



**NON-RESIDENT
SERVICE APPLICATION
CITY OF GREAT FALLS
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.net**

BUSINESS NAME _____ EIN # _____

Type of entity: Corporation _____ LLC _____ LLP _____ Other _____ (Describe) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL ADDRESS _____

DESCRIPTION OF BUSINESS _____

OWNER'S NAME _____ PHONE # _____
First Name Last Name

OWNER'S ADDRESS _____ CITY/STATE _____ ZIP _____

LICENSE TYPE

____ CONTRACTOR ____ SERVICES ____ SALES ____ FOOD

PLEASE INCLUDE PROOF OF BUSINESS REGISTRATION/LICENSE

DESCRIPTION OR 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 nonprofit agency, and list the names, addresses, and phone numbers of each partner or officer: _____

CERTIFICATION

By signing this document, I certify that I am eighteen (18) years of age or older and an agent of and authorized to bind the Business.

SIGNATURE _____ DATE _____

FEE SCHEDULE

SHORT TERM (PER WEEK) \$25.00 TIME PERIOD REQUESTED _____

REMAINDER OF THE CALENDAR YEAR \$150.00 (no prorating)