

City of Hardin
406 N. Cheyenne Ave.
Hardin, MT 59034
T(406) 665-9292
F(406) 665-2719

2014 Business License Application

Name of Business: _____

Name of Applicant: _____

Business Physical Address: _____

Phone: _____ Emergency Phone (after hours): _____

~ IF DIFFERENT THAN ABOVE ~

Mailing Address: _____ City _____ State _____ Zip _____

Owner/Manager Name: _____

Owner/Manager Address: _____

Owner/Manager Phone Number: _____

This business is used mainly for _____.

~~~Please Check One~~~

	Utility	\$500.00
	Public Service; Financial Institute, Oil or Bulk Gas Dealer, Grain Elevator	\$100.00
	ALL OTHERS	\$50.00

_____ Plumbers & Electricians must attach a copy of State License

After February 1, two hundred percent (200%) of the required fee will be charged.
After March 1, three hundred percent (300%) of the required fee will be charged.

I hereby authorize that this business is not involved in the "cultivation, manufacture, delivery, and possession of Marijuana; under the Montana Marijuana Act(M.C.A. 50-46-301 etal). If "yes" applicant must complete and submit City of Hardin business license Exhibit A, and that this business is not a home based occupation or profession that is conducted within a dwelling occupied by the inhabitants thereof or as otherwise defined under Section 11-1-8-1 of City Code, and authorize the City of Hardin, its agents, and employees to seek verification of the information contained in this application. I understand that This application is made subject to all of the terms and conditions of [Title 5, Chapter 1](#) of the Code of the City of Hardin, which are hereby agreed to and this license is not transferable without prior City approval of said transfer.

All business licenses shall be payable in advance on or before January 31 of each year, and all licenses expire at the end of the calendar year for which they are issued. I understand that I must be in compliance with all zoning requirements as stated in Title 11 of the City Code and that my failure to be in compliance is grounds for the City to revoke this license at any time. I further certify under penalty of perjury that all the information in this application and all attachments are true and accurate.

Applicant Signature

Date