

CITY HALL
115 West 1st Street
Public Works: 628-4796
FAX: 628-2241
Water Office: 628-7431

City Of Laurel
P. O. Box 10
Laurel, Montana 59044



License # _____

*******Business License Application*******

1. Physical Name of Business: _____
2. Physical Address of Business: _____
3. Mailing Address: _____
4. Services Offered: _____
5. Owners Name: _____ Contact Phone # _____
6. Owners Home Address: _____
7. Managers Name: _____ Contact Phone # _____
8. As the owner, I am working out of my own home? (Yes) _____ (No) _____
9. I am a Contractor working in the City of Laurel? (Yes) _____ (No) _____
10. My Business is located in the: (City limits of Laurel) _____ (County) _____
11. Date of application: _____

Certification

I hereby certify that I have filled out the application to the best of my knowledge and understand the provisions of the City Ordinances regarding General Business Licenses (Chapter 5.04). I further understand that any person providing misinformation upon this application shall be guilty of a misdemeanor punishable of up to a \$500.00 and or 6 months in jail.

Signature of Owner: _____ Date: _____

Laurel Police Department

Chief Musson 215 West 1st street, laurel Montana 59044 (406) 682-8737

We are asking for the below information to help us contact you or your Business quickly in the event of an emergency, during or after hours. More than one contact person would be helpful in the event that the primary person is not available. Thank you for your assistance, if you should have any questions please feel free to contact our office.

Business Name: _____

Business Physical Address; _____

Business Contact Number: _____

After Hours Emergency contact person: (Names & Contact Numbers)

1. _____

2. _____

3. _____

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****** Office Use Only ******

Home Occupation required? (Y/N) _____ Approval (Y/N) _____ Date _____

Date of Fire Inspection: _____ Approved (Y/N) _____

Fire Inspector's Signature: _____

License Issued By: _____ Date: _____

City of Laurel is an EEO Employer
Equal Housing Opportunity