



NOTICE of COMMERCIAL USE PERMIT - BUSINESS TRANSFER FORM
Administrative Rules of Montana 12.14.101-12.14.170

Instructions

This form is used to provide notice and document the sale or pending sale of a business currently operating under a Montana Fish, Wildlife & Parks (FWP) Commercial Use Permit (CUP) at FWP sites and [Restricted Use Rivers](#).

Note: Permits for commercial operations on the Blackfoot and Madison Rivers are known as a Special Recreation Permits (SRP).

Completion Steps:

1. Seller and Buyer must complete and sign Sections I and II, respectively.
2. Submit the completed form to the Regional Recreation Manager that oversees the region that covers the listed site(s)/restricted use river(s) where the previous CUP was authorized.
3. Upon verification, FWP will send new CUP application materials to the Buyer.

Businesses planning to provide hunting/angling services: Buyer must hold an **active Montana Board of Outfitters license specific to the activity** when submitting this form. For example, a buyer planning to provide angling services must be a licensed fishing outfitter. After receiving a new CUP, the Buyer shall submit a copy to the Board of Outfitters to update their Operating Plan.

See Reference Guide: Notice of Commercial Use Permit - Business Transfer

SECTION I – SELLER INFORMATION *(To be completed by the current permit holder)*

Seller's Full Legal Name: _____

Business Name: _____ **Outfitter License # (if applicable):** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: Street/PO Box: _____

City: _____ State: _____ ZIP: _____

FWP Site(s)/Restricted Use River(s) Where Business Operates:

Are you transferring the entire business operation?

Yes No

Are there allocated units of use (e.g., client days or launches)?

Yes No If yes, please specify:

Number: _____ Client Days Launches

Acknowledgments (Seller - Check All Boxes):

I understand that once the CUP is issued to the Buyer, I will no longer be authorized to operate under my existing permit.

I have informed the Buyer that the CUP is **non-transferable** and void upon the sale of the business.

I confirm that all **permit fees and required records** have been submitted to FWP.

I understand that use of allocated units is **subject to change** per FWP Commission rules and does not represent a property right.

Seller's Signature: _____ **Date:** _____

Printed Name: _____

SECTION II – BUYER INFORMATION *(To be completed by the business purchaser)*

Buyer's Full Legal Name: _____

Business Name (if different): _____ **Outfitter License # (if applicable):** _____

Phone Number: _____ **Email Address:** _____

Mailing Address: Street/PO Box: _____

City: _____ State: _____ ZIP: _____

Acknowledgments (Buyer – Check All Boxes):

I understand that I must apply for and obtain a CUP before operating at FWP sites/Restricted Use River(s).

I am licensed by the Montana Board of Outfitters *(if applicable)*.

I have obtained all necessary **state and federal licenses and permits** to operate commercially.

I understand and agree to the **FWP Commercial Use Rules**.

I acknowledge that **rationed units of use (client days/launches)** may be reassigned and are subject to change without property rights *(if applicable)*.

I agree to submit a copy of the issued CUP to the Montana Board of Outfitters *(if applicable)*.

Buyer's Signature: _____ **Date:** _____

Printed Name: _____

SECTION III – FWP USE ONLY (To be completed by the FWP Permit Administrator)

Seller has a current and valid Commercial Use Permit for listed site(s)/Restricted Use River(s).

All fees and records from Seller have been submitted.

Buyer is licensed by Montana Board of Outfitters for service to be provided (*if applicable*).

Legal review

DO review

Allocated Use to be Reallocated to Buyer (if applicable):

Number: _____ Client Days _____ Launches _____

FWP Authorization

By signing below, FWP confirms receipt and notice of this transfer. FWP will provide the Buyer with a CUP application. Upon submission of a CUP application, FWP will issue a new CUP and allocate any associated use.

FWP Representative Name: _____

Title: _____

Signature: _____ **Date:** _____

<p>Region 1 Dave Landstrom dlandstrom@mt.gov (406) 751-4574 490 North Meridian Rd. Kalispell, MT 59901</p>	<p>Region 3 Linnaea Schroeer lschroeer@mt.gov (406) 577-7887 1400 South 19th Ave. Bozeman, MT 59718</p>	<p>Region 5 Ryder Paggen ryder.paggen@mt.gov (406) 247-2954 2300 Lake Elmo Dr. Billings, MT 59105</p>	<p>Region 7 Brian Burky brian.burky@mt.gov (406) 234-0941 Industrial Site West PO Box 1630</p>
<p>Region 2 Ben Dickinson bdickinson@mt.gov (406) 542-5517 3201 Spurgin Rd. Missoula, MT 59804</p>	<p>Region 4 Alex Sholes alex.sholes@mt.gov (406) 454-5859 4600 Giant Springs Rd. Great Falls, MT 59405</p>	<p>Region 6 Tim Potter tpotter@mt.gov (406) 263-5007 1 Airport Rd. Glasgow, MT 59230</p>	

