



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

Date: _____
 License #: _____
 New Application
 Updated Application

Both sides of this form must be completed in full. Failure to do so 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, a refund will be issued, less a \$44.00 non-refundable application fee. Applications 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)

Sales Tax Collecting Business 1 - 10 employees = \$118.00 11 - 49 employees = \$237.00 50 - 99 employees = \$355.00 100 + employees = \$592.00	Non-Sales Tax Collecting Businesses 1 - 10 employees = \$154.00 11 - 49 employees = \$343.00 50 - 99 employees = \$462.00 100 + employees = \$770.00	
Commercial Property Rental 1 or more rentals = \$120.00	Residential Rentals 3 or more rentals = \$120.00	Agent 0 employees = \$118.00

**** Any change of location or ownership requires a new application, \$44.00 fee, and subject to approval by the Town of Jackson**.**

Business Name: _____

D/b/a: _____

Nature of Business: _____

Is the Business in your residence? Yes No

If YES, submit Home Occupation Form if you are within Town Limits

Business Physical Address: Street & No: _____

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

Business Mailing Address:

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

Business Phone Number : (____) _____

Fax: _____

Email Address: _____

A color copy of the owner/s driver's license is required with the application.

Was Premise previously occupied? YES NO

If so, was it a: Residence Business

If Business, What type: _____

Is the property rented/leased or owned? Rented/Leased Owned

If 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

Where is the parking provided for your business? _____

How many parking 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

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

5.04.021 License required.

A. It shall be unlawful for any person to transact or carry on any business in the Town not otherwise exempt without first having procured a business license or permit from the Town and complied with all of the applicable provisions of this chapter and any applicable specific requirements or regulations of other chapters of this Code.

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			
License Fee	\$ _____		
Date Paid			

BASIC USE PERMIT – HOME OCCUPATION SUPPLEMENTAL FORM

Planning & Building Department Planning Division



150 East Pearl Ave. | ph.:(307) 733-0520 or
P.O. Box 1687 | (307) 733-0440
Jackson, WY 83001 | fax: (307) 734-3563
www.jacksonwy.gov

Please complete the following: (This form is required for anyone with a residential business address)

Name of Business: _____

Business Address: _____

Business Contact Information: (Please Print)

Name: _____

Phone #: _____

Mailing Address: _____

Is this business conducted by a person living within the dwelling? Y/N

Provide a brief description of your business: (**REQUIRED**):

Is anyone residing off-premises employed on the premises of the home? Y/N

Where is parking provided? _____

Is the home occupation less than 25% of the home's habitable floor area? Y/N

If yes, what is the square footage devoted to the home occupation? _____

Will any signage displayed be less than 2 square feet and attached to the home? Y/N

Will you ensure there is no window display or other public display of merchandise or material? Y/N

Will you need to park vehicles other than your personal vehicle? Y/N

Will you need to store equipment on site? Y/N

Where will this equipment be stored? _____

Applicant's Signature: _____

Date: _____

