

Town of Whitehall



PO 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. 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 out the following information:
 - a. Birthdate: _____
 - b. Business phone: _____
 - c. Home phone: _____
 - d. Emergency call out information:
 - i. Name: _____ Phone: _____
 - ii. Name: _____ 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 sit upon submittal of proper notification of the Town of Whitehall.

Licenses expire on December 31st 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: _____