

Date: _____

Business License #: _____

- New Application
- Updated Information



Town of Jackson Phone: (307) 733-3932
 P.O. Box 1687 Fax: (307) 739-0919
 Jackson, WY 83001 Web: www.townofjackson.com

BUSINESS LICENSE APPLICATION TEMPORARY/TRANSIENT MERCHANT

Instructions: All information requested on 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 an application, the entire fee, less a \$37.00 processing fee, will be refunded. An application for a Temporary/Transient Merchant business license must be submitted and approved by the Town before the business can begin operations.

SECTION 1: TO BE COMPLETED BY APPLICANT

Merchant Name: _____

d/b/a (if applicable): _____

Nature of Business: _____

Merchant Mailing Address: _____

Merchant Physical Address: _____

Merchant Phone: _____ Cell Phone: _____

Merchant Fax: _____ E-Mail: _____

Is the applicant a nonprofit organization? Yes No

Do you hold a current and valid business license issued by the Town of Jackson? Yes No

If yes, provide business license number. _____

Is the business to be conducted the same as that of your current business license? Yes No

Describe the location where the temporary/transient business will be conducted, including street address: _____

Describe the type of structure or setup that will be used for conducting business (is it a booth/tent/table, etc. _____

Describe the type and number of signs that will be used and requested location for signs:

Temporary Sign Permit Number as Issued by Town of Jackson Planning Department: _____

Requested Date(s) and Time(s) of Operation: _____

Will you be selling food? Yes No

Temporary Food Service Permit Number from Teton County Health : _____

Wyoming Sales Tax Number: _____

Federal Employers ID Number or Social Security Number: _____

Wyoming Workers Comp#: _____ Wyoming Unemployment #: _____

List Information for all Owners/Officers/Partners

Name/Title	Residence Address	DOB	SSN	Phone/E-mail

Owner of Property Where Business Will Be Conducted

Owner Name: _____

Owner Mailing Address: _____

Owner Phone _____

Describe the parking for your operation. Attach diagram/information if necessary. _____

Describe the any music, loudspeakers or other noise associated with the enterprise. _____

WARRANTIES

Applicant: Please indicate below any express or implied warranties that will be made to purchasers of the services, goods, wares and merchandise to be sold, or a statement that no such warranties will be given. (Attach if necessary)

Bond and Surety

Applicant must provide a cash bond or a bond executed by the applicant, as principal, and two individual sureties or one corporate surety upon whom service of process may be made in the state, running to the Town of Jackson in the sum of one thousand dollars (\$1,000), the bond to be conditioned that the applicant shall comply fully with all of the provisions of the ordinances of the town and the statutes of the state regulating and concerning the sale of services, goods, wares and merchandise. Action on the bond may be brought in the name of the town to the use of the aggrieved person. Any person desiring to file an action on the bond shall, simultaneously with the filing of the complaint, notify the town clerk in writing of the pending action. The bond shall be refunded to the applicant six (6) months after the expiration of the applicant's license unless cause for action thereon has been presented to the town clerk. The form of such bond shall be approved by the town attorney.

Have you provided your bond and sureties? Yes No
Attach Bond and Sureties to this application.

The undersigned hereby certifies that the foregoing information is accurate and agrees to comply with all laws and ordinances of the Town of Jackson applicable to the subject matter thereof.

Date: _____ **Signed** _____

SECTION 2: FOR INTERNAL USE

TEMPORARY/TRANSIENT MERCHANT LICENSE FEES	
STANDARD PER DAY FEE (NO MORE THAN 8 IN ONE CALENDAR YEAR & NO MORE THAN 4 CONSECUTIVE)	\$200.00
CURRENT LICENSE HOLDER PER DAY FEE (same products as those under current license)	\$37.00
NON-PROFIT FEE	\$0.00

Zoning District - UC UC-2 AC

APPROVALS			
APPROVING DEPARTMENT	INITIALS	DATE APPROVED	COMMENTS
BUILDING DIVISION			
PLANNING DEPARTMENT			
FIRE DEPARTMENT			
POLICE DEPARTMENT			
FINANCE DEPARTMENT			

Application Approved
 Application Denied; reason: _____

License Fee	
Date Paid	
Receipt Number	
Employee Initials	