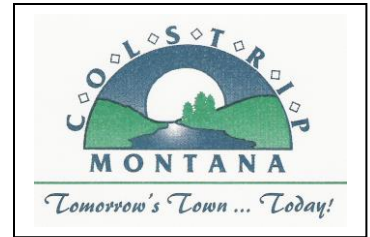


Return to: City Clerk/Treasurer
PO Box 1902
Colstrip, MT 59323



City of Colstrip Business License Application

BUSINESS NAME: _____

Business Physical Location: _____

Mailing Address: _____

City, State, Zip: _____

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

APPLICANT/OWNER'S NAME: _____
(If Corporation or Cooperative, Name of Corporation & Attach List of Officers)

Contact Name (If different than above): _____

Applicant/Owner/Contact Address: _____

City, State, Zip: _____

Phone Number: _____ **Email:** _____

Montana Contractors Registration Number: _____ (If applicable)

Is this a Home Based Business: _____ YES _____ NO

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

Business Description: _____

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

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

Title

Printed Name

Zoning Review: _____ Compliant

_____ Non-Compliant

ZONING/CODE ENFORCEMENT OFFICER

DATE

Comments: _____

