

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 application MUST meet all requirements of Section 6, City of Miles City Code of Ordinances.

This Business is:

New Business

Transfer

Name Change

Former Owner: _____

Former Business Name: _____

Please Print:

Name of Business (DBA): _____

Nature of Business: _____

Type of Business: Sole Proprietor Corporation Partnership Other: _____

Physical Address of Business: _____

Business is located in: Residence Existing Building Out of City

Mailing Address: _____

Business Phone: _____

Start Date of Business in Miles City: _____

Number of Employees _____ Email _____

Name of Applicant: _____

Owner Partner Manager Other (specify): _____

Primary Phone: _____

Today's Date: _____

CONTRACTORS ONLY: State Registration No: _____ Workman's Comp No: _____

(Public Contractors are required to have General Liability Insurance. Please provide current copy.)

APARTMENT UNITS ONLY: Number of Units: _____ Physical Address of Units: _____

Signature of Applicant(s): _____

REQUIRED CITY OFFICIAL SIGNATURES/DATES

Planner A ___ D ___ _____

Fire Inspector A ___ D ___ _____

Building Inspector A ___ D ___ _____

Finance Officer A ___ D ___ _____