

# **BUSINESS LICENSE INFORMATION SHEET**

**Business:** All buildings, office spaces, or premises with fixed street addresses which are, or may be accessible to the public, employees, or members, are required to obtain a safety inspection certificate and a business license from the City of Livingston. Below are the steps to obtain a license and a Safety Inspection Certificate:

1. Fill out a business application
2. Bring completed application to Finance Office @ 220 E. Park
3. Allow 10 business days for approval/denial
4. If application is approved Finance Office will contact you with instructions
5. If application is denied you will be contacted by department denying application via phone or letter with instructions on how to move forward

**Special Business License:** All businesses and organizations providing services, or selling food or merchandise away from a fixed street address, within the city, such as resident and non-resident vendors, service providers, and merchants are hereby required to register with the city by obtaining a special business license from the City of Livingston.

1. Bring a completed business license application to the Finance Office @ 220 E. Park
2. Allow 10 business days for approval/denial
3. If application is approved Finance Office will contact you with instructions
4. If application is denied you will be contacted by department denying application via phone or letter with instructions on how to move forward

## **Contractors:**

1. Fill out a business license application
2. **Workmen's Comp policy number or proof of exemption is required**
3. The State Registration number is optional
4. Bring completed business license application to the Finance Office @ 220 E. Park
5. Allow 10 business days for approval/denial
6. If application is approved Finance Office will contact you with instructions
6. If application is denied you will be contacted by department denying application via phone or letter with instructions on how to move forward

1. **Non-resident vendors and service contractors:** If you are vending or contracting in the City for a limited time only you may provide an end date of your project to the business office to have your business license deactivated.

**Short Term Rentals** - Are not currently required to purchase a city business license, but **ARE** required to have a Public Accommodations License from the City-County Health Department. Please contact Park County Health Department for this license. 406-222-4145

## **Review City code for further clarification:**

[www.livingstonmontana.org](http://www.livingstonmontana.org)

Government

Livingston Municipal Code

Chapter 17 – Safety Inspection Certificate, Special Business License, and Alcohol Beverage Act

Chapter 3 – Alcohol Beverages

# City of Livingston

220 E. Park St  
Livingston, MT 59047  
406-222-1142

## Business License Application

Applicant Name: \_\_\_\_\_

Circle which applies:    OWNER                  PARTNER                  CORPORATION

List all partners or joint ventures parties \_\_\_\_\_

Business Name \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_

Business Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Nature of Business (if retail sales or personal/professional services, please list specific items to be sold or services offered)

\_\_\_\_\_

\_\_\_\_\_

**Safety Inspection Certificates:** Please check the size of building that you are doing business in below:

Tier 1	0-2,000 square feet	_____	\$100.00
Tier 2	2,001-10,000 square feet	_____	\$125.00
Tier 3	10,001 – 25,000 square feet	_____	\$150.00
Tier 4	25,001 – 50,000 square feet	_____	\$200.00
Tier 5	over 50,001 square feet	_____	\$225.00

**Specialty Business license:** Please check what type may apply as described below:

Home Business	_____	\$75.00
Non Profit	_____	\$0.00
Contractors	_____	\$90.00
Street Vendor	_____	\$90.00
Non-Resident Vendor / Merchant	_____	\$90.00

**Controlled Substances:** Please check what type may apply as described below:

All Beverage	_____	\$500.00
All Beverage – Veteran Organization	_____	\$400.00
Beer Only	_____	\$250.00
Wine Only	_____	\$250.00
Beer and Wine	_____	\$500.00
Brewery	_____	\$150.00
Distillery	_____	\$250.00
Winery	_____	\$150.00
Marijuana Retail	_____	\$500.00
Medical Marijuana Only	_____	\$100.00
Tobacco Dealer	_____	\$90.00

This business provides/sells Alcoholic Beverages under the State of Montana License number \_\_\_\_\_

**CONTRACTORS ONLY:** State Registration No. \_\_\_\_\_ Workmen’s Comp No. \_\_\_\_\_

**PUBLIC CONTRACTORS:** State Registration No. \_\_\_\_\_ Workmen’s Comp No. \_\_\_\_\_

**CONTRACTOR END DATE:** \_\_\_\_\_

**APARTMENT UNITS ONLY:** Number of units: \_\_\_\_\_

Physical address of units: \_\_\_\_\_

This business is a Marijuana Dispensary under the State of Montana License number \_\_\_\_\_

This business is a Marijuana Grow operation under the State of Montana License number \_\_\_\_\_

**This application must meet all requirements as stated in the Livingston Code of Ordinances 3011 & 2027.**

Signature of Applicant(s) \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Official Signature, Approval & Date is required PRIOR to Issuing License:**

**Planning Department:** A\_\_\_ D\_\_\_ \_\_\_\_\_  
Contact: 406-222-4903 *Official Signature & Date*

**Fire Department:** A\_\_\_ D\_\_\_ \_\_\_\_\_  
Contact: 406-485-5248 *Official Signature & Date*  
operationschief@livingstonmontana.org

**Sanitarian:** A\_\_\_ D\_\_\_ \_\_\_\_\_  
Contact: 406-222-4145 *Official Signature & Date*

**A-Approved D-Disapprove**

LICENSE No. \_\_\_\_\_

ORIGINATION DATE \_\_\_\_\_