



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

# BUSINESS LICENSE APPLICATION

DUE JULY 1ST ANNUALLY

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: <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]		
Do you own your Business Location? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, owner/landlord name:		
Phone:		
<p>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, state and federal laws. *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.</p>		
_____	_____	_____
Date	Signature	Print Name

**BUSINESS OWNER'S REPRESENTATIONS and ACKNOWLEDGMENTS**

**This section must be completed by owner / applicant that owns, leases or rents real property within the jurisdiction of the Town of Ennis, MT.**

Business Name: \_\_\_\_\_  
Registered Agent: \_\_\_\_\_  
Registered Agent Address: \_\_\_\_\_  
Property Address: \_\_\_\_\_

The business owner / applicant hereby represents and affirms that the business, operation, use, occupancy and premises are all in conformity and compliance with all applicable local, state, and federal laws, rules and regulations, including the Town Code, Town Zoning Code, Pretreatment Ordinance, Signage and other Titles, Chapters and provisions of the Town Code.

The business owner / applicant hereby acknowledges and agrees that any if the above representation is false or if there is now or in the future any violation of any applicable local, state, and federal laws, rules and regulations, including the Town Code and all Town Zoning Code, Pretreatment Ordinance, Signage and other Titles, Chapters and provisions therein that the Town Code provides administrative penalties, fines, injunctive relief, the right to claim damages, the right to suspend or revoke any business license, use or operations and other remedies.

\_\_\_\_\_ Dated Signature Owner / Applicant Print Name

STATE OF MONTANA  
COUNTY OF MADISON

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, a Notary Public for the State of Montana, personally appeared \_\_\_\_\_ known to and identified to me upon satisfactory proof who did acknowledge to me that he/she affirmed the truthfulness of the foregoing representations and executed the instrument by power and authority duly vested in him/her as an individual and/or owner, agent, officer, director, manager, managing agent, representative or director of the business licensed by the Town of Ennis, MT. In witness whereof, I have hereunto set my hand and affixed my Notary Seal as of the day and year first above written.

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

FOR INTERNAL USE ONLY  
AMT PAID \_\_\_\_\_ PMT TYPE \_\_\_\_\_ LICENSE # \_\_\_\_\_ ISSUED DATE \_\_\_\_\_