

Town of Jackson Business License Application



This application is required for all new businesses, existing businesses seeking approval of a change of location, and existing businesses that failed to timely renew their annual business license. The application must be approved, and a business license issued by the Town before it is legal to transact or carry on any business within the Town. The application must be fully completed by the applicant to be processed.

Annual License Fees : The annual license fee must be submitted with the application. This fee is non-refundable and shall not be pro-rated based on the time of year the application is submitted. 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 Application : A change of location application does not require a resubmission of the annual license fee, but does require a \$50.00 application fee.

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

Application Type:

New Business

Change of Location

Failure to Timely Renew

Sales Tax Collecting Businesses

1 - 10 employees = \$133.00
11 - 49 employees = \$267.00
50 - 99 employees = \$400.00
100 + employees = \$667.00

Independent Contractors & Agents

\$133.00

Non Sales Tax Collecting

1 - 10 employees = \$174.00
11 - 49 employees = \$387.00
50 - 99 employees = \$521.00
100 + employees = \$868.00

Residential & Commercial Rentals

\$135.00

APPLICANT INFORMATION

Business Name: _____

Doing Business As (DBA): _____

Nature of Business: _____

Business Owner Name: _____

Business Owner Phone Number: _____

Is this business in your residence? Yes No If YES, submit with the application a Home Occupation Form

Business Mailing Address: _____

Business Physical Address: _____

Is the business physical address within the Town of Jackson corporate limits? Yes No

Business Phone Number: _____

Business Email Address: _____

Was the location of this business previously occupied? Yes No If YES, was it a: Business Residence

If the location was previously occupied by a business, what type of business? _____

Is this business a Short-term Rental? Yes No If YES, contact the Planning Department to determine whether additional use permit is required and fill out section below

Owner Representative/Managing Agent Information (SHORT-TERM RENTALS ONLY)

Name: _____

Phone Number: _____ Email: _____

Mailing PO Box/Street Address: _____

City: _____ State: _____ Zip: _____

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Is the location of this business rented or leased?

Yes No

If **YES**, submit with the application a Notarized Letter of Authorization from the owner of the business location

If the location of this business is rented/leased, what is the name of the property owner? _____

Property Owner's Phone Number: _____

Property Owner's Mailing Address: _____

How many employees working in the Town will be on the business payroll? _____

Where is parking provided for this business? _____

How many parking spaces are allocated to this business? _____

What is the square footage of the business location? _____

If business is a restaurant, how many seats? _____

Will you be posting a sign for this Business? Yes No

If YES, where will the sign be posted? _____

Will this business have more than one location? Yes No

If **YES**, an application must be submitted for each location

Will this business have any independent contractors? Yes No

If **YES**, and if it is within the Town of Jackson corporate limits, submit with the application a Home Occupation Form.

Have you ever been convicted of a felony or a crime involving dishonesty or a false statement? Yes No

If **YES**, the Town may contact you for more information

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 this 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 Application Received:	

All applications shall be processed within 30 days of receipt of the application except for Change of Location applications.

Change of Location applications shall be processed within 14 days of receipt of the application.

Deadline may be extended if applicant is actively working with Town staff on outstanding requirements.