



SAFETY INSPECTION CERTIFICATE APPLICATION
CITY OF GREAT FALLS – GREAT FALLS FIRE RESCUE
PO BOX 5021
105 9TH ST SOUTH
GREAT FALLS, MONTANA 59403-5021
OFFICE (406)727-8070

BUSINESS NAME _____ STREET ADDRESS _____

MAILING ADDRESS _____ CITY / STATE _____ ZIP CODE _____

BUSINESS PHONE _____ ESTIMATED SQUARE FOOTAGE OF BUSINESS _____

E-MAIL ADDRESS _____

BRIEF DESCRIPTION OF NATURE OF BUSINESS _____

BUSINESS OWNER'S NAME _____ HOME PHONE _____
First Name Initial Last Name

OWNER'S ADDRESS _____ CITY / STATE _____ ZIP CODE _____

Please circle if this is a **PARTNERSHIP, CORPORATION, LLC** or **SOLE PROPRIETOR**, list the names, addresses, and phone numbers of each partner or officer on a separate piece of paper.

If this is a **NON PROFIT ORGANIZATION**, please list the names, addresses, and phone numbers of the officers and managers on a separate piece of paper.

FEES

NEW ISSUANCE

RENEWAL

	TOTAL	SIC	ZONING			
Tier 1	0 to 2,000 sq ft	\$232.00	(\$132.00 / \$100.00)	Tier 1	0 to 2,000 sq ft	\$63.00
Tier 2	2,001 to 10,000 sq ft	\$273.00	(\$173.00 / \$100.00)	Tier 2	2,001 to 10,000 sq ft	\$98.00
Tier 3	10,001 to 25,000 sq ft	\$330.00	(\$230.00 / \$100.00)	Tier 3	10,001 to 25,000 sq ft	\$144.00
Tier 4	25,001 to 50,000 sq ft	\$399.00	(\$299.00 / \$100.00)	Tier 4	25,001 to 50,000 sq ft	\$207.00
Tier 5	50,001 to 100,000 sq ft	\$543.00	(\$443.00 / \$100.00)	Tier 5	50,001 to 100,000 sq ft	\$345.00
Tier 6	over 100,000 sq ft	\$700.00	(\$600.00 / \$100.00)	Tier 6	over 100,000 sq ft	\$500.00
Churches		\$232.00	(\$132.00 / \$100.00)	Churches		\$63.00
Transfer of Ownership fee	\$30.00			Delinquent Fee		\$30.00

Please include payment with application. Fees are paid through December of the application year. Payments of renewals are due by end of the calendar year. Any licenses not renewed by March 1st of the current renewal year will become inactive and will require a new issuance of the Safety Inspection Certificate reflecting new issuance fees to your business.

Federal, State and Local Government Agencies are exempt.

CERTIFICATION

I HEREBY CERTIFY THAT I HAVE FILLED OUT THIS APPLICATION TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE OF OWNER

SAFETY INSEPCION CERTIFICATE APPROVAL SHEET

TO BE COMPLETED BY APPLICANT:

1. NAME OF BUSINESS _____
2. STREET ADDRESS OF BUSINESS _____
3. NAME OF BUSINESS OWNER _____
4. NAME OF BUILDING OWNER _____
5. PHONE # OF BUSINESS _____ PHONE # FOR INSPECTION _____
6. BUSINESS E-MAIL _____
7. EXPLANATION OF BUSINESS _____

TO BE COMPLETED BY STAFF:

Planning / Zoning Department	Date Sent	Approval Date
Parcel# Zoned Permit#	Land Use	
Building Department	Date Sent	Approval Date
Fire Department	Date Sent	Approval Date
Health Department	Date Sent	Approval Date
Public Works Department Environmental Division	Date Sent	Approval Date

Certificate or License # Issued _____ Date _____

Charge Cash Check _____ Amount Paid _____

Processed By _____ Certificate of License Term _____

CITY OF GREAT FALLS

EMERGENCY CALL-OUT INFORMATION

For Call-out numbers, please use people that are key-holders and are local so that they can let the emergency services in at any time.

Name of Business	
Business Address	
Business Telephone Number	
#1 Call-Out Name	
#1 Call-Out Contact Phone Number	
#1 Call-Out Birth Date **	
#2 Call-Out Name	
#2 Call-Out Contact Phone Number	
#2 Call-Out Birth Date **	
Special Remarks	

Please check if you have any of the following:

- ◇ Fire Alarm
- ◇ Audible Alarm
- ◇ Answering Service
- ◇ Hazardous Material Stored
- ◇ Miscellaneous

*** The birth date is not required, but requested by our 911 center. Their computer software separates persons by their birth date. This would ensure that the proper person is called out in the event of an emergency.