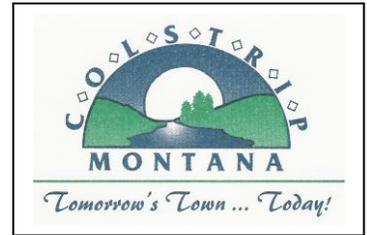


Return to: City Clerk/Treasurer
PO Box 1902
Colstrip, MT 59323



City of Colstrip Business License Application

BUSINESS NAME: _____

Business Physical Location: _____

Mailing Address: _____

City, State, Zip: _____

Business Phone Number: _____ **Federal Tax ID:** _____

APPLICANT/OWNER'S NAME: _____

(If Corporation or Cooperative, Name of Corporation & Attach List of Officers)

Applicant/Owner Address: _____

City, State, Zip: _____

Phone Number: _____

Is this a Home Based Business: _____ YES _____ NO

Zoning District: _____

Business Description: _____

Business Structure: ___ Individual/Sole Proprietor ___ Partnership ___ Corporation
 ___ Other _____

Number of employees: (including self-employed) ___ Full-Time ___ Part-time

The business named below hereby indemnifies the City against any and all liability, loss or damage from any and all claims, demands, costs or judgments resulting from the operation(s) of this business.

Dated: _____

BY: _____

Signature

Printed Name & Title

It is a violation of Section 3-1-3 of Colstrip City Code to willfully misrepresent any material fact in any license application.

Zoning Review: _____ Compliant _____ Non-Compliant

Comments: _____

REVIEWED BY

DATE