



# APPLICATION FOR TOWN OF STEVENSVILLE BUSINESS LICENSE

Please Complete Application and Mail or Deliver with Payment to:

Town of Stevensville - Town Clerk

PO Box 30

Stevensville, MT 59870-0030

Phone: (406) 777-5271 ext. 102

Email:

[townclerk@townofstevensville.gov](mailto:townclerk@townofstevensville.gov)

Fax: (406) 777-4284

2026

PLEASE PRINT INFORMATION LEGIBLY AND COMPLETE ALL SECTIONS. PLEASE KEEP A COPY FOR YOUR RECORDS. Your license may require you to submit proof of certification and/or permit with your payment. Application for a business license shall be accompanied by the non-refundable business license fee, in the initial amount of (see fee schedule) for each business. Separate licenses shall be obtained for each branch establishment or separate location of a business. A business license shall be obtained for every business covered in Stevensville Town Code Chapter 12.2.12-19.

Start Date: (Required)

**A BUSINESS LICENSE IS REQUIRED ONLY IF BUSINESS IS OPERATING WITHIN THE TOWN LIMITS (Sec 12-22)**

**\*\*Business license fees are not pro-rated and need to be renewed each year, regardless of the issue date\*\***

Reason for Applying

☐ New Business ☐ Location Change ☐ Ownership Change ☐ Name Change (No fees) ☐ Renewal

Type of License:

☐ Contractor License Expires December 31 every year (\$75.00)

☐ Home Based License Expires December 31 every year (\$75.00)

☐ Commercial License Expires December 31 every year (\$75.00) (Non-Profit Exempt)

Choose Type: ☐ Retail/Wholesale ☐ Office ☐ Restaurant/Food Service ☐ Industrial ☐ Other or Non-Profit

Previous Use of Building (required) \_\_\_\_\_

☐ Liquor License Expires December 31 every year (Sec 12-81 through 12-86)

Choose Type: ☐ Off-premises consumption (\$200) ☐ On-premises consumption (\$250) ☐ All-beverage license (\$350)

Previous Use of Building(required) \_\_\_\_\_

☐ Fire Suppression Permit Expires December 31 every year (\$250.00)

- For businesses/buildings with fire suppression systems connected to Town water

☐ Airport Business Expires June 30 every year (\$250.00) (Sec 3-36)

☐ Itinerate/Transient Expires December 31 every year (\$75.00) (Sec 12-116 through 12-146)

Total: \_\_\_\_\_

## Section 1. Business Information

Business Name (Legal Name)

Doing as Name (DBA Name) if different from legal name

Physical Address of Business

City **STEVENSVILLE**

State **MT**

Zip **59870**

Business Phone

Federal ID #

E-mail Address

Cell Phone

**24 hour Emergency Contact Name and Phone**

## Section 2. Mailing Address

If Different from Section I (above) enter Business Name, Owner Name or Care-of Name

Mailing Address

City

State

Zip

## Section 3. Business Type and Premises Status

Describe the Nature of the Business

FTEs

Do you own your Business Location?

Yes ☐

No ☐

Landlord Name & Address:

Landlord Phone #

### Liquor License Additional Information

I, \_\_\_\_\_, hereby make application for a Beer, Wine, Beer & Wine, or All Beverage License to conduct the business of selling beer, wine, beer & wine or all beverages at retail in the Town of Stevensville, Montana.

Said business to be conducted under the trade name of \_\_\_\_\_.

Previous owner (if applicable): \_\_\_\_\_.

Present owner: \_\_\_\_\_ Location: \_\_\_\_\_

I hereby further certify that application is made by me as an agent or principal. I hereby further certify that this application is made by me for and on behalf of (Fraternal Order or Club) \_\_\_\_\_

I hereby further certify this application is made by me as a partner of the partnership composed of, \_\_\_\_\_

I hereby further certify this application made by me as one of the principals in the corporation of \_\_\_\_\_

I reside at \_\_\_\_\_ and have been a resident and a citizen of the State of Montana for \_\_\_\_ years.

That during the past year \_\_\_\_\_ has been the owner and holder of State Liquor License Number \_\_\_\_\_ and the State Liquor Control Board has acquiesced to the transfer of said license and is now in our name.

I have applied for License Number \_\_\_\_\_ and the State Liquor Control Board has acquiesced said license and is now in our name.

I further agree to abide by all Town Ordinances and Laws of the State of Montana; otherwise, my license may be revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fire Suppression Additional Information

#### REQUIRED FOR ALL APPLICANTS

This information to be provided by the applicant for ALL owners and will be kept confidential. The information will be provided to the Town of Stevensville Police and Fire Departments for contact in case of emergency.

Owner(s): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Key Holder(s): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Other Emergency Contact(s): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Specific notes/instructions for emergency services (**List all hazardous materials and their locations**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### All areas of the application and accompanying forms must be completed in full, and the Sworn Statement below must be acknowledged.

By signing below, I am certifying under penalty of perjury that I have provided complete and accurate information on this application and I have not violated and am in compliance with the Stevensville Town Code, Stevensville Development Code and I do not owe the Town any delinquent fees payable to the Town pursuant to Stevensville Town Code unless I have entered into a written payment agreement approved by the Town relating to payment of any and all outstanding obligations and I am current making any and all payments required under the terms of such an agreement. I understand issuance of a business license does not permit business operations unless business is properly zoned, has obtained proper building permits, occupancy certification and/or is in compliance with all applicable laws/rules. By signing this application, I understand that the completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. I understand the Town may need to request additional information from me concerning my application and hereby mutually agree that the Town is allowed to submit supplemental requests for additional information if deemed necessary.

Business Owner's Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



# STEVENSVILLE FIRE DEPARTMENT

*Chief Jeffrey A. Motley*

206 Buck St. • P.O. Box 193 Stevensville, MT 59870 • 406-777-5271 office • 406-777-4284 fax

Dear Community Partner,

The Stevensville Fire Department will begin conducting routine safety surveys in buildings throughout the Town each year. These surveys help reduce fires by eliminating basic fire hazards, educating members of the community on potential hazards, and helping to ensure a safe and livable community.

Enclosed you will find a self-survey checklist to assist you in assessing general safety and code compliance within your building. Please take a few moments to conduct the survey and begin removing hazards as needed. You may find it useful to conduct monthly, quarterly, or even bi-annual safety surveys based on your facility needs. This survey is provided as a voluntary compliance tool to assist you in maintaining a fire safe facility. We ask that you make a copy of the completed survey and return it to us so that we can better assess the fire prevention and education needs in our community. It is critical that firefighters understand the layout of your facility. You can help by drawing a floorplan on the provided sheet, too.

We encourage all facilities to implement emergency and safety programs to improve employee and customer safety as well as business recovery. We recommend a safety plan that would incorporate the following:

- Emergency plan: A specific response plan that will offer guidance to employees on how to respond to emergencies such as building evacuation, fire procedures, response to alarms, severe weather, bomb threats, etc. These plans are required for some buildings but recommended for everyone.
- Disaster recovery plan: The recovery plan provides guidance on how to recover after an incident such as a fire or natural disaster and may include alternate worksites, backup storage process and location for critical data, and assembling employees after an incident.
- Training: Continual review, training, & updates for employees are a critical component to each plan.

Numerous internet resources are available to assist you in planning and preparations such as:

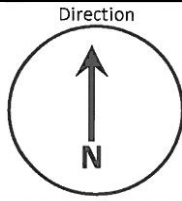
- NFP A (National Fire Protection Association) publishes "NFPA 1600: Standard for Disaster/Emergency Management and Business Continuity Programs". [www.NFPA.org](http://www.NFPA.org).
- OSHA emergency plan system: [www.osha.gov/SLTC/etools/evacuation/expertsystem/default.htm](http://www.osha.gov/SLTC/etools/evacuation/expertsystem/default.htm)
- FEMA emergency planning tips: [www.fema.gov/business/index.shtm](http://www.fema.gov/business/index.shtm)

The Stevensville Fire Department is ready to assist you with preventing and responding to emergencies associated with your business. Feel free to contact us at 406-777-5271 or via e-mail at [firechief@townofstevensville.gov](mailto:firechief@townofstevensville.gov) with any additional questions or comments.

Sincerely,

Jeff Motley  
Fire Chief  
Stevensville Fire Department

*Committed to Community, Dedicated to Progress*



Address:

147 South 7<sup>th</sup> Street

PRE-PLAN#

Name of Occupancy:

Frank's Shooting Sports

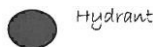
Oak Street

PARK  
AVE.

Main Show Room  
Fully Sprinkled  
Displays are  
combustible  
1100 Sqft

Stock Room  
Heavy  
Combustibles, and  
flammable cleaners

Weapons &  
Ammo Vault  
650 sqft  
Clean Agent  
Suppression



Electrical

7<sup>th</sup> Street

NOT TO SCALE

PRE-INCIDENT PLAN DIAGRAM

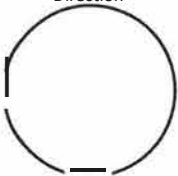
**Stevensville Fire Department**

<p><i>Commercial Fire Safety Self-Survey</i></p>	<p>Address: _____</p> <p><b>BusinessName:</b> _____</p> <p>Employee completing survey: _____ Date: _____</p>
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The Stevensville Fire Department provides this document as a courtesy to assist you with identifying routine fire safety issues within commercial facilities. These surveys improve safety by eliminating basic fire hazards, educating employees on potential hazards, and help to ensure a safe and livable community. This form is intended to assist you with general compliance items in your building - the list may not be all inclusive as requirements change based on occupancy type, use, and size. The list below is intended to act as a guide to help you begin promoting fire safety within your facility.

		N/A	YES	NO
<b>A. MEANS OF EGRESS</b>				
1 Exit doors are easily accessible and unobstructed. The door opens easily and to the full open position.				
2 Exit doors unlatch with a single operation so that anyone in the building can exit without delay.				
3 Fire doors are maintained in the closed position or are self-closing. Fire doors are unobstructed and will fully close.				
4 Exit walkways are clear of stock, storage, or items that restrict exit width. A walkway at least 44" wide is provided.				
5 Stairwells (stairs, landing, areas under landing) are clear of storage. Continuous lighting provided in stairwell.				
6 The emergency exit path is marked by exit signs, so it is easily identifiable to employees and the public.				
7 Exit signs and emergency lights are unobstructed and operable under normal and emergency power.				
<b>B. FIRE PROTECTION</b>				
1 Fire extinguishers: Size 2A:10B:C min., service tag or new tag within 1 year, mounted to wall <5' high, accessible				
2 Fire sprinkler and/or standpipes have been serviced by a licensed fire protection contractor within the last year.				
3 Fire sprinkler valves are clearly labeled (indicating the area served) and locked open or monitored by the fire alarm.				
4 The fire department connection feeding the fire sprinkler or standpipe is easily accessible and labeled.				
5 Stock, storage, displays, etc. is 18" below fire sprinklers, 2' below ceiling in non-sprinkled areas, no higher than 12'.				
6 Standpipe connections are accessible, protective caps are in place and are only hand tight.				
7 Kitchen hood, paint booth, or specialize extinguishing systems have been serviced within the last 6 months.				
8 Kitchen hood, paint booth, or other hood exhaust systems are maintained clean and are operating (running).				
9 Fire alarm system has been serviced by a licensed fire alarm contractor within the last year.				
10 Fire alarm devices such as pull stations, audio or visual alarms, or other devices are unobstructed and visible.				
<b>IC. HEATING SYSTEM</b>				
1 Fuel burning appliances that are vented to the outside have the vent in place which is free of breaks or holes.				
2 Appliance and/or equipment covers are in place and secured to the appliance or equipment. .				
3 Spacing of not less than 36" is maintained between combustibles (anything that will bum) and heating systems.				
<b>D. ELECTRICAL</b>				
1 Extension cords are only used on a temporary basis, only for portable items, never in place of permanent wiring.				
2 Breaker box does not have any open slots or circuits, circuits are clearly labeled, breaker cover(s) remain closed.				
3 All electrical junction box covers, outlet covers, and switch plates are secured in place.				
4 Clearance is maintained around the electrical panel at all times (minimum: 30"wide x 36"deep x 78"high)				
<b>E. GENERAL</b>				
1 Storage, stock, supplies, etc. are maintained in an orderly manner and not excessive to present a fire or safety hazard.				
2 Flammable liquid is stored in approved metal safety cans and limited to 10 gallons unless otherwise approved.				
3 A MSDS (Material Safety Data Sheet) is on site for all chemicals, the documents are posted and easily accessible.				
4 The property street address & suite identification are posted in not less than 4" tall numbers and/or letters.				
5 If the property has a Knox box for fire department entry: has the fire department been notified of any key changes?				
6 Fire Safety & Fire Evacuation plans prepared for review for all Assembly, Educational, and Institutional facilities				
<b>F. REPORTS</b>				
Inspection reports for the following systems must be maintained on site and available for review: Fire Sprinkler Systems, Standpipe Systems, Fire Pumps, Fire Alarms, Hood Suppression, Other Suppression, and Emergency Power Systems.				
<b>OTHER</b>				
< The facility Business License Certificate of Occupancy and the current business license are posted within public view near the primary designated entry. Typically, these documents should be posted within 15' of the primary entry and easily visible.				
< Secondary exit doors are labeled from the exterior with the business name and/or suite identifier. This greatly improves fire department access into the facility, especially in strip mall situations with multiple doors.				
< Employees have been trained on the facility emergency plan and training has been documented.				
< Managers should routinely survey all exit routes to ensure the exits and exit routes are unobstructed, the walking path does not present any hazards such as trip or fall hazards, and any needed stairs, guardrails, or handrails are in good repair.				

**PLEASE NOTE WHERE ELECTRICAL EQUIPMENT AND GAS APPLIANCES ARE LOCATED IN YOUR FACILITY ON THE PROVIDED MAP. (Reverse)**

<div>Direction</div> 	Address:	PRE-PLAN II
	Name of Occupancy:	
<div></div>		

NOT TO SCALE