

CITY HALL  
115 West 1<sup>st</sup> 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: \_\_\_\_\_

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**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 1<sup>st</sup> 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: \_\_\_\_\_