

## 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

**Non Sales Tax Collecting**

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

**Independent Contractors & Agents**

\$133.00

**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: \_\_\_\_\_

**APPLICATION CONTINUES ON BACK PAGE**

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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.