



130 6<sup>th</sup> STREET WEST  
ROOM A  
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391  
FAX (406) 892-4413

**GENERAL BUSINESS LICENSE APPLICATION**

All businesses are required to obtain a city business license unless exempt by Montana State Law. Applicant must provide State Statute of Exemption to be exempt. Persons having (4) or more rental units are required to obtain a city business license. Home Occupations must comply with zoning regulations and are subject to approval by building inspector/TCPO. Application fee along with application must be returned to the City Clerk by expiration date of current license.

**Violations/Penalty of Columbia Falls City Code:**

Title 5, Chapter 5.04, Section 5.04.220

"Any person, firm, or corporation violating any provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction, shall be fined in an amount not to exceed fifty dollars (\$50.00) or be imprisoned in the city jail for a period not exceeding seven days, or both. Each day such violation is committed or permitted to continue shall constitute a separate offense and shall be punishable as such."

**IF YOU ARE NO LONGER IN BUSINESS,** please fill in termination date below, sign the application, and return it to the City Clerk. \_\_\_\_\_  
Date of Termination

**LICENSES ARE TO BE VISIBLY POSTED IN PLACE OF BUSINESS**

**LICENSE FEES:**

<input type="checkbox"/> <b><u>ANNUAL - (Renewable) - Permanent</u></b>	<b><u>QUARTERLY - Seasonal or Temporary</u></b>
January - December (Prorated per quarter)      \$40.00	<input type="checkbox"/> January - March      \$12.50 <input type="checkbox"/> April - June      \$12.50 <input type="checkbox"/> July - September      \$12.50 <input type="checkbox"/> October - December      \$12.50
Special Event Business License	\$10.00 Per 3-Day Event

**I HEREBY MAKE APPLICATION FOR A CITY BUSINESS LICENSE FOR**

**THE PERIOD OF January 1, 2018 through December 31, 2018 as indicated below:**

Term of Business (Permanent/Seasonal/Temporary): \_\_\_\_\_  
If permanent business has been terminated, enter termination date: \_\_\_\_\_

**PLEASE PRINT CHANGES TO INFORMATION:**      Return application form to City Hall with fee.

NAME OF BUSINESS  Check if Within City Limits  
Type of Business  
Owner/Manager  
Telephone:  
Street Address of Business  
Mailing Address of Business  
City, State, Zip Code  
Signature of Owner/Manager \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Date _____	Receipt No. _____	License No. _____
Amount Paid _____	Initials _____	Added to Database _____