

THIS APPLICATION SHALL NOT BE PROCESSED UNLESS RETURNED IN LEGIBLE FORM AND ACCOMPANIED BY THE APPROPRIATE FEE.

**CITY OF SUNDANCE
P.O. BOX 542
213 MAIN STREET
SUNDANCE, WY 82729
(307) 283-3451 Phone
(307) 283-3452 Fax**

**APPLICATION FOR PEDDLERS, SOLICITORS,
AND TRANSIENT MERCHANTS**

ATTACH THE FOLLOWING:

- _____ Copy of applicant's current driver's license or other similar form of photo identification.
- _____ Any advertising materials (brochures, merchandise listing, etc.) which may be used in conjunction with proposed sales.
- _____ State of Wyoming Department of Revenue – Application for Temporary Business Operations
- _____ Food License (If applicable)

DATE OF APPLICATION: _____ APPLICATION NO. _____

APPLICANT'S NAME: _____

APPLICANT'S HOME AND MAILING ADDRESS: _____

BUSINESS NAME: _____

BUSINESS PHYSICAL AND MAILING ADDRESS: _____

APPLICANT/BUSINESS PHONE NUMBER(S): _____

APPLICANT/BUSINESS CELLNUMBER(S): _____

APPLICANT/BUSINESS FAX NUMBER(S): _____

LOCAL TELEPHONE NO. AND ADDRESS (i.e. motel where staying): _____

IF APPLICANT IS A CORPORATION OR LIMITED LIABILITY -- NAME OF PRESIDENT: _____

IF APPLICANT IS A PARTNERSHIP -- NAME OF PARTNER OR MEMBERS: _____

IF APPLICANT IS AN EMPLOYEE – NAME OF EMPLOYER: _____

APPLICATION FOR: _____ REGISTRATION (NO FEE)
 _____ LICENSE

TERM OF LICENSE: _____ 1 DAY-Non Rally \$ 55.00
 _____ 1 MONTH \$110.00
 _____ 1 YEAR \$165.00
 _____ RALLY DAY \$110.00

COMMENCING ON _____ AND ENDING _____

DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS OR SERVICES TO BE SOLD: _____

PLACE WHERE THE GOODS OR SERVICES TO BE SOLD, OR ORDERS TAKEN FOR THE SALE THEREOF, ARE MANUFACTURED OR PRODUCED; WHERE SUCH GOODS OR PRODUCTS ARE LOCATED AT THE TIME THIS APPLICATION IS FILED AND THE PROPOSED METHOD OF DELIVERY: _____

PLACE WHERE GOODS OR SERVICES WILL BE SOLD: _____

APPLICANT'S WYOMING SALES TAX LICENSE NUMBER (if any): _____

(Attach copy of proof of exemption from State of Wyoming if no sales tax license number).

IF PLACE-TO-PLACE SALES, NAME AND DESCRIPTION OF EACH EMPLOYEE WHO WILL BE GOING FROM PLACE-TO-PLACE: (Attach additional employee names and descriptions if necessary).

NAME: _____ DESCRIPTION: _____

NAME: _____ DESCRIPTION: _____

THE PLACE OR PLACES OTHER THAN THE PERMANENT PLACE OF BUSINESS OF THE APPLICANT, WHERE THE APPLICANT WITHIN THE LAST 6 MONTHS HAS CONDUCTED TRANSIENT BUSINESS AS DEFINED HEREIN; INCLUDING THE NATURE OF THE BUSINESS AND THE ADDRESS OF THE BUSINESS:

LIST THE CREDENTIALS OR OTHER NECESSARY WRITTEN AUTHORIZATION FROM THE PERSON, FIRM OR CORPORATION FOR WHICH THE APPLICANT PROPOSES TO DO BUSINESS, AUTHORIZING THE APPLICANT TO ACT FOR AND ON BEHALF OF THE PERSON, FIRM OR CORPORATION AS THEIR REPRESENTATIVE:

(Attach any written authorization to this application form)

APPROVAL OF THIS APPLICATION MAY TAKE UP TO SEVEN (7) WORKING DAYS

Any person violating any of the provisions of Ordinance No. 3, 2010 shall be deemed guilty of a misdemeanor and shall be punished by having a maximum fine of one hundred dollars (\$100.00) imposed against them. The City Council may suspend or revoke the registration/license of any person violating the provisions of this ordinance.

APPLICANT _____

POLICE OFFICER _____

SIGNATURE - OWNER OF PREMISES WHERE GOODS ARE TO BE SOLD (**APPLICANT MUST OBTAIN THIS SIGNATURE.**)

OWNER OF PREMISES - PLEASE PRINT

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THIS SECTION FOR OFFICE USE ONLY

POLICE OFFICER: APPROVED: _____ DISAPPROVED: _____
(DATE) (DATE)

LICENSE/REGISTRATION ISSUED: _____ BY: _____
(DATE) (CLERK/TREASURER)

LICENSE/REGISTRATION NUMBER: _____ RECEIPT NUMBER: _____