

Town of Superior
PO Box 729
Superior, MT 59872
(406) 822-4672

FOR OFFICIAL USE ONLY

LICENSE # _____

2026

BUSINESS LICENSE – REGISTRATION

NEW

RENEWAL

BUSINESS NAME: _____

Business Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

Business Phone Number (): _____ - _____ Date Business Opened: _____

E-Mail Address: _____

Business Activity: _____

Owners Name: _____
Owner's Address: _____
Owner's Phone Number: _____

Manager's Name: _____

Manager's Address: _____

Emergency Name/Number (after hours): _____

DECLARATION: UNDER THE PENALTY OF PERJURY, I DECLARE THAT I AM THE LEGAL OWNER OF THIS BUSINESS AND ALL INFORMATION PROVIDED IS TRUE AND CORRECT. THIS APPLICATION IS MADE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE SUPERIOR MUNICIPAL CODE. ALL LICENSES EXPIRE ON DECEMBER 31 OF THE YEAR ISSUED.

Owner's Signature _____

Date _____

HAZARDOUS MATERIALS _____ COMPRESSED GASES _____
ATTACH LIST OF MATERIALS

License Fee:

- \$15.00 Resident-Physical Address of business within Town limits
- \$30.00 Non-Resident Business – Business located outside Town limits
- See Town Code for other categories (Utility Company, Cable, Alcohol, etc.)
- The license fee is Calendar year. If purchased after July 1 the fee is pro-rated.

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___ Approved ___ Denied ___ Resident License ___ Non-resident License

Annual fee: \$ _____ Full ___ Prorate ___

Council Action: ___ Revoke ___ Suspension _____ Date

Reason: _____

___ Re-instate _____ Date of Council Action _____

“This institution is an equal opportunity provider”