



# Town of Wheatland

600 9<sup>th</sup> Street . Wheatland, WY 82201 . (307) 322-2962

## CONTRACTOR LICENSING APPLICATION

**\$100.00 Application Fee**

*To avoid delay, please follow all instructions.*

Please fill this application out completely. Each question shall be fully and truthfully answered. Material misrepresentation is cause for refusal or revocation of license. 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 Wheatland Municipal Code Section 5.20.030 to determine the fitness to hold the license being requested. Proof of insurance and bonding must be attached as set forth in Wheatland Municipal Code Section 5.20.040.

(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: \_\_\_\_\_

CONTACT PERSON – NAME & PHONE NUMBER: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

OR OWNERS 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: \_\_\_\_\_

Mayor: Brandon Graves

Council: Alan Madsen – Bill Britz – Don Race – Tony Montoya