

**CITY OF TROY
PO BOX 823
TROY, MONTANA 59935
406-295-4151**

ALCOHOL BEVERAGE LICENSE RENEWAL

**BUSINESS NAME:
MAILING ADDRESS:**

PHYSICAL ADDRESS:

TELEPHONE NUMBER:

OWNER:

OWNER'S ADDRESS:

OWNER'S TELEPHONE NUMBER:

TYPE OF BUSINESS:

NUMBER OF EMPLOYEES:

ANNUAL LICENSE FEE FOR THE PERIOD:

7-1-20__ TO 6-30-20__ DUE: \$

PLEASE RETURN THIS FORM AND PAYMENT OF LICENSE FEE TO THE CITY OF TROY.

THANK YOU

DATE: _____ SIGNED: _____

DATE RETURNED: _____

RECEIPT NO: _____

LICENSE # _____