



City of Belgrade

91 E. Central Ave.
Belgrade, MT 59714
Phone: 406-388-3760
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2023 TRANSIENT OR ITINERANT

MERCHANT OR VENDOR BUSINESS LICENSE APPLICATION

COMPANY NAME _____ EMAIL: _____

COMPANY OWNER _____

COMPANY STREET ADDRESS _____

COMPANY MAILING ADDRESS _____

COMPANY PHONE NUMBER _____ CONTACT PERSON _____

NAME OF AGENTS TO BE WORKING IN CITY OF BELGRADE _____

LOCAL AREA ADDRESS & PHONE NUMBER _____

NUMBER OF VEHICLES _____ LIST MAKE, MODEL AND LICENSE PLATE NUMBER OF ALL VEHICLES BEING USED IN THE CITY OF BELGRADE BY OWNER OR AGENTS _____

DRIVERS LICENSE NUMBERS AND STATE WHERE ISSUED FOR ALL AGENTS WORKING IN THE CITY OF BELGRADE (MUST BE VISUALLY VERIFIED – **PHOTO COPIES** WILL BE MADE _____

DATE(S) EXPECTED TO BE WORKING IN THE AREA _____

PRODUCT(S) BEING SOLD _____

IF FOOD PRODUCT(S), ARE ANY COOKED, PROCESSED OR OTHER **Y / N**

HAVE YOU APPLIED FOR A LICENSE FROM GALLATIN COUNTY **Y / N**

HAS A MONTANA STATE RETAIL LICENSE BEEN ISSUED FOR THE PRODUCT(S) & STATE INSPECTION MADE? **Y / N**

LOCATION OF SALES AREA SET UP _____

STATE INSPECTION NUMBER (COPY MUST BE PROVIDED) _____

CITIES IN MONTANA WHERE LICENSES HAVE BEEN ISSUED _____

CITIES IN MONTANA WHERE LICENSES HAVE BEEN DENIED _____

LIST THE LAST TWO MUNICIPALITIES WHERE YOUR COMPANY TRANSACTED BUSINESS AND THE DATES OF THE TRANSACTIONS:

CITY OR TOWN, STATE _____ DATE _____

CITY OR TOWN, STATE _____ DATE _____

(REFERENCES LIST AT LEAST 3): NAME, ADDRESS AND PHONE NUMBERS _____

ATTACHED HERETO IS MY NON-REFUNDABLE CHECK/CASH IN THE AMOUNT OF \$150.00 IN PAYMENT FOR THE LICENSE FEE.

SIGNATURE _____ DATE _____

NOTE: AN INCOMPLETE APPLICATION IS BASIS FOR DENIAL OF LICENSE

FOR OFFICE USE ONLY

Zoning _____ Fire Marshall _____ Police _____ City Mgr _____

Date Paid: _____ RECEIPT # _____ Cash/CK/CC: _____

LICENSE # _____ DATE OF ISSUE: _____