



130 6TH STREET WEST
ROOM A
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391

FAX (406) 892-4413

2024 General Business or Entity Registration

Annual: January 1 - December 31 Fee = \$40.00

Name of Business: _____

Type of Business: _____

Owner/Manager: _____

Telephone: _____

Physical Address
of Business: _____

Mailing Address
of Business: _____

Business Email: _____

Emergency Contacts:

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____

Alarm System or Security Services on premise? Yes _____ No _____ If Yes, Describe: _____

Knox Box? Yes _____ No _____

Fire Suppression? Yes _____ No _____ If Yes, Type of System? _____

Additional Notes for Responding Emergency Providers: _____

I am no longer in business. Termination date: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____	Amount and Method of Payment: _____
Registration Number: _____	Added to BMS: _____ PD/FD: _____ Initials: _____