$148; each additional owner/employee beyond 4 is \$37 per person)

Choose Type: ____ RETAIL/WHOLESALE ____ OFFICE ____ RESTAURANT/FOOD SERVICE ____ DAYCARE ____ OTHER

PREVIOUS USE OF BUILDING (required): _____

____ **Liquor License** Expires JANUARY 31st every year **Number of FTE:** _____ **Please fill out "Section 2" on back of form**
(FTE MINIMUM FEE: \$240; each additional owner/employee beyond 4 is \$60 per person)

Choose Type: ____ BEER ONLY (\$200) ____ WINE ONLY (\$200) ____ BEER & WINE (\$400) ____ ALL BEVERAGE (\$500)

PREVIOUS USE OF BUILDING (required): _____

____ **Medical Marijuana** Expires MAY 31st every year **Number of FTE:** _____ **Please fill out "Section 3" on back of form**

Commercial Location - (FTE MINIMUM FEE: \$148; each additional owner/employee beyond 4 is \$37 per person)

Home Based Location - (FTE MINIMUM FEE: \$92; each additional owner/employee beyond 4 is \$23 per person)

PREVIOUS USE OF BUILDING (required): _____

BUSINESS INFORMATION: (PLEASE PRINT CLEARLY)

Business Name: _____ DBA: _____

Business Address: _____ STE: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone Numbers: Business: _____ Cell: _____ Other: _____

Email: _____

Nature of Business: _____

Proposed Opening Date: _____

BUSINESS OWNER INFORMATION:

Owner Name: _____

Address: _____ City _____ St _____ Zip _____

Owner Name: _____

Address: _____ City _____ St _____ Zip _____

Owner Name: _____

Address: _____ City _____ St _____ Zip _____

Local Manager Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

By signing, I agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked

POLICE DEPARTMENT BACKGROUND CHECK REVIEW: REQUIRED FOR ANYONE WHO WILL BE ON RESIDENTIAL PROPERTY

Background Checks are \$49.00 per person. EVERY owner/employee is required to submit a separate background check.

Please fill out "Section 1" on back of form, if background checks are required for your business

Section 1 - EMPLOYEE LISTING FOR BACKGROUND CHECKS (if applicable):

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Section 2 - LIQUOR LICENSE ADDITIONAL INFORMATION:

I, _____ hereby make application for a Beer, Wine, Beer & Wine, or All Beverage License to conduct the business of selling beer, wine, beer & wine or all beverages at retail in the City of Missoula, Montana.

Said business to be conducted under the trade name of _____.

Previous owner (if applicable): _____.

Present owner: _____ Location: _____.

I hereby further certify that this application is made by me as an agent or principal. I hereby further certify that this application is made by me for and on behalf of (Fraternal Order or Club) _____.

I hereby further certify this application is made by me as a partner of the partnership composed of _____.

I hereby further certify this application made by me as one of the principals in the corporation of _____.

I reside at _____ and have been a resident and a citizen of the State of _____ for _____ years.

That during the past year _____ has been the owner and holder of State Liquor License Number _____.

and the State Liquor Control Board has acquiesced to the transfer of said license and is now in our name.

I have applied for Liquor License Number _____ and the State Liquor Control Board has acquiesced said license and is now in our name.

I further agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.

Signature: _____ Date: _____

Section 3 - MEDICAL MARIJUANA ADDITIONAL INFORMATION

This information to be provided by the applicant for ALL owners and proposed employees of the proposed applicant. The intent of this application is NOT to obtain qualified patient information. All information on this application will be kept confidential. This information will be provided to the City of Missoula Police Department to verify that owners and employees of the proposed business are licensed caregivers with the State of Montana and can participate in the "acquisition, possession, cultivation, manufacture, delivery, transfer, or transportation of marijuana" 50-46-102(5), M.C.A. Provide the full name and home address of all owners and employees and a copy of a Drivers license or an Identification card with the application.

GROW OPERATION IS IN THE CITY LIMITS

Please provide the physical address of the Grow Operation if within the city limits:

Address: _____

EMPLOYEE LISTING:

Employee Name: _____ PD Verification: _____

Address: _____ City _____ St _____ Zip _____

Employee Name: _____ PD Verification: _____

Address: _____ City _____ St _____ Zip _____

Employee Name: _____ PD Verification: _____

Address: _____ City _____ St _____ Zip _____

Employee Name: _____ PD Verification: _____

Address: _____ City _____ St _____ Zip _____

Employee Name: _____ PD Verification: _____

Address: _____ City _____ St _____ Zip _____