



WHERE THE RIVERS MEET: RUBY, BEAVERHEAD, BIG HOLE, AND JEFFERSON

Town of Twin Bridges

The Town of Twin Bridges is an equal opportunity employer.

PO BOX 307/104 E. 6th Avenue, Twin Bridges, MT 59754

Phone: 406-684-5243

Fax: 406-684-5299

Email: townoftb@3rivers.net

BUSINESS LICENSE APPLICATION

NEW BUSINESS _____ CHANGE OF BUSINESS LOCATION _____ CHANGE OF NAME _____

Business Name: _____

Contact Person: _____

Mailing Address: _____

Physical Address of Business: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

WEBSITE: _____

TYPE OF BUSINESS – Please give a brief description of the business.

There may be up to a 48 hour waiting period to receive your license unless you have previously had a Town of Twin Bridges Business License without complaint.

I understand and agree that Business License is subject to all of the terms and conditions of the Town of Twin Bridge Code, Town and County Planning Board, and other applicable ordinances. The license is not transferable except that I may transfer the license to a different business site upon advising the Town of Twin Bridges.

You are required by Town Ordinance and Montana State Code, to purchase a Business License. No person, business establishment, firm, association, or corporation shall conduct, operate, transact, engage in or carry on an industry, trade pursuit profession, vocation or business within the Town without first applying for and obtaining a license from the Town herein provided.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

Date Approved By Town Council: _____ License Number: _____

Check # _____ Amount \$ _____