



*City of White Sulphur Springs*  
 PO BOX 442  
 White Sulphur Springs, MT 59645  
 Office: (406)547-3911  
 Fax: (406)547-3945

***Business License Application***  
***Due July 1<sup>st</sup> Annually***

I understand that issuance of a Business License is discretionary, and no business may operate within the City without either a valid City Business License, which shall be posted in a public and visible location. I further understand and agree that, when issued, a Business License subjects the listed business or businesses to all the terms and conditions of the White Sulphur Springs Code of Ordinances, City and County Planning Board, City/County Growth Policy, Zoning Ordinances (if in existence), and other applicable laws and regulations.

Type of Application:	<input type="checkbox"/> New Business License	<input type="checkbox"/> Renewal Business License
Applicant Name and Title: If more than 1 person, include all Names		
Complete Business Legal Name: If more than 1 business under same name, include all	DBA if applicable:	
Nature of Business:		
Business Phone #(s):		
Business Location:		
Mailing Address-include City, State, Zip		
Owner/Manager/Interested Person: Name(s) and Title(s):		
Email Address:		
Emergency Contact Name(s) and Phone Number(s):		
Do you own your Business Location? If no, owner/landlord name, address, City/St, Phone #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Owner/Landlord:

<p>Applicable License and Associated Fees:</p> <p><i>Fees to be completed by Staff</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Basic Business License</td> <td style="text-align: right;">Fee</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Liquor Sales</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Beer/Wine Sales</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Gambling</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Itinerant Vendor/Merchant</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Out-of-Town Vendor</td> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Basic Business License	Fee	_____	<input type="checkbox"/> Liquor Sales		_____	<input type="checkbox"/> Beer/Wine Sales		_____	<input type="checkbox"/> Gambling		_____	<input type="checkbox"/> Itinerant Vendor/Merchant		_____	<input type="checkbox"/> Out-of-Town Vendor		_____	<table border="0"> <tr> <td><input type="checkbox"/> Registration Certificate</td> <td style="text-align: right;">Fee</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> STR</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Mobile Vendor (local)</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Property Mgmt under 3 dwellings</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Nonprofit</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Professional (Non-govt entity)</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Hospital, Nursing Home, etc.</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other Exempt by MT</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Home-based Business</td> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Registration Certificate	Fee	_____	<input type="checkbox"/> STR		_____	<input type="checkbox"/> Mobile Vendor (local)		_____	<input type="checkbox"/> Property Mgmt under 3 dwellings		_____	<input type="checkbox"/> Nonprofit		_____	<input type="checkbox"/> Professional (Non-govt entity)		_____	<input type="checkbox"/> Hospital, Nursing Home, etc.		_____	<input type="checkbox"/> Other Exempt by MT		_____	<input type="checkbox"/> Home-based Business		_____
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- Request for consideration of a comprehensive license for separate businesses under one name or parent company.
- Consent to listing in public City business database.
- Consent to disclose Name and contact phone number of business upon inquiry at City Hall.

I hereby certify, under penalty of perjury, that:

1. I have read (or have been offered an opportunity to read) the ordinances related to business licenses/registrations for the City of White Sulphur Springs.
2. I understand that a revocation of a license or certificate issued by the State will result in a revocation of the City license/registration.
3. I am the owner or an authorized agent of the business named above and qualified to sign this application and speak for the business.

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

For Internal Purposes Only: Fees Paid \$ \_\_\_\_\_

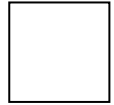
License/Certificate Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

License # \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Staff: \_\_\_\_\_

A location map is required to be attached to the application.  
A Site Plan and a Floor Plan are required and will be used to provide information as to the business or home occupation, including entrances, exits, storage, and, when applicable, accessory buildings involved in the business or home occupation. Please be complete so as to provide accurate information for public health, safety, welfare concerns and appropriate responses. (Copy this page for both site and floor plan)

Place an arrow indicating N in box →



### Floor or Site Plan

