



**TOWN OF WHEATLAND**  
**600 9<sup>TH</sup> 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: \_\_\_\_\_