



BUSINESS LICENSE APPLICATION

City of Bozeman
121 North Rouse Avenue
P.O. Box 1230
Bozeman, Montana 59771-1230
Telephone (406) 582-2327

Account # _____

License valid only for the location and use of property listed below

- NEW BUSINESS
 TRANSFER OF BUSINESS LOCATION
 TRANSFER OF OWNERSHIP
 MEDICAL MARIJUANA
 RENEWAL
 NAME CHANGE

BUSINESS NAME _____

BUSINESS ADDRESS _____ TELEPHONE _____

MAILING ADDRESS _____ STREET _____ CITY _____ ST _____ ZIP _____

_____ STREET _____ CITY _____ ST _____ ZIP _____

OWNER COPY OF PHOTO ID REQUIRED

FULL LEGAL NAME _____

HOME TELEPHONE _____ STATE OF BIRTH _____ SSN# _____

CO- OWNER OR MANAGER COPY OF PHOTO ID REQUIRED

FULL LEGAL NAME _____

HOME TELEPHONE _____ STATE OF BIRTH _____ SSN# _____

Please provide a detailed description of the proposed business:

SQUARE FOOTAGE _____ FEE _____ (see reverse side for schedule)

Will there be any of the following changes?

	NO	YES	IF YES, YOU WILL NEED
Construction Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Building Permit
Electrical Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electrical Permit
Mechanical Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mechanical Permit
Plumbing Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plumbing Permit
New or Relocated Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sign Permit

Legal Description:

Lot _____ Block _____ Subdivision _____

Current use of property _____

This application is made subject to all the terms and conditions of the business licensing ordinance of the City of Bozeman. I understand the license issued hereunder is **NOT TRANSFERABLE** and that the information I have supplied is correct to the best of my knowledge.

Signature _____ ***Date*** _____

FOR OFFICE USE ONLY

Zoning _____ Occupancy _____ Construction Type _____

	APPROVED	REJECTED	DATE	COMMENTS:
Engineering	_____	_____	_____	
Planning	_____	_____	_____	
Building	_____	_____	_____	
Police	_____	_____	_____	
Fire	_____	_____	_____	

- See Reverse Side For Fees -

LICENSE FEE SCHEDULE

GENERAL BUSINESSES:

Square Footage (open to public only)	Registration & License Fee	Special Services & Regulatory Inspection Fee	Total Fee
0 - 199	\$25	\$0	\$25
200 - 999	\$25	\$25	\$50
1,000 - 1,999	\$25	\$50	\$75
2,000 - 4,999	\$25	\$100	\$125
5,000 - 9,999	\$25	\$175	\$200
10,000 & over	\$25	\$225	\$250

SPECIFIC BUSINESSES:

	Registration & License Fee	Special Services & Regulatory Inspection Fee	Total Fee
Itinerant Vendors	\$25	\$5	\$30
Transient Merchants	\$25	\$50	\$75
Pawn Brokers	\$25	\$125	\$150
Carnival/Rodeos/Fairs (per visit not to exceed 7 consec. days)	\$25	\$200	\$225
Going out of business	\$25	\$25	\$50
Hotels/Motels			
1-15 rooms	\$25	\$25	\$50
15 + rooms (+\$2/rm)	\$25	\$25+	Varies
Transfer Fee	\$10	\$0	\$10
Amusement Games/Machine (M)	\$15/M	\$0	\$15/M
Machines depicting sexual activity/Machine (M)	\$25/M	\$75/M	\$100/M
Medical Marijuana	\$25	\$125	\$150