City of Fort Benton
Business License Application

"5.04.020 LICENSE REQUIRED. It is unlawful for any person to transact any business, trade, occupation, or profession in the City without such License first being procured."

Date: _____

Applicant Information:

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City, State, Zip: _____

Business Information:

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Business Address: _____

City, State, Zip: _____

License Type:

Home Based _____ Restaurant/Food Service _____

Commercial _____ *Will you be serving:*

Retail/Wholesale _____ Beer/Wine _____

Office _____ Beer/Wine/Liquor _____

Non-Residential _____ Dispensary _____

Description of goods to be sold or services provided:

_____

_____

Please review and initial the following:

_____ I am aware that the license fee is NOT prorated and expires on December 31st each year

_____ I acknowledge that the information I have provided is current and true

_____ I agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked

_____ _____

Applicant's Signature **Date**

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Approved by: _____

Approved by Date: _____

Business License Issued Date: _____ **Bus. License #:** _____