



Town of Jackson
Contractor License Application
 PO Box 1687, Jackson, Wyoming 83001
 Phone: (307) 733-0520
 Fax: (307) 734-3563
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. ***An application for a contractor's license must be submitted and approved by the Town Building Department before the business can begin operations.***

Please Check One

New Application Renewal Updated Information Contractor's License # : _____

Business Name: _____

Is the Business a: Corporation Partnership Sole Proprietorship

Other Please explain: _____

Contractor Classification Applied for: _____

Master of Record _____ Address _____

Master Certificate of Qualification Number _____

List Information for all Owners/Officers/Partners

Name/Title	Address	Date of Birth	Phone Number	Email

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: _____

Federal Employers ID Number _____

WY Sales Tax Number _____

Number of Employees _____

Provide the following, if applicable, with this application:

- Proof of Unemployment Insurance
- Proof of Workman's Compensation
- Proof of Surety Bond
- Proof of Liability Insurance
- If a corporation or LLC, proof of good standing with the State of Wyoming
- Electrical Contractors must provide a copy of their State of Wyoming Master and Contractor licenses

Have you ever been convicted of a felony? ____Yes ____No

Have you ever had a construction related license suspended or revoked?
 ____Yes ____No If yes, explain. _____

Have you ever had a construction related license in another jurisdiction?
 ____Yes ____No If yes, provide name of jurisdiction. _____

*** The above information MUST be provided in order for your application to be processed.
 (over)**

Business is A Sales Tax Collecting Business A Non-Sales Tax Collecting Business

IF THE BUSINESS LOCATION IS WITHIN THE CORPORATE LIMITS OF THE TOWN OF JACKSON COMPLETE THE FOLLOWING SECTION

Is the Business in your residence? Yes No

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 Jackson Police Department.

If property is rented/leased:

Name of the Owner _____

Owner's Mailing Address _____

** **Any change of business location requires a new application and approval by the Town of Jackson.**

Owner's Phone Number _____

Where is the parking provided for your business? _____

How many spaces are allocated to the business? _____

Square Footage of business location _____

Does the building have a fire-sprinkler system? _____

Will you be posting a sign for your business? Yes No

I, as applicant, hereby certify that the statements in this application are true and correct to the best of my knowledge and belief. I understand that false statements or willful omission of pertinent information will be grounds for denial or revocation of a license

State of _____
County of _____

On _____, 20____, _____
personally appeared before me,
whose identity I proved on the
basis of _____
to be the signer of this instrument
and he/she signed it.

Date: _____

Signed: _____

Notary Public
My commission expires _____

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			

Application Approved
 Application Denied; reason: _____

License Fee	\$
Prorated Fee	\$
Date Paid	
Receipt Number	
Employee initials	