

CITY OF TROY BUSINESS LICENSE APPLICATION

PO Box 823 ▪ 301 E Kootenai Ave ▪ Troy, MT 59935

Business Name: _____

Mailing Address: _____

E-Mail Address: _____

Business Address (if different): _____

Telephone Number: _____

Owner: _____

Owner's Mailing Address: _____

Type of Business: _____

Number of Employees (other than self): _____

Number of Employees in Troy: _____

Two Business or Personal References:

Name _____ Phone: _____

Address _____

Name _____ Phone: _____

Address _____

Please return this form and payment to the City of Troy. Thank you!

Date: _____ Signature: _____

If other than owner please provide:

Address: _____

Phone: _____

Business licenses expire December 31st of each year.

License #: _____
Receipt#: _____
Date Returned: _____
License Mailed: _____
office use only

New License:	\$75
New License after July 1st:	\$37.50
Renewal:	\$50
501c3 non-profit:	\$25