

Date: _____

License #: _____

- New Application
- Updated Information



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

Instructions: **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 the application is denied. If the Town denies a business license application, the entire fee, less a \$37.00 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.**

(License will be DELAYED and can potentially be DENIED if any information is incomplete)

<u>Sales Tax Collecting Business</u> 1 - 10 employees = \$100.00 11 - 49 employees = \$200.00 50 - 99 employees = \$300.00 100 + employees = \$500.00	<u>Non-Sales Tax Collecting Businesses</u> 1 - 10 employees = \$130.00 11 - 49 employees = \$290.00 50 - 99 employees = \$390.00 100 + employees = \$650.00	
<u>Commercial Property Rental</u> 1 or more rentals = \$100.00	<u>Residential Rentals</u> 3 or more rentals = \$100.00	<u>Agent</u> 0 employees = \$100.00

Business Name: _____

D/b/a: _____

Nature of Business: _____

Is the Business in your residence? Yes No

Is the Business a: Corporation Partnership Sole Proprietorship LLC

Business Physical Address: Street & No: _____

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

**** Any change of location or ownership requires a new application, \$37.00 fee, and subject to approval by the Town of Jackson**.**

Business Mailing Address:

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

Business Phone Number :(____) _____

Fax/email address: _____

WY Sales Tax Number: _____

Federal Employers ID Number or SSN: _____

PLEASE PROVIDE COLOR COPY OF DRIVER'S LICENSE

Have you ever been convicted of a felony? Yes No

Will this Business be applying for Restaurant Liquor License? YES NO

If Premise was previously occupied, was it a Residence Business

If Business, What type: _____

If property is rented/leased:

Name of the Owner: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Description of business:

Where is the parking provided for your business? _____

How many 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

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

If not, please explain _____

***** The above questions MUST be completed in order for you application to be processed*****

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

5.12.010 License required

It is unlawful for any person, either for himself or for any other person, or for anybody, corporation or otherwise, to commence or carry on any kind of lawful business, trade, calling, profession, solicitation or occupation in the Town , without having a valid license from the Town to do so, or without complying with any and all regulations of such business, trade, calling, profession, or occupation contained in Chapters 5.04 through 5.24, and 5.52 or other applicable governmental regulations. Violation of this requirement shall be punishable pursuant to Section 1.12.010 of the Municipal Code of the Town of Jackson. (Ord. 860 § 6, 2008; Ord. 670 § 1, 2000; Ord. 501 § 3, 1995; Ord. 148 § 3, 1972.)

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			

Finance Department			
License Fee	\$		
Prorated Fee	\$		
Date Paid			
Receipt Number			