

City of Bozeman

STIFF BUILDING

20 East Olive Street, Bozeman, Montana 59715

(406) 582-2260

Account # _____

NAICS # _____

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

- NEW BUSINESS
 CHANGE OF BUSINESS LOCATION (12.02.070)
 TRANSFER OF OWNERSHIP (12.02.080)
 RENEWAL
 BUSINESS NAME CHANGE
 MEDICAL MARIJUANA
 Except Medical Marijuana

BUSINESS NAME _____

PHYSICAL BUSINESS ADDRESS _____

MAILING ADDRESS _____

BUS. TELEPHONE _____ EMAIL ADDRESS _____ ZONING DISTRICT _____

OWNER _____

FULL LEGAL NAME _____

PRIMARY TELEPHONE _____ SECONDARY PHONE _____ STATE OF BIRTH _____

CO- OWNER OR MANAGER _____

FULL LEGAL NAME _____

PRIMARY TELEPHONE _____ SECONDARY PHONE _____ STATE OF BIRTH _____

Please provide a detailed description of the proposed business:

HOME-BASED LOCATION - \$)\$.00 OUT OF CITY LIMITS LOCATION (12.02.070) \$.00

COMMERCIAL LOCATION - \$)\$\$\$ f7 cdmicZ8 fjj Yftg @WbgYFYei jfYX'k jh '5 dd' jWUjcbk

What is current use of property: _____

Will there be any of the following changes?

	NO	YES	IF YES, YOU WILL NEED	PLEASE COMPLETE	NO	YES
Construction Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Building Permit	Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Electrical Permit	Security Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mechanical Permit	Monitored By: _____		
Plumbing Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plumbing Permit	# of Full Time Employees _____		
New or Relocated Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sign Permit	# of Part Time Employees _____		

IF COMMERCIAL

Emergency Contact: _____ Phone: _____ Email: _____

Other Emergency Information: _____

This application is made subject to the terms of the Bozeman Municipal Code. I understand the license issued hereunder is **NOT TRANSFERABLE**, except as provided in Chapter 12.02 BMC, 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
Building	_____	_____	_____
Engineering	_____	_____	_____
Fire	_____	_____	_____
Police	_____	_____	_____
Planning	_____	_____	_____

COMMENTS: