



Office of City Clerk  
307-328-4500  
307-328-4555 (Fax)

## NON-RESIDENT BUSINESS LICENSE APPLICATION

**Business Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**City, State Zip:** \_\_\_\_\_  
**Bus. Phone No.:** \_\_\_\_\_  
**Local Location:** \_\_\_\_\_

**Rawlins, WY 82301**

**Owner Name:** \_\_\_\_\_  
**Mail Address:** \_\_\_\_\_  
**City, State Zip:** \_\_\_\_\_  
**Owner Phone No.** \_\_\_\_\_  
**Manager Name:** \_\_\_\_\_  
**Manager Address:** \_\_\_\_\_  
**Business Nature:** \_\_\_\_\_  
**Wyoming Sales Tax No.:** \_\_\_\_\_  
**Dates of Sales:** \_\_\_\_\_

**Weekly Permit:** \$ 50.00  
**Monthly Permit:** \$150.00  
**Annual Permit:** \$250.00

**EACH NON-RESIDENT BUSINESS SHALL POST A BOND OF NOT LESS THAN FIVE (5) THOUSAND DOLLARS**

**Insurance/Bond Carrier:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City, State Zip:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Dated:** \_\_\_\_\_