



TOWN OF ALPINE
BUSINESS LICENSE APPLICATION

P.O. BOX 3070 250 RIVER CIRCLE ALPINE, WY 83128 (307) 654-7754 FAX (307) 654-7454
EMAIL: alpine@silverstar.com Website: www.alpinewyoming.org

BUSINESS LICENSE COST: \$50.00* (*Unless otherwise noted in 113-Ordinance No. 2005-03)
Make Checks Payable to: 'Town of Alpine'

1. APPLICANT NAME: _____

d.b.a. _____

2. NATURE OF BUSINESS: _____

3. BUSINESS PHYSICAL ADDRESS: Street _____ Apt./ Suite#: _____

4. BUSINESS MAILING ADDRESS: _____

_____ City State Zip

5. BUSINESS PHONE #: _____ OWNER'S HOME PHONE # _____

6. IF PROPERTY RENTED/LEASED, PLEASE PROVIDE OWNER'S MAILING ADDRESS AND PHONE NUMBER: _____

_____ City State Zip
PHONE #: () _____

7. STATE OF WYOMING SALES TAX NUMBER: _____

8. IS YOUR BUSINESS IN COMPLIANCE WITH WYOMING WORKMEN'S COMPENSATION AND WYOMING UNEMPLOYMENT REGULATIONS? () Yes () No If no, please explain: _____

9. HAS THE APPLICANT AND/OR BUSINESS EVER HAD A LICENSE TO CONDUCT SAID BUSINESS WHICH HAS EVER BEEN REVOKED OR DENIED? () Yes () No If yes, please explain: _____

10. HAS THE APPLICANT (INCLUDING ALL PARTNERS OR OFFICERS, IF A CORPORATION) EVER BEEN CONVICTED OF A FELONY? () Yes () No If yes, please explain: _____

By signing below, applicant requests a business license, guarantees the application information is correct, and, hereby, agrees to comply with all laws and ordinances of the Town applicable to said business license:

SIGNED: _____ Date _____

Date Received:	Amount Paid:	Paid Fees () check () cash
		Check#: _____ Receipt#: _____
Business License #:	Approved by:	Date Approved:

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