



TOWN OF WHEATLAND
 600 9TH St. WHEATLAND, WY. 82201
 1-307-322-2962

CONTRACTOR LICENSING APPLICATION

To avoid delay, please follow all instructions.

Each question shall be fully and truthfully answered. Material misrepresentation is cause for refusal or revocation of license. Please fill this application out completely. Incomplete applications will not be reviewed and will be returned to the applicant for completion. If a question does not apply to you, indicate so with N/A. Each applicant shall submit proof of a Wyoming Trades Certification examination or equivalent as prescribed by Town Ordinance 744 to determine the fitness to hold the license being requested. Proof of Insurance must be attached. Bonding to be provided also as set forth in: Ordinance 744.

(A) Name: _____
 Use actual name under which contracting business will be conducted. A corporation must use a corporate name. Please do not use abbreviations. (Please Print)

(B) Name of owner(s): _____

(C) Applicant intends to do business as a _____ Contractor:

(D) Mailing Address: _____
 City: _____ State: _____ Zip: _____

(E) Physical Address: _____
 (If different from mailing address)
 City: _____ State: _____ Zip: _____

(F) Contact Person (for general correspondence): _____

(G) Contact Information: Business Phone #: _____ Cell # _____
 Fax #: _____ E-Mail: _____
 (E-mail Optional)

Contact Person: Name & Phone # _____

Applicant's signature: _____

OR Owner's signature: _____

**“THIS APPLICATION MUST BE SIGNED AND VERIFIED”
 ACKNOWLEDGEMENT**

State of: _____ County of: _____

The foregoing instrument was subscribed and sworn before me by: _____

this _____ day of _____, 20 ____.

Witness my hand and official seal: _____

Notary Public

(Seal)

Building Inspector's approval: _____ (Signature required)

OFFICE USE ONLY

Received By: _____ Date: _____

FEE PAID: _____ () CASH () CHECK/MO #: _____

LICENSE NUMBER: _____ RECEIPT NUMBER: _____