

# **2012 – BUSINESS LICENSE APPLICATION**

**CITY OF LIBBY  
P.O. BOX 1428  
LIBBY, MT 59923  
(406) 293-2731**

*For office use only*

Date \_\_\_\_\_

Lic. # \_\_\_\_\_

Chk # \_\_\_\_\_

\_\_\_ Card \_\_\_ Comp.

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address of Business: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Description of Business or Services Provided: \_\_\_\_\_  
\_\_\_\_\_

*Fees payable to City of Libby on or before January 1, 2012, or before opening.*

Annual License Fee: \$ \_\_\_\_\_

Attached hereto is my check for \$ \_\_\_\_\_ in payment for license fee. This application is made subject to all the terms and conditions of the business licensing ordinance of the City of Libby.

Date \_\_\_\_\_, 20\_\_\_\_ Signed \_\_\_\_\_

***IF YOU ARE NO LONGER OPERATING THIS BUSINESS, PLEASE CHECK THIS BOX SIGN, DATE (BELOW) & RETURN THIS FORM.***

Date \_\_\_\_\_, 20\_\_\_\_ Signed \_\_\_\_\_