



*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:

Applicable License and Associated Fees:	<input type="checkbox"/> Basic Business License	Fee _____	<input type="checkbox"/> Registration Certificate	Fee _____
	<input type="checkbox"/> Liquor Sales	_____	<input type="checkbox"/> STR	_____
<i>Fees to be completed by Staff</i>	<input type="checkbox"/> Beer/Wine Sales	_____	<input type="checkbox"/> Mobile Vendor (local)	_____
	<input type="checkbox"/> Gambling	_____	<input type="checkbox"/> Property Mgmt under 3 dwellings	_____
	<input type="checkbox"/> Itinerant Vendor/Merchant	_____	<input type="checkbox"/> Nonprofit	_____
	<input type="checkbox"/> Out-of-Town Vendor	_____	<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	_____
Additional Licenses Required  (Attach Proof – verified by Staff)	<input type="checkbox"/> State Business License		<input type="checkbox"/> State Liquor License	
	<input type="checkbox"/> State Professional License		<input type="checkbox"/> State Gaming License	
	<input type="checkbox"/> Building Inspection (State)		<input type="checkbox"/> State Consumable Product License (food/cigarettes/beer/wine, etc)	
	<input type="checkbox"/> Sanitarian Inspection		<input type="checkbox"/> Driver's License	
	<input type="checkbox"/> Proof of Liability Insurance			
	<input type="checkbox"/> DPHHS License			
Additional Documents Required	<input type="checkbox"/> Lodging Facility/Tax Permit (LFT)			
	<input type="checkbox"/> Location Map		<input type="checkbox"/> Safety Data Sheet	
	<input type="checkbox"/> Floor Plan			

- 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:

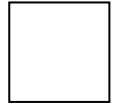
1. I have read (or have been offered an opportunity to read) the ordinances related to business licenses/registrations for the City of White Sulphur Springs.
2. I understand that a revocation of a license or certificate issued by the State will result in a revocation of the City license/registration.
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: _____
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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

