

CITY OF TROY BUSINESS LICENSE RENEWAL
P.O. BOX 823
TROY, MONTANA 59935

BUSINESS NAME:
MAILING ADDRESS:

BUSINESS ADDRESS (IF DIFFERENT):

TELEPHONE NUMBER:

OWNER:

OWNER'S ADDRESS:

OWNER'S TELEPHONE NUMBER:

TYPE OF BUSINESS:

NUMBER OF EMPLOYEES:

NUMBER OF EMPLOYEES WORKING IN TROY:

Please apply information and return this signed form with payment of license fee to Troy City Hall.
Thank you.

Date: _____, 20_____

Signature: _____

If other than owner please provide:

Address: _____

Telephone Number: _____

ANNUAL LICENSE FEE FOR THE PERIOD: 01/01/20___ TO 12/31/20___: \$25.00

License #: _____

Receipt #: _____

Date Returned: _____