



CONTRACTOR
LICENSE VERIFICATION FORM
CITY OF GREAT FALLS
COMMUNITY DEVELOPMENT DEPARTMENT
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.net

ALL BUSINESSES MUST HAVE ONE OF THESE TO DO BUSINESS WITHIN CITY LIMITS:
SAFETY INSPECTION CERTIFICATE, HOME OCCUPATION CERTIFICATE OR NON-RESIDENT VENDOR CERTIFICATE

BUSINESS NAME _____ EIN # _____

Type of entity: ☐ Corporation ☐ LLC ☐ LLP ☐ Other (Describe) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL ADDRESS _____

OWNER NAME _____ PHONE # _____

OWNER EMAIL ADDRESS _____

PLEASE INCLUDE ALTERNATE CONTACT INFORMATION FOR AN AUTHORIZED INDIVIDUAL:

LICENSE TYPE (CHECK ALL THAT APPLY)

STATE LICENSE REQUIREMENTS ARE LISTED BELOW

- | | | |
|--|--------------------------------------|--|
| ☐ ELECTRICAL-UNLIMITED | ☐ PLUMBING | ☐ SIGN CONTRACTOR |
| ☐ ELECTRICAL-LIMITED | ☐ GAS FITTER | ☐ BENCH SIGN |
| ☐ DRAIN LAYER | ☐ MEDICAL GAS | ☐ ELEVATOR |
| ☐ STREET OPENING/SIDEWALK | ☐ MECHANICAL* | ☐ HOUSE MOVER |
| ☐ GENERAL CONTRACTOR* | * Does not require a bond | |

COPY OF STATE LICENSE/REGISTRATION OR EXEMPT (ICEC) MUST BE PROVIDED FOR ALL LICENSE TYPES.

ELECTRICAL CONTRACTORS: MUST SUBMIT A CURRENT COPY OF STATE OF MONTANA CONTRACTOR LICENSE. ELECTRICAL-UNLIMITED CONTRACTORS MUST SUBMIT A CURRENT COPY OF STATE OF MONTANA MASTER ELECTRICIAN OF RECORD. ELECTRICAL-LIMITED CONTRACTORS MUST SUBMIT A CURRENT COPY OF STATE OF MONTANA JOURNEYMAN ELECTRICIAN OF RECORD.

PLUMBING & MEDICAL GAS CONTRACTORS: MUST SUBMIT A CURRENT COPY OF STATE OF MONTANA MASTER OF RECORD.

GAS FITTING CONTRACTORS: MUST HAVE A CURRENT CITY OF GREAT FALLS LICENSED GAS FITTER OF RECORD.

VERIFICATION FEES:
\$45.00 PER LICENSE TYPE ANNUALLY

Please verify that you have provided all required documentation by checking each box:

- ☐ **State of Montana Business License/Registration or Exemption Certificate.**
☐ **List of state licensed employees.**
(Please provide Master, Journeyman and Apprentice licenses where applicable)

The following certifications are required unless specified otherwise:

The before mentioned business shall provide a certificate of insurance for said business for Commercial General Liability on an Occurrence Basis, Automobile Liability and Workers Compensation including Employer's Stop Gap Liability with the following limits:

☐ **Commercial General Liability:**

Each Occurrence:	\$1,000,000.00
Fire Damage (any one fire):	\$50,000.00
Med. Exp. (any one person):	\$5,000.00
Personal & Adv. Injury:	\$1,000,000.00
General Aggregate:	\$1,000,000.00
Products – Comp/Op. Agg:	\$1,000,000.00

NOTE:

Excess Liability:

If the limits on the left are not sufficient on the certificate of insurance, check for Excess Liability. If included, add it to the limits listed & this will give you the total amount of coverage.

☐ **Automobile Liability:**

Includes Scheduled, Hired & Non-Owned Autos: \$500,000.00

☐ **Worker's Compensation:**

Employer's Stop Gap Liability with limits of: \$1,000,000.00, \$500,000.00 & \$100,000.00 or Exempt Form

☐ **BOND (Must include a Compliance Guarantee; a Good Faith Guarantee & an Indemnity Guarantee):**

All Bonds: \$5,000.00 Licensing for calendar year

With these exceptions:

Street Opening & Sidewalk:	Bond must be a <u>minimum</u> of two years.
Drain Laying:	If combined with a Street Opening & Sidewalk, Bond must be a <u>minimum</u> of two years.
House Moving:	\$25,000.00 Bond

CERTIFICATION

By signing this document, I certify that I am eighteen (18) years of age or older and an agent of and authorized to bind the Business. I hereby further certify that all professionally State licensed employees of the Business are disclosed with this Form by name and specific type of license(s).

SIGNATURE

DATE



LICENSE VERIFICATION LIST
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COMMUNITY DEVELOPMENT DEPARTMENT
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.net

List of State Licensed Employees

1. NAME	LICENSE #	EXPIRES	TYPE
2. NAME	LICENSE #	EXPIRES	TYPE
3. NAME	LICENSE #	EXPIRES	TYPE
4. NAME	LICENSE #	EXPIRES	TYPE
5. NAME	LICENSE #	EXPIRES	TYPE
6. NAME	LICENSE #	EXPIRES	TYPE
7. NAME	LICENSE #	EXPIRES	TYPE
8. NAME	LICENSE #	EXPIRES	TYPE
9. NAME	LICENSE #	EXPIRES	TYPE
10. NAME	LICENSE #	EXPIRES	TYPE
11. NAME	LICENSE #	EXPIRES	TYPE
12. NAME	LICENSE #	EXPIRES	TYPE
13. NAME	LICENSE #	EXPIRES	TYPE
14. NAME	LICENSE #	EXPIRES	TYPE
15. NAME	LICENSE #	EXPIRES	TYPE
16. NAME	LICENSE #	EXPIRES	TYPE
17. NAME	LICENSE #	EXPIRES	TYPE
18. NAME	LICENSE #	EXPIRES	TYPE
19. NAME	LICENSE #	EXPIRES	TYPE
20. NAME	LICENSE #	EXPIRES	TYPE
21. NAME	LICENSE #	EXPIRES	TYPE
22. NAME	LICENSE #	EXPIRES	TYPE
23. NAME	LICENSE #	EXPIRES	TYPE
24. NAME	LICENSE #	EXPIRES	TYPE
25. NAME	LICENSE #	EXPIRES	TYPE
26. NAME	LICENSE #	EXPIRES	TYPE
27. NAME	LICENSE #	EXPIRES	TYPE
28. NAME	LICENSE #	EXPIRES	TYPE