

Date: _____

EXPOSITION LICENSE APPLICATION



Town of Jackson
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/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 5 or more 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: _____

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