

**MISSOULA CITY BUSINESS LICENSE
BACKGROUND CHECK TO ACCOMPANY APPLICATION**

(INDIVIDUAL APPLICANT \$51.00)

Date _____, 20_____

BUSINESS NAME: _____

I. Applicant's Information

Applicant's Full Name _____

**Other Names: _____

Home Address _____

Birth-date _____ Social Security No. _____

(NOTE: This application must accompany written proof that applicant is at least 18 years of age.)

Applicant's residential addresses and telephone numbers for the past three (3) years (starting with one preceding present address)

Residential Address	Month/Year	Home Telephone No.
_____	FROM _____ TO _____	_____
_____	FROM _____ TO _____	_____
_____	FROM _____ TO _____	_____

Applicant's business occupation or employment for the three (3) years immediately preceding the date of the application (starting with latest one first.)

Business occupation or employment	Month/Year	Address & Phone No.
_____	FROM _____ TO _____	_____
_____	FROM _____ TO _____	_____
_____	FROM _____ TO _____	_____

Applicant's previous experience in this business or a similar business (state in brief the nature of experience, where such experience was acquired and professional qualifications, if any.)

Has any business license to the applicant been denied, revoked or suspended in the City of Missoula or any other State or City? **YES** ___ **NO** ___

If **YES**, give details and state business activity or occupation denied, revoked or suspended:

Please state if you have been convicted of or entered a guilty or Alford plea to **any felony**.
(Please note: This check goes beyond 7 years. If it is in your history at all, it will show up)

YES ___ **NO** ___

Please state if you have been convicted of or entered a guilty or Alford plea to **any misdemeanor** offense or any city ordinance violation (except minor traffic violations).

YES ___ **NO** ___

If **YES** to either, give details: _____

Please state if you been held liable in a civil proceeding or are now a party in a civil proceeding involving fraud, deceptive practices or false/misleading advertising?

YES ___ **NO** ___

If **YES**, give details: _____

II. Business Information

A. Business name: _____

B. Business address (must have street location, room number, and zip code): _____

C. Business telephone number: _____

D. Is business - wholesale ___; retail ___; manufacturer _____; service ___?

E. Describe fully the product or service provided _____

F. State/Federal license number and type (if required)_____

III. GENERAL INFORMATION

A. Is this license for: new business___; change of ownership___;
location change___?

B. When did you start the business in Missoula?_____

C. Estimate the number of employees you will have working in Missoula:

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief.

SIGNED:_____ **DATE:**_____

TITLE:

P.O. Box _____ **Street Address:**_____

City, State & Zip_____