



CITY OF MISSOULA LIQUOR BUSINESS LICENSE APPLICATION FY2020

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: blic@ci.missoula.mt.us

\*\*THIS APPLICATION IS FOR LIQUOR BUSINESS LICENSES ONLY - THIS EXPIRES JANUARY 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) : FTE MINIMUM FEE is \$248; each additional owner/employee beyond 4 is \$62 per person
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.

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

Breweries and Distilleries: Do not require a city business license IF you are serving ONLY your own product.

Previous use of building/space:

LICENSE TYPE: (select all that apply)

- Beer ONLY (+ \$200) Restaurant/Food Service
Wine ONLY (+ \$200) Bar
Beer and Wine (+ \$400) Casino
All Beverage (+ \$500) Retail (gas Station, grocery store, etc)
Vets or Non-Profit Org. (does not pay the FTE fee - flat rate of \$406.25)

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: (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 FEBRUARY 28TH each year.
I am aware that if this license is denied by a 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 Name: Date:

Legal Signature: Date:

(to be obtained at a future date)

**LIQUOR LICENSE ADDITIONAL INFORMATION:**

I, \_\_\_\_\_ hereby make application for a Beer, Wine, Beer & Wine, or All Beverage License to conduct the business of selling beer, wine, beer & wine or all beverages at retail in the City of Missoula, Montana.

Said business to be conducted under the trade name of \_\_\_\_\_.

Previous owner (if applicable): \_\_\_\_\_.

Present owner: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_. I hereby further certify that this application is made by me as an agent or principal. I hereby further certify that this application is made by me for and on behalf of (Fraternal Order or Club)

\_\_\_\_\_.

I hereby further certify this application is made by me as a partner of the partnership composed of \_\_\_\_\_.

I hereby further certify this application made by me as one of the principals in the corporation of \_\_\_\_\_.

I reside at \_\_\_\_\_ and have been a resident and a citizen of the State of \_\_\_\_\_ for \_\_\_\_\_ years. That during the past year \_\_\_\_\_ has been the owner and holder of State Liquor License

Number \_\_\_\_\_ and the State Liquor Control Board has acquiesced to the transfer of said license and is now in our name.

I have applied for Liquor License Number \_\_\_\_\_ and the State Liquor Control Board has acquiesced said license and is now in our name. I further agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(to be obtained at a future date)

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