



Applicable Business License/Registration Application 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 certain criminal convictions may preclude the issuance or reissuance of a license.
3. No owner or manager doing business under this license application has been convicted of a violation of §45-5-601 MCA, or any provision related to trafficking under the Montana Code Annotated, or related federal or other state law.
4. I have been a resident of Montana for at least one year prior to this application.
5. I understand that a revocation of a license or certificate issued by the State will result in a revocation of the City license/registration.
6. I am the owner or an authorized agent of the business named above and qualified to sign this application and speak for the business.

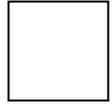
I further consent to the City of White Sulphur Springs submitting the information contained in this application to the Meagher County Sheriff's Office or Praesidium for a background check to verify the statements contained herein. The background check will result in a report as to whether or not the issuance of the license or registration meets or does not meet the requirements of §3.2.5 WSS Code of Ordinances. I acknowledge there may be an additional fee for this service and refusal to authorize a background check may result in denial of this application.

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

For Internal Purposes Only: Fees Paid \$ _____	Background Check Submitted <input type="checkbox"/>
Background Check Clear <input type="checkbox"/> Not Clear <input type="checkbox"/>	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

