



# CITY OF MISSOULA CONTRACTOR BUSINESS LICENSE APPLICATION - 2020

Please complete and return with the required fees  
Remit to: Development Services, Business Licensing, 435 Ryman St, Missoula, MT 59802  
Phone: (406) 552-6121; Fax (406) 327-2182

Email form to: [blic@ci.missoula.mt.us](mailto:blic@ci.missoula.mt.us)

**\*\*THIS IS FOR A CONSTRUCTION RELATED FIELD ONLY - THIS EXPIRES FEBRUARY 28TH EACH YEAR, REGARDLESS OF THE ISSUE DATE\*\***

**REASON FOR APPLYING:**  New Business  Location Change  Ownership Change  Name Change (No fee)  Other

**Number of Owners/FTE (full time equivalent employee) :** \_\_\_\_\_ **FTE MINIMUM FEE is \$124;** each additional owner/employee beyond 4 is \$31 per person.  
**FTE Fee Calculation:** Take the number of hours worked by ALL employees (owners/part time/full time/temporary/seasonal) during the year and divide by 2,080. Please round up to the nearest whole number.  
**Background Check:** REQUIRED FOR ANYONE WHO WILL BE ON RESIDENTIAL PROPERTY! Background checks are \$51 per person. EVERY owner/employee is required to submit a background check. A separate form is required for each person.

**CONTRACTOR TYPE: (PLEASE CHECK ALL THAT APPLY)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Commercial                          | <input type="checkbox"/> Plumbing (must be state licensed)                   | <input type="checkbox"/> Excavation (\$20,000 bond required)              |
| <input type="checkbox"/> New Residential                     | <input type="checkbox"/> Gas Piping (\$3,000 bond required)                  | <input type="checkbox"/> Fencing  |
| <input type="checkbox"/> Residential Remodeling              | <input type="checkbox"/> HVAC  | <input type="checkbox"/> Signs (installation)                             |
| <input type="checkbox"/> Roofing                             | <input type="checkbox"/> Painting  | <input type="checkbox"/> Lot Striping                                     |
| <input type="checkbox"/> Flooring                            | <input type="checkbox"/> Handyman/Maintenance                                | <input type="checkbox"/> Property Management (doing your own maintenance) |
| <input type="checkbox"/> Landscaping (including sprinklers)  | <input type="checkbox"/> ROW/Sidewalk, Curb, Paving (\$10,000 bond required) | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Electrical (must be state licensed) |  |   |

**BUSINESS INFORMATION: (PLEASE PRINT CLEARLY)**

Business Name (as it should appear on the license): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Business: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Proposed Opening Date: \_\_\_\_\_

**BUSINESS OWNER INFORMATION: (ADDITIONAL SPACE ON BACK ON NEXT PAGE, IF NEEDED)**

Corporation Name or DBA: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE REVIEW AND INITIAL THE FOLLOWING:**

- I am aware that the license fee is NOT prorated and expires on FEBRUARY 28TH each year.
- I am aware that if this license is denied by any department, I am not entitled to a refund.
- I acknowledge that the information I have provided is current and true.
- I agree to abide by all City Ordinances and Laws of the State of Montana; otherwise my license may be revoked.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(to be obtained at a future date)

**EMPLOYEE LISTING FOR BACKGROUND CHECKS (if applicable):**

Employee Name: \_\_\_\_\_ PD Verification: \_\_\_\_\_

**ADDITIONAL BUSINESS OWNER INFORMATION:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_