

BUSINESS LICENSE APPLICATION

TOWN OF COKEVILLE
PO BOX 99
COKEVILLE WY 83114

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Jody Harmon, CITY CLERK/TREASURER

This license is required under TITLE III Chapter 1 TOC ORDS

Fee must accompany application.

Date of Application:		<input type="checkbox"/> New License		<input type="checkbox"/> 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: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
Name of owner or chief executive officer:			Title:		
Address:		City:	State:	Zip:	Phone: ()
Nature of Business (give details):					
Please check one: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Contractor					
<i>I hereby certify, under penalty of perjury, that the information supplied by me on this application is true and correct.</i>					
Signature of Applicant:					

LICENSE FEES	
1 Day License	\$5
7 Day License	\$10
1 Month License	\$25
1 Year License	\$30

FOR OFFICE USE ONLY	
Date Application Received:	License Term: from to
Fee Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC	City Receipt Number:
Special Use Permit Granted:	Date License Issued: License Number:
Signature of City Clerk:	