CONTRACTOR
LICENSE VERIFICATION FORM

CITY OF GREAT FALLS
COMMUNITY DEVELOPMENT DEPARTMENT
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.gov

ALL BUSINESSES MUST HAVE ONE OF THESE 3 LICENSES TO ACCOMPANY THE CLV:
GENERAL BUSINESS LICENSE, HOME OCCUPATION 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:

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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*	☐ FIRE CONTRACTOR*	* Does not require a bond

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FIRE CONTRACTORS: MUST SUBMIT A CURRENT COPY OF STATE OF MONTANA FIRE CONTRACTOR LICENSE

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

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

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

The following certifications are required unless specified otherwise:

The above-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 minimum of two years.
Drain Laying: If combined with a Street Opening & Sidewalk, Bond must be a minimum 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
CITY OF GREAT FALLS
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_____