



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

CONTRACTOR RENEWAL 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. Please be sure that insurance and bonding is current prior to renewal submittence.

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)

Name of owner(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

(If different from mailing address)

City: _____ State: _____ Zip: _____

(G) Contact Information: Business Phone #: _____ Cell # _____

Fax #: _____

Contact Person: Name & Phone # _____

Applicant's signature: _____

Owner's signature: _____

OFFICE USE ONLY

Received By: _____ **Date:** _____

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

LICENSE NUMBER: _____ **RECEIPT NUMBER:** _____