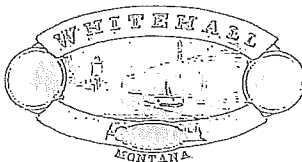


Town of Whitehall



P.O. Box 529
Office of the Town Clerk
Whitehall, MT 59759

APPLICATION FOR TOWN BUSINESS LICENSE

1. Name under which business is to be conducted: _____
2. Name of applicant (If a corporation, give names and addresses of president and secretary; if a partnership, give names and addresses of all parties.): _____
3. Applicant's present address Physical: _____ Mailing: _____
4. Address of business to be conducted: _____
5. Is the above address in a residential area? _____, *if so, this application must be accompanied by a petition of approval by surrounding neighbors, in compliance with Whitehall Town Ordinance 5-02-050.*
5. Nature of business: _____

6. Hours of operation from: _____ to: _____

7. Number of employees: _____

8. Has the applicant ever had a license to conduct the business herein described denied or revoked: _____

If yes, please explain:

9. Please fill in the following information:

A. Birth date _____

B. Business phone: _____

C. Home phone: _____

10. Emergency call out information:

A. _____ Phone: _____

B. _____ Phone: _____

Attached hereto is payment for my license fee. I hereby agree that a business license issued is subject to all of the terms and conditions of the Whitehall Town Code, town and county planning commissions, zoning ordinances and other applicable ordinances, and that I am bound by the said terms and conditions and that this license is not transferable, except that I may transfer the license to a different business site upon submittal of proper notification to the Town of Whitehall.

Licenses expire on December 31 of each year.

Please sign, date and return completed application.

Signature: _____

Signed this day of _____, 20____

(if applicant is a corporation, show office held by person signing) APPROVED / DENIED by Council on _____, 20____.

PAID _____, 20____

Received by: _____