



City of Belgrade

91 E. Central Ave.
Belgrade, MT 59714
Phone: 406-388-3760
Fax: 406-388-4996

APPLICATION FOR CITY LIQUOR LICENSE
2020

BUSINESS NAME: _____

MAILING ADDRESS: _____

NAME OF APPLICANT: _____

PHYSICAL ADDRESS (If different than above): _____

BUSINESS PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

DESCRIPTION - EXACT NATURE OF BUSINESS: _____

OPERATING HOURS: _____ NO. OF EMPLOYEES: _____

ANTICIPATED IMPACT ON TRAFFIC FLOW: _____

TYPE OF SIGNS OR LIGHTS TO BE USED AT BUSINESS LOCATION: _____

CONTRACTOR'S LICENSE: _____

BONDING COMPANY: _____

BUSINESS REFERENCES AND PHONE NUMBERS:

- 1. _____ PHONE: _____
2. _____ PHONE: _____
3. _____ PHONE: _____

EMERGENCY CALL OUT INFORMATION:

- 1. _____ PHONE: _____
2. _____ PHONE: _____

ADDITIONAL INFORMATION: (ie-where is equipment stored)

ATTACHED HERETO IS MY NON-REFUNDABLE CHECK/CASH IN THE AMOUNT OF \$100.00 IN PAYMENT FOR LICENSE FEE. THIS APPLICATION FOR MY BUSINESS LICENSE IS MADE SUBJECT TO ALL THE TERMS AND CONDITIONS OF ORDINANCE 685 AND AMENDMENTS OF THE CITY OF BELGRADE. THIS LICENSE IS NOT TRANSFERABLE. ALL LICENSES EXPIRE ON DECEMBER 31 OF EACH YEAR.

SIGNATURE OF APPLICANT

DATE

For Office Use Only:

Police _____

Zone Off. _____

Fire Mar. _____

City Mgr _____

Rec # _____

Date PD _____

Lic # _____

Date Issued _____