



130 6th 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:

ANNUAL - (Renewable) - Permanent
January - December \$40.00
(Prorated per quarter)

QUARTERLY - Seasonal or Temporary
 January - March \$12.50
 April - June \$12.50
 July - September \$12.50
 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, 2019 through December 31, 2019 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

Type of Business

Owner/Manager

Telephone:

Street Address of Business

Mailing Address of Business

City, State, Zip Code

Signature of Owner/Manager _____

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