

Date: \_\_\_\_\_

# EXPOSITION LICENSE APPLICATION



Town of Jackson  
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/Organization Name:** \_\_\_\_\_

**D/b/a:** \_\_\_\_\_

**Nature of Exposition:** \_\_\_\_\_

**Is the Business/Organization a:**

- Corporation  Partnership  Sole Proprietorship
- Non-Profit Organization *(If non-profit, please attach copy of 501(C) (3))*
- Other Please explain: \_\_\_\_\_

**Physical Address of Expo:**

**Street:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Building:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of Expo:** \_\_\_\_\_

**Time of Expo:** \_\_\_\_\_

**Business/Organization Physical Address:** \_\_\_\_\_

**Post Office Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Fax/email address:** \_\_\_\_\_

**WY Sales Tax Number:** \_\_\_\_\_

**Federal Employers ID Number:** \_\_\_\_\_

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

NAME AS IT APPEARS ON DRIVER'S LICENCE	Driver License #	State	Date of Birth	Phone

**If property is rented/leased:**

**Owner's Name:** \_\_\_\_\_

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

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

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

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.

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

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

**Additional Information:** \_\_\_\_\_

**Exposition license will:**

- be for my business/organization ONLY.
- include \_\_\_\_\_ number of businesses or organizations. Attach list of ALL vendors

**Business is:**

- a Sales Tax Collecting Business.
- a Non-Sales Tax Collecting Business.

**Have you obtained all necessary permits/inspections/fees, as required by the Town of Jackson?**

Yes  No If not, please explain: \_\_\_\_\_

**Will a sign or banner be posted?**  Yes  No

\*\*\* 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

**Exposition License Fees**

**For Profit Businesses**

**Not For Profit Businesses**

<i>\$100.00 per day for any event with 5 or fewer vendors</i>	<i>\$50.00 per day for any event with 5 or fewer vendors</i>
<i>\$200.00 per day for any event with more than 5 vendors</i>	<i>\$100.00 per day for any event with more than 5 vendors</i>

For Official Use Only – Please Do Not Write Below This Line

**Zoning:**  UC  UC2  UR  AR  AC  SR  R  
 BC  NC  NC2  OP  RB  BP  MHP

Approving Department	Initials	Date Approved	Comments
Building Department			
Fire Department			
Planning Department			
Police Department			
Administration Department			

Application Approved

Application Denied;

Reason: \_\_\_\_\_

\_\_\_\_\_

<b>License Fee</b>	\$ _____
<b>Date Paid</b>	_____
<b>Receipt Number</b>	_____
<b>Employee initials</b>	_____