



Montana Heritage Commission

300 ½ West Wallace St.

P.O. Box 338

Virginia City, MT 59755

Phone: 406-596-5655

mhc@mt.gov

Lease Application

1. Applicant Contact Information

Business Name: _____

Primary Contact Name & Title: _____

Mailing Address: _____

Phone / Email: _____

Best Method & Hours for Contact: _____

2. Property Interest

Which location(s) are you interested in? _____

3. Business Description

Brief overview of your business or proposed use: _____

Proposed Days and hours of operation: _____

Estimated start (and closing) date / season: _____

4. Relevant Experience & Background

Business owners / managers – background & qualifications: _____

List any similar businesses operated (include location & dates): _____

Have you worked in or around historic properties?

Yes No - If yes, describe your experience: _____

5. Historic Property Awareness

What attracts you to operating at a historic property, and how will you respect and contribute to preservation and interpretation efforts? _____

Would you be willing to have your management/ staff wear historic dress as part of your business operations? Please describe your plans: _____

6. Operational Requirements & Preparedness

Insurance Coverage Planned: Liability Property Worker's Comp

Capital & Funding (startup capital, sources, timeline): _____

HB 680 application: Yes, long lease No, short lease: _____

7. Housing for Management & Staff

Do you require housing assistance for yourself or staff? Yes No

If no, do you have local housing secured? Yes No

Describe housing needs / arrangements: _____

8. Proposed Capital Investment

Are you able to make a significant capital investment to the property? Yes No

If yes, describe: _____

9. Attachments Checklist

- Résumé(s) of key individuals
- Business plan or summary
- Proof of financial capacity
- Draft insurance certificate
- References
- Site Visit with MHC Staff (if applicable)

10. Declaration & Signature

I/we certify that all information provided is true and complete. I/we understand approval is contingent upon satisfactory background checks, insurance, available facilities, and Commission approval.

Signature: _____ Date: _____

Printed Name: _____

Additional Signature: _____ Date: _____

Additional Printed Name: _____

Submission Instructions

Submit completed applications and materials to:

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