

# City of Helena

Accounting Division  
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## Office Use Only – Room 445

Zoning: AP	___	DENIED	___
Land Use :	P	NP	CUP
Date/Initial	_____		
Change in Use:	YES	___	NO
Bldg Div:	AP	___	DENIED
Date/Initial	_____		

### GENERAL BUSINESS LICENSE APPLICATION

License is valid for one year – January 1<sup>st</sup> through December 31<sup>st</sup>

City Ordinance requires that all business operating within the Helena City limits to obtain a business license.

#### Check the following that pertain to your business:

- \_\_\_ New Business
- \_\_\_ Renewal
- \_\_\_ Change of Address/Ownership (no fee)
- \_\_\_ Name Change (no fee)

#### FEE SCHEDULE (PRO-RATED TO ½ AFTER JULY 1<sup>ST</sup>)

___ Home Based* w/no employees	\$ 10.00
___ 0-4 FTEs** (Full-Time Employees)	\$ 25.00
___ 5-10 FTEs	\$ 50.00
___ 11-20 FTEs	\$100.00
___ 21-40 FTEs	\$200.00
___ 40 or more FTEs	\$400.00

\_\_\_\_\_ (old name)

#### Please complete the following information:

Business Name \_\_\_\_\_

Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Phone \_\_\_\_\_ \_\_\_ Owner \_\_\_ Manager

Specify Business Activity \_\_\_\_\_

Is your business located INSIDE or OUTSIDE of the City Limits? \_\_\_\_\_

\*This license fee is only for self-employed persons with no employees and operating a business from the person's residence.

\*\*The number of full-time equivalent employees (FTEs) is determined by dividing the total number of hours worked by all employees of the business for the previous calendar year by 2080. (For businesses located outside Helena city limits the fee is based only on the FTE's working in Helena.)

I hereby certify that this business being licensed is not a trade, occupation, pursuit, profession or entertainment prohibited by any law of the United States or this state, or by any provision of this code, including the sale of medical marijuana.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_