

BUSINESS LICNESE INFORMATION SHEET

Business: All buildings, office spaces, or premises with fixed street addresses which are or may be accessible to the public, employees, or members are required to obtain a safety inspection certificate from the City of Livingston. Below are the step to obtain Safety Inspection Certificates:

1. Fill out business application
2. Contact Building Code Enforcement (222-0083 – 330 Bennett Street) for further instructions, and signatures.
3. Obtain Safety Inspection Certifications
 - i. Have application signed
4. Bring completed application to business office (110 S. B St) with payment.

Special Business License: All business or organization which engage in providing services or selling food or merchandise away from a fixed street address within the City, such as sidewalk vendors, non-resident vendors, non-resident merchants, and resident and non-resident service providers are hereby required to register with the City by obtaining a special business license from the City of Livingston.

- Bring completed application to business office (110 S. B St) with payment.

Contractors:

- Fill out business application
- The State Registration number is optional
- **If you are not on going contractor you may provide an end date of your project to have your business license deactivated.
- Bring completed application to business office (110 S. B St) with payment.

Public Contractors (Contractors who will be working in the public right of way – streets/alleys)

- Fill out business application
- Bring completed application to business office (110 S. B St) with payment.

Review City code for further clarification:

www.livingstonmontana.org

Government
Livingston Municipal Code
Chapter 17

City of Livingston
110 South B Street Livingston, MT 59047
406-222-1142

**APPLICATION FOR CITY ALOHOLIC/SAFETY INPSECTION/SPECIALTY & BUSINESS
LICENSE**

Applicant Name: _____

Check which applies: OWNER PARTNER CORPORATION

List all partners or joint ventures parties _____

Business Name _____

DBA (if applicable) _____

Business Physical Address _____

City _____ State _____ Zip _____

Business Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Email address _____

Taxpayer ID Number _____

Primary Contact Name _____ Title _____

Street _____

City _____ State _____ Zip _____

Phone _____

Nature of Business (if retail sales or personal services, please list specific items to be sold or services offered)

Safety Inspection Certificates: Please check the size of building that you are doing business in below:

Tier 1	0-2,000 square feet	_____	\$80.00
Tier 2	2,001-10,000 square feet	_____	\$100.00
Tier 3	10,001 – 25,000 square feet	_____	\$120.00
Tier 4	25,001 – 50,000 square feet	_____	\$160.00
Tier 5	over 50,001 square feet	_____	\$180.00

Specialty Business license: Please check what type may apply as described below:

Amusement Device	_____	\$25.00/machine
Home Business	_____	\$65.00
Non Profit	_____	\$0.00
Resident Service Contractor	_____	\$80.00
Non-resident Service Contractor	_____	\$80.00

Street Vendor	_____	\$80.00
Non-resident Vendor / Merchant	_____	\$80.00
Tobacco Vending Machine	_____	\$80.00/machine
Tobacco Dealer	_____	\$80.00

Alcoholic Beverage License: Please check what type may apply as described below

All Beverage	_____	\$406.25
All Beverage veteran's organization	_____	\$312.50
Beer Only	_____	\$200.00
Wine Only	_____	\$200.00
Beer and Wine	_____	\$400.00
Brewery	_____	\$125.00
Distillery	_____	\$600.00
Winery	_____	\$400.00

This business provides/sells Alcoholic Beverages under the State of Montana License number _____

CONTRACTORS ONLY: State Registration No. _____ Workmen's Comp No. _____

PUBLIC CONTRACTORS: State Registration No. _____ Workmen's Comp No. _____

CONTRACTOR END DATE: _____

APARTMENT UNITS ONLY: Number of units: _____

Physical address of units: _____

This business is a Medical Marijuana Dispensary under the State of Montana License number _____

This business is a Medical Marijuana Grow operation under the State of Montana License number _____

This application must meet all requirements as stated in the Livingston Code of Ordinances 2026 & 2027.

Signature of Applicant(s) _____

Dated this _____ day of _____, 20_____

Official Signature, Approval & Date is required PRIOR to Issuing License:

Zoning/Building: A _____ D _____ _____

Contact: 406-222-0083

Official Signature & Date

Fire Department: A _____ D _____ _____

Contact: 406-823-6028

Official Signature & Date

Sanitarian: A _____ D _____ _____

Contact: 406-222-4145

Official Signature & Date

A-Approved D-Disapproved

LICENSE No. _____

ORINATION DATE _____