



City of Red Lodge

P.O. Box 9
Red Lodge, Montana 59068
(406) 446-1606

APPLICATION FOR CITY LICENSE

The undersigned hereby applies to the Treasurer of the City of Red Lodge for license as follows:

1. Date _____
2. Name of Owner _____
3. Business Name _____
4. Description of activity to be licensed: _____

5. Location of activity to be licensed: Street _____

Existing Building: Yes No

New Building Yes No

Zone or District _____

6. Applicant shall act as (check one) Principal Agent

7. If acting as agent, the name and place of business of the principal or employer IS:

(Note: If the applicant is an agent, the principal's acknowledgment of such agency must accompany the application.)

10. The fee for said license, in the amount of \$_____ accompanies this application.

Dated this _____ day of _____, 20 _____

\$500.00 Bond Required: Yes No Paid

Phone _____ Print Name _____

P.O. Box or Address _____

City _____ State _____ Zip _____

Signature (Applicant) _____