

## Exposition License Application

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.



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

**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 Business/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	