

Date: _____

License #: _____

- New Application
- Updated Information



Town of Jackson
Business License Application
 PO Box 1687, Jackson, Wyoming 83001
 Phone: (307)733-3932
 Fax: (307)739-0919
www.townofjackson.com

Instructions: **All information on both sides of this form must be fully completed.** Failure to complete any item will delay the processing of your application. All payments shall be made at the time of application and shall be non-refundable, unless an application is denied. If the Town denies a business license application, the entire fee, less a \$37.00 application fee, will be refunded. An application for a business license **must be submitted and approved** by the Town **before the business can begin operations.**

(License will be DELAYED and can potentially be DENIED if any information is incomplete)

Business Name: _____

D/b/a: _____

Nature of Business: _____

Is the Business in your residence? Yes No

Is the Business a: Corporation Partnership Sole Proprietorship LLC

Business Physical Address: Street & No: _____

Bldg. /Apt: _____ City: _____ State: _____ Zip Code: _____

**** Any change of location or Owners requires a new application and approval by the Town of Jackson ****

Business Mailing Address:

Post Office Box: _____ City: _____ State: _____ Zip Code: _____

Business Phone Number :(____) _____

Fax/email address: _____

WY Sales Tax Number: _____

Federal Employers ID Number or SSN: _____

NAME AS IT APPEARS ON DRIVERS LICENSE	Driver's License # and State	Date of Birth
(Please provide copy of Driver's License)		

Have you ever been convicted of a felony? Yes No

Will this Business be applying for Restaurant Liquor License? YES NO

If Premise was previously occupied, was it a Residence Business

If Business, What type: _____

If property is rented/leased:

Name of the Owner: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Description of business:

Where is the parking provided for your business? _____

How many spaces are allocated to the business? _____

Square Footage of business location: _____

If restaurant, how many seats? _____

Number of Employees on payroll: _____

Will you be posting a sign for your business? Yes No

Have you obtained all necessary permits/inspections/fees, as required by the Town of Jackson? Yes No

If not, please explain _____

***** The above questions MUST be completed in order for you application to be processed*****

I, _____, do hereby swear and affirm the information I have supplied in this application is true and correct to the best of my knowledge. Further, I do hereby consent to the release of all medical, physical, criminal and any other information, including information of a confidential or privileged nature by any person(s) having such records for the purpose of checking my suitability to obtain the permit requested herein. I hereby release said persons, their organizations, and others from any liabilities or damage which may result from furnishing the requested information. A photocopy of this release is considered as valid as an original.

STATE OF WYOMING)
) §
 COUNTY OF TETON)

signature of applicant

SUSCRIBED AND SWORN TO BEFORE ME BY

Printed name of applicant

This _____ day of _____ 20____

WITNESS my hand and official seal

Notary Public

Annual License Fees

<u>Sales Tax Collecting Business</u>	<u>Non-Sales Tax Collecting Businesses</u>	<u>Ground Transportation</u>
1 - 10 employees = \$100.00 11 - 49 employees = \$200.00 50 - 99 employees = \$300.00 100 + employees = \$500.00	1 - 10 employees = \$130.00 11 - 49 employees = \$290.00 50 - 99 employees = \$390.00 100 + employees = \$650.00	\$100.00
<u>Commercial Property Rental</u> 1 or more rentals = \$100.00	<u>Residential Rentals</u> 3 or more rentals = \$100.00	<u>Agent</u> 0 employees = \$100.00

For Official Use Only – Please Do Not Write Below This Line

Business is: Home Occupation Home Business Other

Zoning: UC UC2 UR AR AC SR R
 BC NC NC2 OP RB BP MHP

Business Physical Location: Within the Town Limits In Teton County Out of Teton County

Approving Department	Initials	Date Approved	Comments
Building Department			
Fire Department			
Planning Department			
Police Department			
Finance Department			
License Fee	\$		
Prorated Fee	\$		
Date Paid			
Receipt Number			