

City of Miles City
 17 S. 8th St.
 Miles City, Montana 59301
 406.234.3462
 (Fax) 406.234.2903

APPLICATION - CITY BUSINESS/FIRE INSPECTION LICENSE

This Business is: New Business
 Transfer Former Owner: _____
 Name Change Former Business: _____

Please Print:

1. Name of Business (DBA): _____
2. Nature Business: _____
 (See Fee Schedule for Categories)
3. Location of Business: _____
Street Address
4. Mailing Address: _____
Street Address City State Zip
5. Name of Applicant: _____
 Owner Partner Manager
 other (specify): _____
6. Start date of Business in Miles City: _____
7. Business Phone: _____ Home Phone: _____
8. Business is located in: Residence Existing Building Out of City
9. Type of Business: Sole Proprietor Partnership
 Corporation Other: _____
10. **CONTRACTORS ONLY:** State Registration No.: _____
 Workmen's Comp No.: _____
11. **PUBLIC CONTRACTORS ONLY:**
 State Registration No: _____
 Workman's Comp No.: _____
 (Public Contractors are required to have General Liability Insurance. Please provide current copy.)
12. **APARTMENT UNITS ONLY:**
 Number of Units: _____
 Physical Address of Units: _____
13. This application **MUST** meet all requirements of Section 6-26, City of Miles City Code of Ordinances.
 Dated this _____ day of _____, 20 ____.
14. Signature of Applicant(s): _____

REQUIRED CITY OFFICAL SIGNATURES/DATES			
Planner	A _____	D _____	_____
Fire Inspector:	A _____	D _____	_____
Building Inspector:	A _____	D _____	_____
Sanitarian:	A _____	D _____	_____
Finance Officer:	A _____	D _____	_____