



BUSINESS LICENSE Endorsement Form and Business License Application

Send Completed Application to *permits@bsb.mt.gov* or Mail to:

Planning Department, 155 W Granite St, Room 108, Butte, MT 59701

DO NOT SEND PAYMENT UNTIL YOUR REVIEW HAS BEEN COMPLETED AND YOU HAVE BEEN CONTACTED REGARDING YOUR FEES (5-7 BUSINESS DAYS)

LICENSE VALID ONLY FOR THE LOCATION AND USE OF PROPERTY LISTED BELOW:

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

BUSINESS NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____ STREET CITY ST ZIP

BUS. PHONE _____ EMAIL _____ STREET CITY ST ZIP

OWNER

FULL LEGAL NAME _____

PRIMARY PHONE _____ SECONDARY PHONE _____

Co-OWNER OR MANAGER

FULL LEGAL NAME _____

PRIMARY PHONE _____ SECONDARY PHONE _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF PROPOSED BUSINESS:

- HOME-BASED LOCATION (HOME OCCUPATION PERMIT REQUIRED)
- NOT LOCATED IN BUTTE-SILVER BOW

WHAT IS THE CURRENT USE OF THE PROPERTY: _____

WILL THERE BE ANY OF THE FOLLOWING:

	<u>NO</u>	<u>YES</u>	<u>IF YES, YOU WILL NEED:</u>
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 SIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SIGN PERMIT

PLEASE COMPLETE

	<u>NO</u>	<u>YES</u>
FIRE SUPPRESSION	<input type="checkbox"/>	<input type="checkbox"/>
SECURITY ALARM	<input type="checkbox"/>	<input type="checkbox"/>
MONITORED BY: _____		
# OF FT EMPLOYEES _____		
# OF PT EMPLOYEES _____		

This application is made subject to the terms of the Butte-Silver Bow Municipal Code. I understand the license issued hereunder is NOT TRANSFERABLE, except as provided in BSB Municipal Code, and that the information I have supplied is correct to the best of my knowledge.

SIGNATURE _____

DATE _____

BUSINESS LICENSE ENDORSEMENT FORM - FOR OFFICE USE ONLY

ZONING _____ OCCUPANCY _____ CONSTRUCTION TYPE _____

	<u>APPROVED</u>	<u>REJECTED</u>	<u>DATE</u>	<u>COMMENTS</u>
PLANNING/ZONING _____	_____	_____	_____	_____
BUILDING CODE _____	_____	_____	_____	_____
HEALTH _____	_____	_____	_____	_____
FIRE _____	_____	_____	_____	_____
Home Occupation Permit Issued				