



# CITY OF MISSOULA GENERAL BUSINESS LICENSE APPLICATION 2020

Please complete and return with the required fees  
Remit to: Development Services, Business Licensing, 435 Ryman St, Missoula, MT 59802  
Phone: (406) 552-6121; Fax (406) 327-2182

**Email form to: [blic@ci.missoula.mt.us](mailto:blic@ci.missoula.mt.us)**

**\*\*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

**Number of Owners/FTE (full time equivalent employee) :** \_\_\_\_\_

**\*HOME BASED FTE MINIMUM FEE is \$96;** each additional owner/employee beyond 4 is \$24 per person. **Max fee is \$2,040**

**\*COMMERCIAL FTE MINIMUM FEE is \$152;** each additional owner/employee beyond 4 is \$38 per person. **Max fee is \$3,230**

**\*DAYCARE FTE MINIMUM FEE is \$152;** each additional owner/employee beyond 4 is \$38 per person. **Max fee is \$3,230**

**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 Check:** REQUIRED FOR ANYONE WHO WILL BE ON RESIDENTIAL PROPERTY! Background checks are \$51 per person. EVERY owner/employee is required to submit a background check. A separate form is required for each person.

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

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

- \_\_\_\_\_ Home Based (Home Occupation Additional Info form required)
- \_\_\_\_\_ Commercial Location (Waste Water Survey required)
- \_\_\_\_\_ Day Care (Waste Water Survey required)
- \_\_\_\_\_ Office
- \_\_\_\_\_ Restaurant/Food Service
- \_\_\_\_\_ Retail/Wholesale
- \_\_\_\_\_ Medical Marijuana **(please fill out additional info section on next page)**
- Are you growing at this location? \_\_\_ Y \_\_\_ N
- \_\_\_\_\_ Online sales/service
- \_\_\_\_\_ Pawnshop (+ \$391)
- \_\_\_\_\_ 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: \_\_\_\_\_

**For commercial locations, please give the previous use of your space:** \_\_\_\_\_

**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 MAY 31ST each year.
- \_\_\_\_\_ I am aware that if this license is denied by any 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: \_\_\_\_\_

Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(to be obtained at a future date)

**EMPLOYEE LISTING FOR BACKGROUND CHECKS (if applicable):**

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

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

**MEDICAL MARIJUANA ADDITIONAL INFORMATION**

This information to be provided by the applicant for ALL owners and proposed employees of the proposed applicant. The intent of this application is NOT to obtain qualified patient information. All information on this application will be kept confidential. This information will be provided to the City of Missoula Police Department to verify that owners and employees of the proposed business are licensed caregivers with the State of Montana and can participate in the "acquisition, possession, cultivation, manufacture, delivery, transfer, or transportation of marijuana" 50-46-102(5), M.C.A. Provide the full name and home address of all owners and employees and a copy of a Drivers license or an Identification card with the application.

**EMPLOYEE LISTING:**

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

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

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

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

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

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