

Date: _____

License # : _____

- New Application
- Updated Information



Town of Jackson
Ground Transportation Application
 PO Box 1687, Jackson, Wyoming 83001
 Phone: (307)733-3932
 Fax: (307)739-0919
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

NAME AS IT APPEARS ON DRIVERS LICENSE	Driver License # and State	Date of Birth	Phone Number

REQUIREMENTS FOR GROUND TRANSPORTATION

Copy of Valid and Current Photo Identification Y or N

Copy of Wyoming Sales Tax Certificate Y or N

Copy of Certificate of Workers Compensation Y or N or N/A

Whether a Town of Jackson Business license has ever been Evoked Y or N

M or F Weight _____ Hair Color _____ Height _____

Proposed method of Operation (Circle One) Courtesy Vehicle, Limousine, Taxi or Other

Copy of Insurance policy – Applicant shall list Town as a “Certificate Holder” on policy.

(\$500,000 Property Damage and \$500,000 Personal Injuries)

**WYDOT Operating Authority and Proof of the “Form E” filing with WYDOT
Signed Affidavit and authorization form from the Town. Y or N (See Attached)**

Have you ever been convicted of a felony? Yes No

