



CITY OF BOZEMAN

121 N Rouse Ave, PO Box 1230, Bozeman, MT 59771-1230 | Telephone (406) 582-2327

APPLICATION FOR ALCOHOLIC BEVERAGE CITY LICENSE UNDER CHAPTER 4.03 BOZEMAN MUNICIPAL CODE

The undersigned hereby makes an application for an alcoholic beverage City license on behalf of:

License Holder's Name: _____

License No.: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

The State of Montana license is owned by:

State license holder's name: _____

License expiration date: _____

License type: _____

The **name and business address** in the City of Bozeman where I propose to carry on business under the license is, or in the case of a transfer or relocation, the address of the new location:

Business Name: _____

Business Address: _____

I understand that the City License hereby applied for, if granted, shall not be good for any other location in said City without the consent and permission of the City Manager first and obtained after application and such permission endorsed on such license by the City Treasurer.

I am requesting this license because (brief explanation of why a license is needed):

The fee of \$ _____ as prescribed by said ordinance, is tendered herewith.

Signor Information:

My name is _____ I am the _____ of the company. My residence is _____ and I have resided at this location for _____ years.

I understand that the license I am applying for with the City of Bozeman expires with the expiration of the license from the State of Montana in this application above described; shall be subject to all the provisions of the Bozeman Municipal Code and state law, including but not limited to, all rules and regulations adopted and promulgated by the Mont. Dept. of Revenue Alcoholic Beverage Control Division. I also understand that revocation, withdrawal or suspension of any license granted to be by the State of Montana shall at once and simultaneously operate as a revocation, withdrawal, or suspension of any license granted by the City of Bozeman pursuant to this application.

Applicant Signature _____ Date _____

Approved by:

City Manager Signature _____

Date _____