



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

Date: _____
 License #: _____
 New Application
 Updated Application

Both sides of this form must be completed in full. Failure to do so will delay the processing of your application. All payments shall be made at the time of application and shall be non-refundable unless the application is denied. If the Town denies a business license application, a refund will be issued, less a \$44.00 non-refundable application fee. Applications 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)

Sales Tax Collecting Business 1 - 10 employees = \$118.00 11 - 49 employees = \$237.00 50 - 99 employees = \$355.00 100 + employees = \$592.00	Non-Sales Tax Collecting Businesses 1 - 10 employees = \$154.00 11 - 49 employees = \$343.00 50 - 99 employees = \$462.00 100 + employees = \$770.00	
Commercial Property Rental 1 or more rentals = \$120.00	Residential Rentals 3 or more rentals = \$120.00	Agent 0 employees = \$118.00

**** Any change of location or ownership requires a new application, \$44.00 fee, and subject to approval by the Town of Jackson**.**

Business Name: _____

D/b/a: _____

Nature of Business: _____

Is the Business in your residence? Yes No

If YES, submit Home Occupation Form if you are within Town Limits

Business Physical Address: Street & No: _____

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

Business Mailing Address:

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

Business Phone Number : (____) _____

Fax: _____

Email Address: _____

A color copy of the owner/s driver's license is required with the application.

Was Premise previously occupied? YES NO

If so, was it a: Residence Business

If Business, What type: _____

Is the property rented/leased or owned? Rented/Leased Owned

If 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

Where is the parking provided for your business? _____

How many parking 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

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

5.04.021 License required.

A. It shall be unlawful for any person to transact or carry on any business in the Town not otherwise exempt without first having procured a business license or permit from the Town and complied with all of the applicable provisions of this chapter and any applicable specific requirements or regulations of other chapters of this Code.

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			
License Fee	\$ _____		
Date Paid			



BASIC USE PERMIT – HOME OCCUPATION SUPPLEMENTAL FORM

Planning & Building Department Planning Division

150 East Pearl Ave. | ph.:(307) 733-0520 or
P.O. Box 1687 | (307) 733-0440
Jackson, WY 83001 | fax: (307) 734-3563
www.jacksonwy.gov

Please complete the following: (This form is required for anyone with a residential business address)

Name of Business: _____

Business Address: _____

Business Contact Information: (Please Print)

Name: _____

Phone #: _____

Mailing Address: _____

Is this business conducted by a person living within the dwelling? Y/N

Provide a brief description of your business: (**REQUIRED**):

Is anyone residing off-premises employed on the premises of the home? Y/N

Where is parking provided? _____

Is the home occupation less than 25% of the home's habitable floor area? Y/N

If yes, what is the square footage devoted to the home occupation? _____

Will any signage displayed be less than 2 square feet and attached to the home? Y/N

Will you ensure there is no window display or other public display of merchandise or material? Y/N

Will you need to park vehicles other than your personal vehicle? Y/N

Will you need to store equipment on site? Y/N

Where will this equipment be stored? _____

Applicant's Signature: _____

Date: _____

LETTER OF AUTHORIZATION

_____, "Owner" whose address is: _____

(NAME OF ALL INDIVIDUALS OR ENTITY OWNING THE PROPERTY)

_____, as the owner of property
more specifically legally described as: _____

(If too lengthy, attach description)

HEREBY AUTHORIZES _____ as agent to represent and act for Owner in making application for and receiving and accepting on Owner's behalf, any permits or other action by the Town of Jackson, or the Town of Jackson Planning, Building, Engineering and/or Environmental Health Departments relating to the modification, development, planning or replating, improvement, use or occupancy of land in the Town of Jackson. Owner agrees that Owner is or shall be deemed conclusively to be fully aware of and to have authorized and/or made any and all representations or promises contained in said application or any Owner information in support thereof and shall be deemed to be aware of and to have authorized any subsequent revisions, corrections or modifications to such materials. Owner acknowledges and agrees that Owner shall be bound and shall abide by the written terms or conditions of issuance of any such named representative, whether actually delivered to Owner or not. Owner agrees that no modification, development, platting or replating, improvement, occupancy or use of any structure or land involved in the application shall take place until approved by the appropriate official of the Town of Jackson, in accordance with applicable codes and regulations. Owner agrees to pay any fines and be liable for any other penalties arising out of the failure to comply with the terms of any permit or arising out of any violation of the applicable laws, codes, or regulations applicable to the action sought to be permitted by the application authorized herein.

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing on behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

OWNER:

(SIGNATURE) (SIGNATURE OF CO-OWNER)

Title: _____

(if signed by officer, partner or member of corporation, LLC (secretary or corporate owner) partnership or other non-individual Owner)

STATE OF _____)
) SS.
COUNTY OF _____)

The foregoing instrument was acknowledged before me by _____ this _____ day of _____, 20____.

WITNESS my hand and official seal.

(Seal)

(Notary Public)

My commission expires: