

## Town of Jackson Exposition License Application



**This application is required for any person seeking a license to engage in the business of conducting an exposition or sale of any merchandise or product at an outdoor exposition or sale, or an indoor exposition or bazaar, where two or more persons are gathered together for the exposition or sale. This application must be submitted at least 10 days before the exposition, and must be fully completed by the applicant to be processed.**  
 An exposition license is not required for businesses that hold a general business license.

150 E Pearl Ave  
 PO Box 1687  
 Jackson, WY 83001  
 P: (307)733-3932  
 F: (307)739-0919  
[www.jacksonwy.gov](http://www.jacksonwy.gov)

**License Fees :** The license fee must be submitted with the application. This fee is non-refundable. Submission of the fee does not constitute approval of an application. If the application is denied, a refund of the fee will be issued minus a \$50.00 application fee.

**Change of Location :** If a change of location is sought for the exposition, a new application is required for the approval of the location. An application based on a change of location does not require resubmission of the license fee, but does require a \$50.00 application fee

**License Fees:**For Profit Expositions

*\$139.00 per day for event with < 5 vendors*  
*\$278.00 per day for event with > 5 vendors*

Not for Profit Expositions

*\$70 per day for event with < 5 vendors*  
*\$139.00 per day for event with > 5 vendors*

**APPLICANT INFORMATION**

Business/Organization Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Is the Business/Organization a nonprofit?

Yes

No

If YES, submit with the application proof of nonprofit status.

Physical Address of Business/Organization: \_\_\_\_\_

Mailing Address of Business/Organization: \_\_\_\_\_

Phone Number of Business/Organization: \_\_\_\_\_

Contact Name for Business/Organization: \_\_\_\_\_

Contact Email Address of Business/Organization: \_\_\_\_\_

Contact Phone Number of Business/Organization: \_\_\_\_\_

**EXPOSITION INFORMATION**

Name of Exposition: \_\_\_\_\_

Nature of Exposition: \_\_\_\_\_

Date(s) and Time(s) of the Exposition: \_\_\_\_\_

**APPLICATION CONTINUES ON BACK PAGE**

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How many vendors are expected to participate in the Exposition? \_\_\_\_\_

Submit a list of all known vendors at the time of application.

Please provide a map or diagram showing placement of vendors on property.

Will any vendor be cooking food using a heat source during the Exposition?

Yes

No

If YES, submit a list of each vendor using heat sources.

Will any vendor be using a tent larger than 400 square feet?

Yes

No

If YES, submit a list of each vendor using a tent larger than 400 square feet.

Physical Location of the Exposition (address): \_\_\_\_\_

Is the location of the Exposition rented or leased?

Yes

No

If YES, submit with the application a Notarized Letter of Authorization from the owner of the property.

If location is rented or leased, name of the property owner: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

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

If NO, please explain: \_\_\_\_\_

Will a sign and/or banner be posted?      Yes      No

If YES, where will the sign and/or banner be posted? \_\_\_\_\_

I (print your full legal name), \_\_\_\_\_, do hereby swear and affirm, under penalty of perjury, the information I have provided on this application is true and correct to the best of my knowledge and I understand the information provided herein may be investigated for accuracy.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form in person at Town Hall, 150 E Pearl Avenue, or by mail to TOJ Attn: Finance Dept, PO Box 1687, Jackson, WY 83001.

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

| Approving Department | Initials | Date Approved | Comments       |
|----------------------|----------|---------------|----------------|
| Finance Department   |          |               |                |
| Building Department  |          |               |                |
| Fire Department      |          |               |                |
| Planning Department  |          |               |                |
| License Fee \$       |          | Date Paid:    | Date Received: |