



**City of Libby**  
**Libby Montana**  
www.cityoflibby.com

PO Box 1428  
952 E. Spruce Street  
Libby MT, 59923  
(406) 293-2731  
Fax (406) 293-4090

## 2026 Business License Application

*It is required, under Title 5 of the City of Libby Code or Ordinances that no person, firm, association, corporation or other business entity shall carry on or engage in any occupation, trade, profession, or business within the city involving the sale of goods and/or services without first having procured a license therefor from the city, provided that said occupation, trade, profession, or business has not been specifically exempted from procuring said license or paying any fees associated therewith by the laws of the state of Montana.*

### **BUSINESS INFORMATION**

☐ New (\$90) ☐ Renewal (\$60) ☐ Hawkers (\$30, Pages 1 and 2 only)

**Business Structure:**

☐ Individual ☐ Partnership ☐ Corporation/LLC

**Business Type:**

☐ Office ☐ Retail/Wholesale ☐ Restaurant/Food Service

☐ Manufacturer ☐ Professional Service ☐ Home Based ☐ Mobile Service

☐ Other: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business PHYSICAL Address:** \_\_\_\_\_

\*\* CANNOT be a PO Box - Needs to be Actual Business Location \*\*

**Date of Arrival to the City of Libby:** \_\_\_\_\_ **Expected # Employees:** \_\_\_\_\_

**Federal Tax-ID (EIN):** \_\_\_\_\_ **Other License(s) # (if Required):** \_\_\_\_\_

### **APPLICANT INFORMATION:**

**Applicant's Full Name:** \_\_\_\_\_

**\*\* Other Names Used:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Does the Applicant have any other licenses in another City/County: Yes ☐ No ☐

If YES, please list License(s), nature of business, and City/County located in:

Has any business license to the applicant been denied, revoked or suspended in the City of Libby or any other City/State: Yes ☐ No ☐

If YES, give details and state business activity or occupation denied, revoked or suspended:

Description of Products/Services provided:

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Sign & Print Name (legibly)

\_\_\_\_\_  
Date

*\* Fees payable to the City of Libby on or before January 1<sup>st</sup> of each calendar year or before opening \**

Annual License Fee: \$\_\_\_\_\_

***For Office Use Only***

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

Lic #: \_\_\_\_\_

Payment: \_\_\_\_\_

# 2026 Business License Application Investigation

## **Planning, Zoning and Ordinance:**

*The City of Libby's Building Inspector or Administrator is responsible for reviewing for the conformance to the adopted city regulations, ordinances and, Montana state law. If the business is located in the Residence Business District, this application must be approved by the board of adjustments, City Code 17.20.020.*

**Must Specify the Zoning District:** \_\_\_\_\_

**Recommended for:** ☐ APPROVAL ☐ DENIAL (based on the following reasons)

\_\_\_\_\_  
**Signed By Building Inspector/Administrator**

\_\_\_\_\_  
**Date**

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## **Fire Marshal**

*The Fire Marshal's office is responsible for enforcing the International Fire Code, and for performing fire/alarm plan reviews and Fire Life Safety inspections. (Contact Fire Marshal at 293-9217)*

**Business location has been:** ☐ APPROVED ☐ DENIED (based on the following reasons)

\_\_\_\_\_  
**Signed By Fire Marshal**

\_\_\_\_\_  
**Date**

**City Building Inspector/Building Codes:**

*The City of Libby's building department performs plan reviews and inspections on all commercial and residential building projects within the city limits. We also inspect business buildings to ensure public safety and health.*

Recommended for: ☐ APPROVAL ☐ DENIAL (based on the following reasons)

\_\_\_\_\_  
Signed By City Building Inspector

\_\_\_\_\_  
Date

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**County Health Inspection:**

*The County Environmental Health Department performs is responsible for making all food establishments meet the required federal and state regulations. They also inspect business buildings to ensure public safety and health.*

Recommended for: ☐ APPROVAL ☐ DENIAL (based on the following reasons)

\_\_\_\_\_  
Signed By County Health Inspector

\_\_\_\_\_  
Date