



CITY OF MISSOULA LIQUOR BUSINESS LICENSE APPLICATION 2022

To submit your application with a check, please mail to:
CPDI, Business Licensing, 435 Ryman St, Missoula, MT 59802
To submit via email, please send to: blic@ci.missoula.mt.us
Phone: (406) 552-6121; Fax (406) 327-2182

****THIS APPLICATION IS FOR LIQUOR BUSINESS LICENSES ONLY - THIS EXPIRES JANUARY 31ST EACH YEAR, REGARDLESS OF THE ISSUE DATE****

REASON FOR APPLYING: _____ New Business _____ Location Change _____ Ownership Change _____ Name Change (No fee) _____ Other

Provide the number of FTE (full time equivalent employee): _____ FTE MINIMUM FEE is \$264; each additional owner/employee beyond 4 is \$66 per person

FTE Fee Calculation: Take the number of hours worked by ALL employees (owners/part time/full time/temporary/seasonal) during the year and divide by 2,080. Please round up to the nearest whole number.

Waste Water Survey: ALL COMMERCIAL LOCATION applications must be accompanied by a Waste Water Survey form.

***Breweries, Wineries and Distilleries:** Do not require a city business license IF you are serving **ONLY** your own product.

LICENSE TYPE: (select all that apply)

- _____ Beer ONLY (+ \$200)
- _____ Wine ONLY (+ \$200)
- _____ Beer and Wine (+ \$400)
- _____ All Beverage (+ \$500)
- _____ Vets or Non-Profit Org. (does not pay the FTE fee - flat rate of \$406.25)
- _____ Restaurant/Food Service
- _____ Bar
- _____ Casino
- _____ Retail (gas Station, grocery store, etc)

BUSINESS INFORMATION: (PLEASE PRINT CLEARLY)

Business Name (as it should appear on the license): _____

Business Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Phone Numbers: Business: _____ Cell: _____ Other: _____

Email: _____

Nature of Business: _____ Proposed Opening Date: _____

BUSINESS OWNER INFORMATION: (ADDITIONAL SPACE ON BACK OF APPLICATION, IF NEEDED)

Corporation Name or DBA: _____

Owner Name: _____

Owner Address: _____ City: _____ St: _____ Zip: _____

Local Manager: _____ Phone: : _____

PLEASE REVIEW AND INITIAL THE FOLLOWING:

- _____ I am aware that the license fee is NOT prorated and expires on JANUARY 31 each year.
- _____ 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.

Applicant Signature: _____ Date: _____

LIQUOR LICENSE ADDITIONAL INFORMATION:

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: _____

ADDITIONAL BUSINESS OWNER INFORMATION:

Owner Name: _____

Owner Address: _____ City: _____ St: _____ Zip: _____

Owner Name: _____

Owner Address: _____ City: _____ St: _____ Zip: _____

Owner Name: _____

Owner Address: _____ City: _____ St: _____ Zip: _____