

City of Livingston

414 East Callender Street
Livingston, Montana 59047
(406) 222-2005 – (406) 222-6823

APPLICATION FOR CITY BUSINESS/FIRE INSPECTION LICENSE

I hereby apply for a City Business License and make the following statements and answers to the following questions:

- Name and address of applicant: _____

Telephone: _____
- Legal description with parcel number: _____
(The legal description may be obtained from the County Assessor's Office.)
- Trade or business name which applicant will operate under: _____
Business Address: _____ Business Phone: _____
- State in what capacity you make this application; **OWNER, PARTNER OR OFFICER IN A CORPORATION:** _____
- If partner or joint venture, give names of all interested parties: _____

- Type of Business to be conducted: _____
- CONTRACTORS ONLY:** State Registration No. _____ Workmen's Comp. No. _____
- PUBLIC CONTRACTORS:** State Registration No. _____ Workmen'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: _____

- This application **MUST** meet all requirements as stated in the Livingston Code of Ordinances #1737.
Dated this _____ day of _____, 20____.
- Signature of Applicant(s) _____

REQUIRED CITY OFFICIAL SIGNATURES

Zoning	A	D	_____
Fire Department..	A	D	_____
Building Inspector	A	D	_____
Sanitarian	A	D	_____
Finance Officer....	A	D	_____

A-Approved D-Disapprove OFFICIALS SIGNATURE Date: