

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

(INDIVIDUAL APPLICANT \$58.00)

Date: _____, 20__

BUSINESS NAME: _____

I. Applicant's Information

Applicant's Full Name: _____

**Other Names: _____

Home Address: _____

Birth-date: _____ Social Security #: _____

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

Residential Address:	Dates lived there:	Telephone Number:
_____	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.)**

Employment/Occupation:	Dates employed:	Telephone Number:
_____	From: _____ To: _____	_____
_____	From: _____ To: _____	_____
_____	From: _____ To: _____	_____

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

(Applicant's Information continued)

Have you personally ever had a business license denied, revoked or suspended in the City of Missoula or any other State or City?

YES ___ NO ___

If **YES**, give details: _____

Have you personally ever 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, it will show up.)

YES ___ NO ___

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

Have you personally ever 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: _____

Have you personally ever 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

Business Name: _____

Business Location: _____

Business Telephone number: _____

Nature of Business: Retail/Office Wholesale Service Manufacturer Other

Describe fully the product or service provided: _____

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

III. GENERAL INFORMATION

This application is for a: new business change of ownership adding employee

When did this business start in Missoula? _____

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.

Signature of Applicant: _____ DATE: _____

Relation to business: owner employee