



City of Libby

952 E. SPRUCE | POST OFFICE BOX 1428

LIBBY, MT. 59923 | Phone 406-293-2731 | Fax 406-293-4090 | Website: www.cityoflibby.org

2016 Business License Application

For Office Use Only

Date: _____

Lic #: _____

Ck #: _____

___ Card ___ Comp

Business Name: _____

Mailing Address: _____

Physical Address of Business: _____

Phone: _____ Email: _____

Owner(s): _____

Description of Products/Services provided:

Please meet with the Building Inspector,
At City Hall for Approval

Please meet with the Fire Marshall
(293-9217) for approval

Date Building Inspector – Approval

Date Fire Marshall – Approval

**** Fees payable to the City of Libby on or before January 1st of each calendar year or before opening ****

Annual License Fee: \$_____

Attached hereto is my check for the amount of \$_____ in payment for license fee(s). This application is made subject to all the terms and conditions of the business licensing ordinance of the City of Libby (Chapter 5.04).

Applicant/Owner Signature

Date

IF YOU ARE NO LONGER OPERATING THE ABOVE BUSINESS, PLEASE COMPLETE THE FORM, CHECK THE BOX, AND SIGN/DATE (BELOW) AND RETURN THE FORM TO THE CITY OF LIBBY.

Applicant/Owner Signature

Date