



Town of Ennis
 328 W. Main St.
 Po Box 147
 Ennis, MT 59729
 Phone (406) 682-4287
 Fax (406) 682-5011
 ennismontana.org

BUSINESS LICENSE APPLICATION

DUE JULY 1ST ANNUALLY

I understand and agree that a Business License, when issued, is subject to all of the terms and conditions of the Ennis Town Code, Town and County Planning Commission, Zoning Ordinances, other applicable ordinances. *Short Term Rental applications must be accompanied by proof of applicable State and County inspections, licensing and tax registration as well as the Short-Term Rental Inspection Checklist. **Marijuana applications must be accompanied by proof of applicable State licensing.

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| Type of Application: | | |
| <input type="checkbox"/> New Business License | <input type="checkbox"/> Renewal Business License | <input type="checkbox"/> Short Term Rental (STR)* |
| <input type="checkbox"/> Transfer/Amended License | <input type="checkbox"/> Change of Owner | <input type="checkbox"/> Marijuana Business** |
| Business Legal Name: | | DBA if applicable: |
| Nature of Business: | | |
| Business phone: | | Other phone: |
| Business Location: | | |
| Mailing Address - include City, State, Zip: | | |
| Applicant Name and Title: | | |
| Owner/Manager Name and Title: | | |
| Email Address: | | |
| Emergency Contact Name and Phone Number: | | |
| Taxpayer ID Number: | | |
| Applicable Business License and Associated Fees: (SELECT ONLY ONE) | | |
| <input type="checkbox"/> Basic Business License [\$50] | <input type="checkbox"/> Liquor Sales [\$250] | <input type="checkbox"/> Beer and Wine Sales [\$175] |
| <input type="checkbox"/> Lodging [\$50+\$3/unit] | <input type="checkbox"/> Campground & RV Parks [\$50 + \$1/space or unit] | |
| <input type="checkbox"/> Short Term Rental [\$150] | <input type="checkbox"/> Communications & Technology [\$100] | |
| <input type="checkbox"/> Marijuana Storefront, Delivery, Growing, Processing, Testing Facility [\$250 each] | | |
| Do you own your Business Location? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If no, owner/landlord name: | | |
| Phone: | | |
| Applicant's Signature and Date: | | |

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| FOR INTERNAL PURPOSES ONLY FEES PAID: _____ LICENSE # _____ |
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