



CITY OF MISSOULA CONTRACTOR BUSINESS LICENSE APPLICATION 2022

To submit your application with a check, please mail to:
CPDI, Business Licensing, 435 Ryman St, Missoula, MT 59802
To submit via email, please send to: blic@ci.missoula.mt.us
Phone: (406) 552-6121; Fax (406) 327-2182

****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 \$132; each additional owner/employee beyond 4 is \$33 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. **MINIMUM FTE FEE is \$132; MAXIMUM FTE FEE is \$2,805.**

Background Check: REQUIRED FOR ANYONE WHO WILL BE ON RESIDENTIAL PROPERTY! Background checks are \$55 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"/> Fencing |
| <input type="checkbox"/> New Residential | <input type="checkbox"/> Gas Piping (\$3,000 bond required) | <input type="checkbox"/> Signs (installation) |
| <input type="checkbox"/> Residential Remodeling | <input type="checkbox"/> HVAC | <input type="checkbox"/> Lot Striping |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Painting | <input type="checkbox"/> Property Management (doing your own maintenance) |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Handyman/Maintenance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscaping (including sprinklers) | <input type="checkbox"/> ROW/SCP (\$10,000 bond required) | |
| <input type="checkbox"/> Electrical (must be state licensed) | <input type="checkbox"/> Excavation (\$20,000 bond required) | |

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 OF APPLICATION, 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, regardless of the date it is issued.
- _____ I am aware that I will not be issued a license until I have provided a copy of my General Liability Insurance (and Bonds, when required).
- _____ I am aware that I am required to submit a background check for all owners/employees who work on existing residential property. (\$55/person)
- _____ 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: _____

EMPLOYEE LISTING FOR BACKGROUND CHECKS (if applicable):

Employee Name: _____ PD Verification: _____

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Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

Employee Name: _____ PD Verification: _____

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: _____