

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.townofjackson.com](http://www.townofjackson.com)

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 an 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.**

**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 Owners requires a new application and 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:** \_\_\_\_\_

**Owners/Officers/Partners** **REQUIRED** **\*(license will be DENIED if information incomplete)**

NAME AS IT APPEARS ON DRIVERS LICENSE	Driver License/ And State	Date of Birth	Phone Number

**If Premise was previously occupied, was it a**  **Residence**  **Business**

**If Business, What type:** \_\_\_\_\_

**Are you installing, or is there an existing Alarm System in the building?** Yes No

**\*\* If you answered "Yes" to the above question, you MUST post a bond with the Finance Department.**

**If property is rented/leased:**

**Name of the Owner:** \_\_\_\_\_

**Owner's Mailing Address:** \_\_\_\_\_

**Owner's Phone Number:** \_\_\_\_\_

**Have you ever been convicted of a felony?** Yes No

**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 )

SUSCRIBED AND SWORN TO BEFORE ME BY

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_ signature of applicant

\_\_\_\_\_ Printed name of applicant

WITNESS my hand and official seal

\_\_\_\_\_ Notary Public

**Annual License Fees**

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

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