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

Registration Application
Due July 1st Annually

I understand that issuance of a Certificate of Registration is discretionary, and no business may operate within the City without either a valid Certificate of Registration, which shall be posted in a public and visible location. I further understand and agree that, when issued, a Certificate of Registration subjects the listed business or businesses to all the terms and conditions of the White Sulphur Springs Code of Ordinances, City and County Planning Board, City/County Growth Policy, Zoning Ordinances (if in existence), and other applicable laws and regulations.

Type of Application:	☐ New Registration Certificate	☐ Renewal Registration Certificate
Applicant Name and Title: If more than 1 person, include all Names		
Complete Business Legal Name: If more than 1 business under same name, include all		DBA if applicable:
Nature of Business:		
Business Phone #(s):		
Business Location:		
Mailing Address-include City, State, Zip		
Owner/Manager/Interested Person: Name(s) and Title(s):		
Email Address:		
Emergency Contact Name(s) and Phone Number(s):		
Do you own your Business Location? If no, owner/landlord name, address, City/St, Phone #:	☐ Yes ☐ No	Owner/Landlord:

Applicable License and Associated Fees: *Fees to be completed by Staff*		Fee		Fee
	☐ Basic Business License	____	☐ Registration Certificate	____
	☐ Liquor Sales	____	☐ STR	____
	☐ Beer/Wine Sales	____	☐ Mobile Vendor (local)	____
	☐ Gambling	____	☐ Property Mgmt under 3 dwellings	____
	☐ Itinerant Vendor/Merchant	____	☐ Nonprofit	____
	☐ Out-of-Town Vendor	____	☐ Professional (Non-govt entity)	____
			☐ Hospital, Nursing Home, etc.	____
			☐ Other Exempt by MT	____
			☐ Home-based Business	____
Additional Licenses Required (Attach Proof – verified by Staff)	☐ State Business License ☐ State Professional License ☐ Building Inspection (State) ☐ Sanitarian Inspection ☐ Proof of Liability Insurance ☐ DPHHS License ☐ Lodging Facility/Tax Permit (LFT)		☐ State Liquor License ☐ State Gaming License ☐ State Consumable Product License (food/cigarettes/beer/wine, etc) ☐ Driver's License	
Additional Documents Required	☐ Location Map ☐ Floor Plan		☐ Safety Data Sheet	

☐ Request for consideration of a comprehensive license for separate businesses under one name or parent company.
☐ Consent to listing in public City business database.
☐ Consent to disclose Name and contact phone number of business upon inquiry at City Hall.

I hereby certify, under penalty of perjury, that:

1. I have read (or have been offered an opportunity to read) the ordinances related to business licenses/registrations for the City of White Sulphur Springs.
2. I understand that a revocation of a license or certificate issued by the State will result in a revocation of the City license/registration.
3. I am the owner or an authorized agent of the business named above and qualified to sign this application and speak for the business.

Applicant Signature and Date: _____

For Internal Purposes Only: Fees Paid $_____
License/Certificate Issued: ____/____/_____
License # _____; _____; _____; _____
Staff: _____

A location map is required to be attached to the application.
A Site Plan and a Floor Plan are required and will be used to provide information as to the business or home occupation, including entrances, exits, storage, and, when applicable, accessory buildings involved in the business or home occupation. Please be complete so as to provide accurate information for public health, safety, welfare concerns and appropriate responses. (Copy this page for both site and floor plan)

Place an arrow indicating N in box→

Floor or Site Plan