



130 6th 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.

- ANNUAL - (Renewable)** **QUARTERLY**
- | | | | |
|------------------------|---------|---|---------|
| 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, 2019 through December 31, 2019 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 ALL APPLICATIONS BEFORE A 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 _____