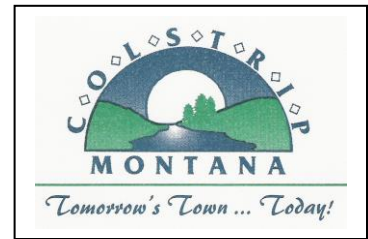


Return to: City Clerk/Treasurer
PO Box 1902
Colstrip, MT 59323
cityclerk@cityofcolstrip.com



City of Colstrip Business License Application

BUSINESS NAME: _____

Business Physical Location: _____

Business Phone Number: _____ **Federal Tax ID:** _____

Business Contact Name: _____ **Title:** _____

Contact Mailing Address: _____

Contact Phone Number: _____ **Email:** _____

OWNER'S NAME: _____

(If Corporation or Cooperative, Name of Corporation & Attach List of Officers)

(If different than above. If the same, can leave blank)

Owner Mailing Address: _____

Phone Number: _____

Montana Contractors Registration Number: _____ (If applicable)

Business Description: _____

Date Business Started: _____

Business Structure: Individual/Sole Proprietor Partnership Corporation
 Other _____

Do you have an occupational/professional license issued by the State of Montana:

YES – Please describe: _____
 NO

Number of employees: (including self-employed) Full-Time Part-time

Zoning District: _____ **Is this a Home-Based Business:** YES NO

The business named below hereby indemnifies the City against any and all liability, loss or damage from any and all claims, demands, costs or judgments resulting from the operation(s) of this business. **I understand it is a violation of Section 3-1-3 of Colstrip City Code to willfully misrepresent any material fact in any license application.**

Dated: _____ **BY:** _____
Signature

_____ Printed Name

Title