PUBLIC WORKS DEPARTMENT
520 4TH STREET
HAVRE, MT 59501
406-265-4941

Date Submitted: _____
Zoning Variance: Y____ N____
Permit #: _____

GENERAL BUSINESS REGISTRATION APPLICATION

Business Name: _____

Location Address: _____

City: _____ State & Zip: _____

Phone Number: _____

Mailing Address: _____

City: _____ State & Zip: _____

Business Owner Name : _____ Phone: _____

Email: _____

Applicant Name (If other than owner): _____ Phone: _____

◯ Co-Owner ◯ Manager ◯ Legal Representative ◯ Other

Email: _____

Please specify:

☐ Existing ☐ New

Business Activity: _____

_____

PLEASE BE AS SPECIFIC AS POSSIBLE AS TO THE TYPE OF BUSINESS CONDUCTED

CHECKLIST

- ☐ This business is considered a Home Occupation
- ☐ This business provides/sells Alcoholic Beverages under the State of Montana License #_____
- ☐ This business has six (6) or more gaming machines
- ☐ This business provides Auctioneer or Pawnbroker services under Federal ID #_____
- ☐ This business provides/sells tobacco or tobacco products
- ☐ This business is a Marijuana Dispensary under State of Montana License #_____
- ☐ This business is a Marijuana Grow Operation under State of Montana License #_____
- ☐ This business is a Mobile Vendor (Vehicle Description: _____)

AGREEMENT

I certify that this business being registration is not a trade, occupation, pursuit, profession, or entertainment prohibited by any law of the United States or the State of Montana, or by any provision of the City of Havre city code except marijuana and marijuana grow operations are permitted under certain zoning districts as per Title 11, Chapter 1, Section 9 of Havre city code.

I acknowledge that it is the responsibility of the registrant to notify the City of Havre within 30 days if any of the information contained within the registrant's application has changed. Failure to do so may result in penalties and/or suspension or revocation of the registration.

I hereby certify that I am the legal owner or legal representation of the above named business.

_____

Printed Name of Applicant

_____ _____

Signature of Applicant Date

OFFICE USE ONLY

Internal Review:

- ☐ Building Department — Remarks: _____
- ☐ Planning/Zoning Department — Remarks: _____
- ☐ Public Works Department — Remarks: _____
- ☐ 911 Coordinator — Remarks: _____
- ☐ Fire Department — Remarks: _____

Approved: _____ Denied: _____

Permit Entered By: _____ Fee due: _____

OFFICE USE ONLY

Additional Notes:_____