



# TOWN OF WHEATLAND

600 9<sup>TH</sup> St. WHEATLAND, WY. 82201

1-307-322-2962

## CONTRACTOR RENEWAL APPLICATION

Please fill this application out completely. Each question shall be fully and truthfully answered. Incomplete applications will not be reviewed and will be returned to the applicant for completion. Please be sure that insurance and bonding are current prior to renewal submittal. **Renewal fees under section 9.6-Renewal-Any license may be renewed yearly by payment of an annual fee of \$50.00.**

Every licensee who desires to renew a license shall make application for renewal to the Town Clerk within 30 days prior to the date of expiration of the license to be renewed.

After February 1<sup>st</sup> all expired licenses will be considered as new applications and application fees are \$100.00

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: \_\_\_\_\_

Mayor: Jean Dixon

Council: Bob Shoemaker Jason Evans Alan Madsen Brandon Graves