

CITY OF RED LODGE

1 PLATT AVENUE SOUTH, P.O. BOX 9, RED LODGE, MONTANA 59068



APPLICATION FOR CITY BUSINESS REGISTRATION

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

Date: _____

Owner's Name: _____ Phone: _____

Business Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Description of activity to be registered: _____

Location of activity to be registered: _____

Applicant shall act as (check one) _____ Principal _____ Agent

If acting as an agent, the name and place of business of the principal or employer is: _____

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

Existing Building: _____ Yes _____ No New Building: _____ Yes _____ No

Signature of Applicant: _____

License Fee: \$ _____ Date Paid: _____ Cash / Check # _____

Bond Required: _____ Yes _____ No Date Paid: _____ Surety Bond/ Cash / Check # _____

406.446.1606



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