



# CITY OF MISSOULA LIQUOR BUSINESS LICENSE APPLICATION 2021

To submit your application with a check, please mail to:  
CPDI, Business Licensing, 435 Ryman St, Missoula, MT 59802  
To submit via email, please send to: blic@ci.missoula.mt.us  
Phone: (406) 552-6121; Fax (406) 327-2182

**\*\*THIS APPLICATION IS FOR LIQUOR BUSINESS LICENSES ONLY - THIS EXPIRES JANUARY 31ST EACH YEAR, REGARDLESS OF THE ISSUE DATE\*\***

**REASON FOR APPLYING:** \_\_\_\_\_ New Business \_\_\_\_\_ Location Change \_\_\_\_\_ Ownership Change \_\_\_\_\_ Name Change (No fee) \_\_\_\_\_ Other

**Provide the number of FTE (full time equivalent employee):** \_\_\_\_\_ FTE MINIMUM FEE is \$256; each additional owner/employee beyond 4 is \$64 per person  
**FTE Fee Calculation:** Take the number of hours worked by ALL employees (owners/part time/full time/temporary/seasonal) during the year and divide by 2,080. Please round up to the nearest whole number.

**Waste Water Survey:** ALL COMMERCIAL LOCATION applications must be accompanied by a Waste Water Survey form.

**\*Breweries, Wineries and Distilleries:** Do not require a city business license IF you are serving **ONLY** your own product.

**LICENSE TYPE: (select all that apply)**

- \_\_\_\_\_ Beer ONLY (+ \$200)
- \_\_\_\_\_ Wine ONLY (+ \$200)
- \_\_\_\_\_ Beer and Wine (+ \$400)
- \_\_\_\_\_ All Beverage (+ \$500)
- \_\_\_\_\_ Vets or Non-Profit Org. (does not pay the FTE fee - flat rate of \$406.25)
- \_\_\_\_\_ Restaurant/Food Service
- \_\_\_\_\_ Bar
- \_\_\_\_\_ Casino
- \_\_\_\_\_ Retail (gas Station, grocery store, etc)

**BUSINESS INFORMATION: (PLEASE PRINT CLEARLY)**

Business Name (as it should appear on the license): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Business: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Proposed Opening Date: \_\_\_\_\_

**BUSINESS OWNER INFORMATION: (ADDITIONAL SPACE ON BACK OF APPLICATION, IF NEEDED)**

Corporation Name or DBA: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Manager: \_\_\_\_\_ Phone: : \_\_\_\_\_

**PLEASE REVIEW AND INITIAL THE FOLLOWING:**

- \_\_\_\_\_ I am aware that the license fee is NOT prorated and expires on FEBRUARY 28TH each year.
- \_\_\_\_\_ I am aware that if this license is denied by a department, I am not entitled to a refund.
- \_\_\_\_\_ I acknowledge that the information I have provided is current and true.
- \_\_\_\_\_ I agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

**ADDITIONAL BUSINESS OWNER INFORMATION:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_