



Business Tax Determination

Department of Finance
P.O. Box 1178 Billings MT. 59103
406-657-8364
businesslicense@billingsmt.gov

This Business is

- New business
- Transfer
- Name Change

Former Owner Name _____

Former Business Name _____

Please Print

1. Name of Business (DBA) _____

2. Nature of Business _____

3. Location of Business _____

Street Address _____ City _____ St _____ zip _____

4. Mailing Address _____

Street Address _____ City _____ St _____ zip _____

5. Name of Applicant _____

Owner Manager other _____ Partner

6. Date Business is to Start in Billings _____

7. Business phone _____ Home phone/ 2nd phone _____

8. Business is in Residence Existing Building Out of City

9. Business is Sole Proprietor Partnership Corporation Other _____

10. Email address _____

Fee Computation

Basic Tax \$ _____

Liquor all Beverage \$ _____
(\$500.00)

Full time Employees \$ _____
(Excess of 5: \$6 ea)

Liquor fee Beer \$ _____
(\$200.00)

Health fee \$ _____
(\$50.00)

Liquor fee Wine \$ _____
(\$200.00)

Delivery permits \$ _____
(\$12.00 each)

Total Fee Due \$ _____
Payment must be included to process application

Pursuant to Ordinance No. 12-5587 enacted by the Billings City Council on October 9, 2012, any business, occupation or profession within the City that violates any provision of local, state, or federal ordinance, regulation, law, or statute is expressly prohibited. The issuance of a Business Tax Determination or acceptance of payment by the City does not authorize any business, occupation, or profession to operate in violation of any provision or local, state, or federal ordinance, regulation, law, or statute. Any such Business Tax Determination or Business License improvidently granted by the City shall be deemed void from the date of issuance. By signature below, the applicant asserts under penalty of law that the proposed business, occupation, or profession does not violate any provision of local, state, or federal law, statute, ordinance, or regulation.

Signature: _____ Date: _____

Signature: _____ Date: _____