



BUSINESS LICENESSE INFORMATION SHEET

Business: Every business in a building, office or premise located in the jurisdictional limits of the City of Livingston shall be required to obtain a safety inspection certificate and business license to ensure that the building, office or retail space or premise complies with the adopted uniform building safety codes and other ordinances and regulations enacted for the purpose of protecting the health, safety, and welfare of the public.

Businesses operating within the Historic Downtown District, must have design review completed prior to any modifications to existing structures. See page 2 for more information.

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 this City code for further clarification:

https://library.municode.com/mt/livingston/codes/code_of_ordinances?nodid=CH17SAINCESPBULIALBELIAC_S17-14SAINCE

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. _____

ORIGINATION DATE _____