



# City of Hamilton

920 New York Avenue  
Hamilton, Montana 59840

Click Here: [Hamilton Municipal Code, Chapter 5.04 Business Licenses](#)

## **2019 BUSINESS LICENSE REGISTRATION / RENEWAL FORM**

- New License  License Renewal
- No longer engaging in business in the City (complete Business Name only, sign & return)

1. Business Name (as listed with Montana Secretary of State, if applicable): \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business Activity / Services Provided: \_\_\_\_\_

\_\_\_\_\_

2. Name of Business Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

3. Emergency Contact Person & Phone (if different from Owner):

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION: UNDER PENALTY OF PERJURY, I DECLARE I AM THE LEGAL OWNER OF THE ABOVE BUSINESS. ALL INFORMATION PROVIDED IS TRUE AND CORRECT. If a name is provided in Item 3 above, I hereby authorize the City to communicate with the named individual about my business and that individual is authorized to make decisions on behalf of my business.**

**THIS APPLICATION IS SUBJECT TO THE TERMS AND CONDITIONS OF THE HAMILTON MUNICIPAL CODE. ALL LICENSES EXPIRE ON DECEMBER 31 OF THE YEAR ISSUED.**

\_\_\_\_\_  
**Owner's Signature** \_\_\_\_\_ **Date**

- License Fee:**
- \$20.00 Resident-Physical Address of business within City limits (Must comply with HMC Title 17)
  - \$50.00 Itinerant Business – Business located outside City limits
  - \$10.00 Home Business – Business located within the City limits (Must comply with HMC Chapter 17.108)
  - \$50.00 Transient Vendor –Sale of goods at a temporary location (Permission Required)
  - \$50.00 Transient Food/Flower Vendor – Attach Permits (Health/Sanitation)
  - \$25.00 Secondhand/Junk Dealer
  - \$100.00 Fireworks Stand

<b>FOR OFFICIAL USE ONLY:</b> CITY BUSINESS # _____ LICENSE # _____ DATE _____	<b>ZONING ADMINISTRATOR APPROVAL</b> _____ AMOUNT PAID \$ _____ RECEIPT # _____ CHECK # _____
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