



130 6<sup>th</sup> STREET WEST  
ROOM A  
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391  
FAX (406) 892-4413

**PROFESSIONAL BUSINESS LICENSE APPLICATION**

License fees will be charged for a Calendar Year or may be purchased quarterly.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>ANNUAL - (Renewable)</b> | <b>QUARTERLY</b>                                    |
| January - December \$40.00                           | <input type="checkbox"/> Jan - March \$12.50        |
| (Prorated per quarter)                               | <input type="checkbox"/> April - June \$12.50       |
|  | <input type="checkbox"/> July - September \$12.50   |
|  | <input type="checkbox"/> October - December \$12.50 |

**Violations/Penalty of Columbia Falls City Code:**

Title 5, Chapter 5.04, Section 5.04.220

"Any person, firm, or corporation violating any provisions of this chapter shall be deemed guilty of a misdemeanor and upon conviction, shall be fined in an amount not to exceed fifty dollars (\$50.00) or be imprisoned in the city jail for a period not exceeding seven days, or both. Each day such violation is committed or permitted to continue shall constitute a separate offense and shall be punishable as such."

**I HEREBY MAKE APPLICATION FOR A CITY BUSINESS LICENSE FOR**

THE PERIOD OF January 1, 2018 through December 31, 2018 as indicated below:

Date of Application \_\_\_\_\_

**Type of profession:**

- Electrician
- Plumber
- Gas Installation
- Building Contractor
- Heating & A/C
- Sign Installation
- Excavation (Excavator must furnish a \$5,000 bond. (**NO APPLICATIONS ACCEPTED WITHOUT THIS INFORMATION**))
- Please list if anything other than listed above

**PLEASE PRINT CHANGES TO INFORMATION: Return application form to City Hall with fee.**

NAME OF BUSINESS \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_

EXPIRATION DATE : \_\_\_\_\_

Holder of State License or Registration: \_\_\_\_\_

- Check if Within City Limits
- Check if Exempt From Montana Contractor's Registration

**A COPY OF CURRENT STATE LICENSE MUST BE ATTACHED TO APPLICATION BEFORE CITY LICENSE CAN BE ISSUED**

Owner/Manager \_\_\_\_\_

Telephone \_\_\_\_\_

Street Address of Business \_\_\_\_\_

Mailing Address of Business \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_

**OFFICE USE ONLY:**

Date \_\_\_\_\_ Receipt Number \_\_\_\_\_ License # \_\_\_\_\_

Amount Paid \_\_\_\_\_ Initials \_\_\_\_\_ Added to Database \_\_\_\_\_