

City of Deer Lodge

300 Main Street | Deer Lodge, MT | 59722 | 406.846.2238 | 406.846.3925 (f) | cityofdeerlodge.org

BUSINESS LICENSE APPLICATION

1. City Ordinance requires ALL BUSINESSES operating within the Deer Lodge City obtain a Business License. Issued Business Licenses are valid for one year – July 1st through June 30th.
2. Application must be COMPLETE AND LEGIBLE. Please insert N/A if a requested line of information does not apply.
3. The City of Deer Lodge during the review of a Business License will conduct a property inspection to verify the property complies with Zoning and property maintenance provisions.
4. The City will process in five (5) to ten (10) working days unless the application is incomplete.
5. The City will not release the approved License before payment.
6. Applicant must submit a copy of photo identification.

Date: _____

Name of Business Owner: _____

Business Owner's Home Address: _____

Phone Numbers: Business _____ Home _____

Cell _____ Emergency _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Is this a rental property? – if yes, name of the owner: _____

Brief description of the business (if necessary attached additional pages):

Home Based: Yes _____ No _____

Ownership Type: _____Corporation _____ Partnership _____ Sole Proprietor _____Trust _____ LLC _____ LLP

_____Non-Profit – Must attach IRS documentation of non-profit status

CONTRACTORS: State Registration No. _____

Please attach copy of state registration card.

Workmen's Comp. No. _____

ITINERANT/TRANSIENT VENDORS:

Brief description of merchandise and/or service offered: _____

Date of arrival in City of Deer Lodge: _____

Date of departure from City of Deer Lodge: _____

City or County from which last Licensed: _____

Applicant

Signature _____ Title _____ Date _____

Zoning District: _____ Property Violations: _____ State Health License: YES | NO

Law Enforcement Background Check: _____ Montana State Registration: YES | NO

Approved: YES | NO (Reason) _____

Renewal: YES | NO Resident License: YES | NO Full Year: YES | NO Prorate: YES | NO

Fee Paid: \$ _____ Check No.: _____ Cash: _____ Money Order: _____

Date: _____ License Number: _____ City Official _____

City staff may provide additional responses to a submitted request via a separate document(s)

Business License_122817