



# CITY OF MISSOULA GENERAL BUSINESS LICENSE APPLICATION 2022

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 NON-CONSTRUCTION BUSINESSES ONLY - THIS EXPIRES MAY 31ST EACH YEAR, REGARDLESS OF THE ISSUE DATE\*\***

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

**BUSINESS LOCATION - Please select your business location and provide the number of FTE (full time equivalent employees):**

\_\_\_\_\_ **HOME BASED: FTE MINIMUM FEE is \$104** (for 4 or fewer FTE); each additional owner/employee beyond 4 is \$26 per person. # of FTE: \_\_\_\_\_  
*\*If your home is located within the city limits, you must also submit the Home Occupation Additional Info form\**

\_\_\_\_\_ **COMMERCIAL: FTE MINIMUM FEE is \$160** (for 4 or fewer FTE); each additional owner/employee beyond 4 is \$40 per person. # of FTE: \_\_\_\_\_  
*\*ALL COMMERCIAL LOCATION applications must be accompanied by a Waste Water Survey form\**

**\*REQUIRED!! Please give the previous use of OR name of previous business occupying this space:** \_\_\_\_\_

\_\_\_\_\_ **DAYCARE: FTE MINIMUM FEE is \$160** (for 4 or fewer FTE); each additional owner/employee beyond 4 is \$40 per person. # of FTE: \_\_\_\_\_  
*\*ALL DAYCARE applications must be accompanied by a Waste Water Survey form\**

**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.

**Background Checks:** Any business working in/on residential property and ALL janitorial/cleaning businesses, are required to submit a background check for ALL owners/employees. The cost is \$55 per person and a separate form is required for each person. (USE **SECTION B ON BACK OF FORM FOR EMPLOYEE LISTING**)

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

- \_\_\_\_\_ Retail/Wholesale
- \_\_\_\_\_ Cannabis Business (**REQUIRED! Please fill out Section A on back of form**)
- \_\_\_\_\_ Restaurant/Food Service (no alcohol)
- \_\_\_\_\_ Artisan Industry
- \_\_\_\_\_ Home Office/Professional/Online Sales
- \_\_\_\_\_ Janitorial/Cleaning Services
- \_\_\_\_\_ Pawnshop (+ \$391 - additional fee)
- \_\_\_\_\_ Other: \_\_\_\_\_

**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: (PLEASE USE SECTION C ON BACK OF FORM FOR ADDITIONAL OWNERS)**

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 MAY 31ST each year.

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

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

**SECTION A - CANNABIS BUSINESS ADDITIONAL INFORMATION**

**Please check all that apply:**

Medical Dispensary

Recreational Dispensary

Cultivation - please give the Cultivation Canopy Area at site: \_\_\_\_\_ sqft

\*Please note that for structures with stacked plants, each layer is counted toward the total area.

Manufacturing/Extraction

\*Will the manufacturing/extraction process involve toxic/flammable solvents (e.g. butane)?  Yes  No

If yes, please list: \_\_\_\_\_

Transport or Delivery of product

Testing Facility

**Please review and initial the following:**

I am aware that...

The City of Missoula regulations are separate from those of the State of Montana, and I have apprised myself of all relevant State regulations related to my business type.

While the City of Missoula approval is contingent on State approval, City approval does not guarantee State approval.

Any modifications to the exterior of the building and/or alterations to glazing, will require compliance with Zoning, Title 20.

In accordance with Montana State Laws, any new licensed businesses from now through July, 1, 2023, are only permitted for medical cannabis activities.

**Local or On-Call Manager:** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

(This is needed for your fire inspection, please give a reliable name/number)

**SECTION B - EMPLOYEE LISTING FOR BACKGROUND CHECKS (if applicable):**

Employee Name: \_\_\_\_\_ PD Verification: \_\_\_\_\_

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**SECTION C - 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: \_\_\_\_\_