

## APPLICATION FOR CITY BUSINESS LICENSE

**CITY OF KEMMERER, WYOMING**  
**220 STATE HIGHWAY 233**  
**KEMMERER, WY 83101-9700**

**PHONE: (307) 828-2350**

**FAX: (307) 828-2355**

**NATASIA DIERS, CITY CLERK/TREASURER**

This license is required under Chapter 11 of the Kemmerer City Codes. Fee must accompany application.

**Food vendor applications MUST HAVE a valid food license permit that has been issued by the Wyoming Department of Agriculture attached to the application. Any food vendor application that does not have a valid food license permit attached will not be issued.**

**Date of Application:**  New License  Transfer

**Name of Business:** \_\_\_\_\_ **Wyoming Sales Tax Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** ( ) \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Indicate business ownership status:**  Individual  Partnership  Corporation

**Name of owner or chief executive officer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Nature of Business (give details):**

**Please check one:**  Retail  Wholesale  Service  Manufacturing  Contractor

*I hereby certify, under penalty of perjury, that the information supplied by me on this application is true and correct.*

**Signature of Applicant:** \_\_\_\_\_

### LICENSE FEES

<b>Craft Vendor License (any person selling homemade goods at fairs, expos and events - NO sales from home)</b>	<b>\$10 for one (1) calendar year</b>
<b>Expo License (any person selling non-homemade goods and food at fairs, expos and events - NO sales from home)</b> <i>*If your business already has a City of Kemmerer Business License, an Expo License is not required.</i>	<b>\$10 for each event</b> <i>*Regularly recurring events require a new license each time.</i>
<b>1 Day License</b>	<b>\$10</b>
<b>7 Day License</b>	<b>\$15</b>
<b>1 Month License</b>	<b>\$20</b>
<b>3 Month License</b>	<b>\$25</b>
<b>6 Month License</b>	<b>\$40</b>
<b>1 Year License</b>	<b>\$50</b>
<b>Remainder of Year License (Pro-Rated Licensing Term Begins April 1)</b>	<b>\$TBD by Staff</b>

### FOR OFFICE USE ONLY

**Date Application Received:** \_\_\_\_\_ **License Term:** from \_\_\_\_\_ to \_\_\_\_\_

**Fee Paid:**  Cash  Check  CC **City Receipt Number:** \_\_\_\_\_

**Special Use Permit Granted:** \_\_\_\_\_ **Date License Issued:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Signature of City Clerk:** \_\_\_\_\_