



Town of Ennis  
 328 W. Main St.  
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 ennismontana.org

# BUSINESS LICENSE APPLICATION

DUE JULY 1ST ANNUALLY  
DELINQUENT FEES APPLY AFTER AUG 1

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.

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 Name:		
Nature of Business:		
Business phone:		
Business Location:		
Mailing Address - include City, State, Zip:		
Applicant Name and Title:		
Owner/Manager Name:		
Email Address: (Required for reminders and license receipt)		
Taxpayer ID Number:		
Applicable Business License and Associated Fees: <b>(SELECT ONLY ONE)</b>		
<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]		
<b>Renewal applications received after Aug 1 must include \$10/month late fee (Town Code 3-2-7)</b>		
<small>(Not to exceed cost of applicable fee above – example: \$50 basic license = max \$50 late fee)</small>		
Applicant's Signature and Date:		
FOR INTERNAL PURPOSES ONLY		
AMT PAID _____	PMT TYPE _____	LICENSE # _____ ISSUE DATE _____