

**NON-RESIDENT SERVICE CONTRACTOR
PLANNING & COMMUNITY DEVELOPMENT
CITY OF GREAT FALLS
P.O. BOX 5021
GREAT FALLS, MT 59403-5021
OFFICE (406) 455-8414
FAX (406) 454-3181
BUSINESS LICENSE APPLICATION**

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

BUSINESS PHONE _____

APPLICANT'S NAME _____
First Name Initial Last Name

APPLICANT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S PHONE _____

DESCRIPTION OF NATURE OF BUSINESS _____

IF VENDING ON PRIVATE PROPERTY – LOCATION ADDRESS & WRITTEN APPROVAL OF
PROPERTY OWNER/MANAGER REQUIRED _____

TOTAL NUMBER OF EMPLOYEES _____

Please circle if this is a sole proprietor, partnership, corporation, or non profit agency, and list the names,
addresses, and phone numbers of each partner or officer:

CERTIFICATION

I hereby certify that I have filled out the attached application to the best of my knowledge. I further understand that any person providing misinformation upon this application shall be guilty of a misdemeanor punishable by a penalty or up to \$500 and six months in jail.

DATE _____ SIGNATURE _____

FEE SCHEDULE

SHORT TERM (PER WEEK)	\$25.00	TIME PERIOD REQUESTED _____
REMAINDER OF THE CALENDAR YEAR		\$150.00 (no prorating)