

CITY OF SHELBY

112 1st St S
Shelby, MT 59474
Phone: (406) 434-5222
Fax: (406) 434-2039

BUSINESS LICENSE APPLICATION

1. Business Name: _____
2. EIN or SSN: _____
3. Street Address: _____
(Street)

(City, State, Zip Code)
4. Mailing Address (if different from street address): _____
(Post Office Box)

(City, State, Zip Code)
5. Person in Charge: _____ (Name) _____ (Title)
Telephone Number: _____
E-mail Address: _____
6. If you have more than one local business location, for each location list the street address, person in charge, telephone number, and attach to the application form.
7. If the applicant is an agent or representative of the owner of the business, complete the following:
Owner's Name: _____
Owner's Address: _____
(Street/PO Box, City, State, Zip)
Owner's Telephone No: _____
8. Number of employees including owners, partners, proprietors, and managers:

(# working for a Shelby Business) # working for an out-of-town business)
9. Briefly describe the nature of the business: _____

10. If the business is temporary, indicate the length of time it will be operating in the City of Shelby: _____
11. Is this business in compliance with all applicable State of Montana laws and licensure requirements? ____Yes ____No
12. Is this business in compliance with all applicable Federal laws and licensure requirements? ____Yes ____No
13. Business License Fee \$ _____ (July-June \$25, Oct-June \$18.75, Jan-June \$12.50, April-June \$6.25)

Applicant's Signature

Date

14. If the business is new, the premises must be inspected by the City Building Inspector, and upon his approval that the premises do not violate the City's building and zoning regulations, a license will be issued. This inspection and approval does not need to be obtained if this is an application for a license renewal. Space below for Building Inspector's use only.

APPROVED

DENIED

Building Inspector

Date