NON-RESIDENT VENDOR APPLICATION

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

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 _____

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LICENSE TYPE

☐ CONTRACTOR ☐ SERVICES ☐ SALES ☐ FOOD

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PLEASE INCLUDE PROOF OF BUSINESS REGISTRATION/LICENSE

DESCRIPTION OF BUSINESS _____

IF VENDING ON PRIVATE PROPERTY – LOCATION ADDRESS & WRITTEN APPROVAL OF PROPERTY OWNER/MANAGER REQUIRED: _____

_____

TOTAL NUMBER OF EMPLOYEES _____

PLEASE INCLUDE ALTERNATE CONTACT INFORMATION FOR AN AUTHORIZED INDIVIDUAL:

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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.

SIGNATURE_____DATE_____

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FEE SCHEDULE

☐ **SHORT TERM (PER WEEK) $25.00, TIME PERIOD REQUESTED** _____

☐ **REMAINDER OF THE CALENDAR YEAR $150.00 (no prorating)**