

# City of Miles City

17 S. 8<sup>th</sup> St.

Miles City, Montana 59301

406-234-3462

(Fax) 406-234-2903

## CITY BUSINESS LICENSE - RENEWAL

This application MUST meet all requirements of Section 6-26, City of Miles City Code of Ordinances.

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: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Owner  Partner  Manager  Other (specify): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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 ___	_____