



# Business License Application

**ALL BLANKS MUST BE FILLED IN & APPLICATION MUST BE SIGNED  
OR APPLICATION WILL BE RETURNED**

## **APPLICANT/ OWNER INFORMATION:**

Applicant:	Phone:
Business Owner:	Phone:
Name of Business - d.b.a. ('doing business as')	
Applicant Mailing Address:	
If property is rented/leased, please provide owner's name, mailing address and phone number:	
Property Owner Name & Mailing Address:	Phone:

## **BUSINESS INFORMATION:**

Nature of Business:
Business' Physical Address and/or Event Location:
Business' Mailing Address: (if different from above)
Federal Tax Identification Number:
Wyoming Sales Tax License Number:
Worker's Compensation Identification Number:
Has the applicant and/or business ever had a license to conduct said business which has ever been revoked or denied? Yes ( ) No ( ) If yes please explain:
If food (other than soda-pop or bottled drinks) is to be sold, an annual health inspection must be completed and a copy of the State Health Permit/Certificate must be attached to the application.
All information provided is known to be true and accurate: Signature of Applicant/Owner:

## **FOR USE BY TOWN**

Date Received:	License #:	Use Zone:
Permit Fees:	Paid Fees: ( Check#/Cash)	Date Paid: