



City of Livingston

110 South B Street
Livingston, Montana 59047
(406) 222-1142 – (406) 222-4714

APPLICATION FOR CITY ALCOHOLIC/SAFETY INSPECTION/SPECIALTY BUSINESS LICENSE

1. Name and address of applicant: _____
_____ Telephone: _____

2. Trade or business name which applicant will operate under: _____
Business Address: _____ Business Phone: _____

3. State in what capacity you make this application; **OWNER, PARTNER OR CORPORATION:** _____

4. If partner or joint venture, give names of all interested parties: _____

5. Type of Business to be conducted: _____

6. 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
Brewer	_____	\$125.00
Distillery	_____	\$600.00
Winery	_____	\$400.00

7. 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 50,000 square feet	_____	\$180.00

8. Specialty Business License: Please check what type may apply as described below:

Amusement Device	_____	\$25.00/Machine
Tobacco Vending Machine	_____	\$80.00/Machine
Tobacco Dealer	_____	\$80.00
Non-profit	_____	\$ 0.00
Home Business	_____	\$65.00
Resident Service Contractor	_____	\$80.00
Non-Resident Service Contractor	_____	\$80.00
Street Vendor	_____	\$80.00
Non-resident Vendor /Merchant	_____	\$80.00

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

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

11. **APARTMENT UNITS ONLY:** Number of Units: _____ Physical Address of Units: _____

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

Dated this _____ day of _____, 20____.

13. Signature of Applicant(s) _____

REQUIRED CITY OFFICIAL SIGNATURES

Zoning/Building.. A ___ D ___ _____

Fire Department. A ___ D ___ _____

Sanitarian..... A ___ D ___ _____

A-Approved.. D-Disapprove

OFFICIALS SIGNATURE Date: