



Liquor Business License Application

Business Information

Business Name _____

Business Name provided will appear on the issued license. Include your DBA here, if applicable.

Physical Address _____ City _____ State _____ Zip _____

Nature of Business _____

Number of FTE _____

FTE stands for Full Time Employee Equivalent. To calculate the FTE, take the number of hours worked by ALL employees (owners, part time, full time, temporary, seasonal) during the year and divide by 2,080. Round up to the nearest WHOLE number. There is a minimum FTE Fee of \$284. Additional FTE, beyond 4 FTE, adds \$71 per FTE. The maximum fee is \$6,035.

Reason for Application

New Business Location Change Ownership Change Other _____

Note, breweries, wineries and distilleries do NOT require a city business license if you are ONLY serving your own product. Business name change or mailing address changes should email coordinators@ci.missoula.mt.us.

License Type & Fees

Services Select ONE

Beer Only \$200 Fee + FTE Wine Only \$200 Fee + FTE Beer and Wine \$400 Fee + FTE All Beverage \$500 Fee + FTE Vets or Non-Profit Org \$406.25 Fee

Location Select ALL that apply

Bar Casino Restaurant / Food Service Retail (Grocery, Convenience Store, etc.)
 Off Premise On Premise Sidewalk Café Endorsement *Sidewalk Café's must complete the additional Sidewalk Café Addendum Application.*

Contact Information

Business Information

Mailing Attention / Person _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Secondary Phone (Cell) _____

Email _____

Business Owner

Corporation Name (if applicable) _____

Owner Name _____

Owner Address _____

City _____ State _____ Zip _____

Attach list of additional owner(s) and their contact information to application.

Local Manager

Local Manager Name _____

Email _____ Phone _____



Liquor License Agreement

I, _____ hereby make application for a Beer, Wine, Beer & Wine, or All Beverage License to conduct the business of selling beer, wine, beer & wine or all beverages at retail in the City of Missoula, Montana.

Said business to be conducted under the trade name of _____.

Previous owner (if applicable) _____.

Present owner _____ Location _____.

I hereby further certify that this application is made by me as an agent or principal. I hereby further certify that this application is made by me for and on behalf of (Fraternal Order or Club) _____.

I hereby further certify this application is made by me as a partner of the partnership composed of _____.

I hereby further certify this application made by me as one of the principals in the corporation of _____.

I reside at _____ and have been a resident and a citizen of the State of _____ for _____ years.

That during the past year _____ has been the owner and holder of State Liquor License Number _____, and the State Liquor Control Board has acquiesced to the transfer of said license and is now in our name.

I have applied for Liquor License Number _____ and the State Liquor Control Board has acquiesced said license and is now in our name.

I further agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.

Signature: _____ Date: _____

Submit

- I am aware that the license fee is NOT prorated and **expires on January 31** each year, regardless of the issue date.
- I acknowledge that the information I have provided is current and true.
- I agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.
- All commercial location applicants must include a Waste Water Survey form; I have attached this if applicable.
- I am aware that additional permits may be required for building construction, electrical, mechanical, or plumbing changes and new or relocated signs.

Signature _____ Date _____

Submit Your License Application

Submit your application by emailing coordinators@ci.missoula.mt.us.

All applications are processed in the order they are received.

You can also mail or drop off your application at:
City of Missoula
Attn: CPDI - Business Licensing
435 Ryman St
Missoula, MT 59802

Pay for Your License

Most applicants pay **online** with a Visa or MasterCard. You will be contacted to make payment during the application intake process, letting you know when you can login to make payment. After you have submitted your application, visit <https://ebiz.ci.missoula.mt.us/CitizenAccess/> to create a login.

Pay with **check**. Make check out to City of Missoula. Please contact coordinators@ci.missoula.mt.us to confirm your fees before mailing or dropping off a check with your application.

Note: Licenses do not enter departmental review until payment is received.

WASTEWATER CLASSIFICATION SURVEY

City of Missoula • Public Works Department • Wastewater Division • 435 Ryman St • Missoula, MT 59802 • (406) 552-6606

The purpose of this Wastewater Classification Survey is to identify those business' which may require a Wastewater Discharge Permit in accordance with Missoula Municipal Code 13.06.140 and must be completed by all non-residential sewer users.

I. Business Information - General

1. Business Name:	2. Telephone Number:
3. Business Address:	4. Mailing Address:
5. Previous Address (if any):	
Business Signing Official	Business Contact Official
6. Name:	7. Name:
8. Telephone:	9. Telephone:

II. Business Information - Sewer and Waste Specific

1. Existing Sewer Information:	City Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of System <input type="checkbox"/> S.T.E.P <input type="checkbox"/> Gravity	Pipe Diameter: <input type="checkbox"/> 6" <input type="checkbox"/> 8" <input type="checkbox"/> 10" <input type="checkbox"/> 12" <input type="checkbox"/> Other:
2. Products or Services provided:			
3. Principal raw materials used (if any):			
4. Do you store any of the following in volumes greater than 2.5 gallons: briefly describe any 'Yes' responses			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Production / Manufacturing Chemicals:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Petroleum Oils:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fuels:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Laundry / Dry Cleaners:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Materials:	MSDS:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Solvents:	
5. Does your facility have / use any of the following:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Warehouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Floor Drains	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Wash Rack	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parts Cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fuel Island	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pressure Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Steam Cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Business Information - Miscellaneous

1. Any pretreatment devices (i.e. interceptor or silver recovery unit):			
2. Any other information related to your sewer discharge:			
3. Number of employees:	4. Any Shift work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Water Source:	<input type="checkbox"/> Missoula Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Other: _____

I declare under penalty of perjury that, to the best of my knowledge, the information provided on this form is true and correct.

Printed Name: _____

Date: _____

Legal Signature: _____

Date: _____

(to be obtained at a future date)