



# 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](http://www.cityoflibby.org)

## 2018 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 1<sup>st</sup> 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