



CITY OF MISSOULA GENERAL BUSINESS LICENSE APPLICATION 2021

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 \$100** (for 4 or fewer FTE); each additional owner/employee beyond 4 is \$25 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 \$156** (for 4 or fewer FTE); each additional owner/employee beyond 4 is \$39 per person. # of FTE: _____
ALL COMMERCIAL LOCATION applications must be accompanied by a Waste Water Survey form
***Please give the previous use of this commercial location (required):** _____

_____ **DAYCARE: FTE MINIMUM FEE is \$156** (for 4 or fewer FTE); each additional owner/employee beyond 4 is \$39 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 \$53 per person and a separate form is required for each person.

LICENSE TYPE: (select all that apply)

_____ Retail/Wholesale _____ Medical Marijuana (please fill out additional info section on back of form)
_____ Restaurant/Food Service (no alcohol) Are you growing at this location? ___ Y ___ N
_____ Office and/or Online sales/service Extraction at this location? ___ Y ___ N
_____ 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: (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 agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.

Applicant Signature: _____ Date: _____

EMPLOYEE LISTING FOR BACKGROUND CHECKS (if applicable):

Employee Name: _____ PD Verification: _____

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Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

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 _____