

Exposition License Application



PO Box 1687, Jackson, WY 83001
 (307)733-3932 F: (307)739-0919
 www.jacksonwy.gov

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 \$44.00 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

Application Fee:	<u>For Profit Businesses</u>	<u>Not for Profit Businesses</u>
	<i>\$123.00 per day for any event with 5 or fewer vendors</i>	<i>\$62.00 per day for any event with 5 or fewer vendors</i>
	<i>\$247.00 per day for any event with more than 5 vendors</i>	<i>\$123.00 per day for any event with 5 or more vendors</i>

APPLICANT PLEASE PRINT LEGIBLY

Business/OrganizationName: _____

Doing Business As (dba) Name: _____

Nature of Exposition: _____

Is the Buisness/Organization a: Corporation Partnership Sole Proprietorship
 Non-profit Organization (please attach copy of 501(C)(3))
 Other (please explain): _____

Physical Address of Expo: _____

Is the property rented/leased or owned? Yes No

If the Property is rented/leased, Name of the Property Owner: _____

Property Owner's Mailing Address: _____

Property Owner's Phone Number: _____

Notarized Letter of Authorization must accompany this application if the location is Rented/Leased

Date of Expo: _____ Time of Expo: _____

Business/Organization Physical Address: _____

Business/Organization Phone number: _____ Business Email Address: _____

Business/Organization Mailing Address: _____

WY Sales Tax Number: _____ Federal Employer's ID Number: _____

List Information for all Owners/Officers/Partners REQUIRED | License will be DENIED if incomplete

Name as it appears on Driver's Licence	Driver Licence #	State	DOB	Phone number

How many businesses or organizations will the exposition include? _____

Attach a list of ALL Vendors

Business is a: Sales Tax Collecting Business Non Sales Tax Collecting Business

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

If not, please explain: _____

Will a sign or banner be posted? Yes No

The undersigned hereby certifies that the foregoing information is accurate and agrees to comply with all laws and ordinances of the Town of Jackson applicable to the subject matter thereof.

I, _____, do hereby swear and affirm the information I have supplied in this application is true and correct to the best of my knowledge.

STATE OF WYOMING)
)ss
COUNTY OF TETON)

Signature of applicant

SUBSCRIBED AND SWORN TO BEFORE ME BY _____ (printed name of applicant)

This _____ day of _____ 20_____

WITNESS my hand and official seal

Notary Public

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 Town Limits In Teton County Out of Teton County

Approving Department	Initials	Date Approved	Comments
Building Department			
Fire Department			
Planning Department			
License Fee	\$	Date Paid	