



City of White Sulphur Springs
PO BOX 442
White Sulphur Springs, MT 59645
Office: (406)547-3911
Fax: (406)547-3945

Business License Application
Due July 1st Annually

I understand and agree that a Business License, when issued, is subject to all the terms and conditions of the White Sulphur Springs Town Code, Town and County Planning Commission, Zoning Ordinances, and other applicable ordinances.

Type of Application:	<input type="checkbox"/> New Business License	<input type="checkbox"/> Renewal Business License
Business Legal Name:	DBA if applicable:	
Nature of Business:		
Business Phone:		
Business Location:		
Mailing Address-include City, State, Zip		
Applicant Name and Title:		
Owner/Manager Name and Title:		
Email Address:		
Emergency Contact Name and Phone Number:		
Applicable Business License and Associated Fees:	<input type="checkbox"/> Basic Business License	<input type="checkbox"/> Liquor Sales <input type="checkbox"/> Beer/Wine Sales
Do you own your Business Location? If no, owner/landlord name:		

Applicant Signature and Date:

For Internal Purposes Only: Date Issued _____ Fees Paid _____ License # _____

