

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**

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**ATTACH THE FOLLOWING:**

- \_\_\_\_\_ Copy of applicant's current driver's license or other similar form of photo identification.
- \_\_\_\_\_ Copy of vehicle registration (for door to door sales)
- \_\_\_\_\_ 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)

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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	\$ 55.00
	_____ 1 MONTH	\$110.00
	_____ 1 YEAR	\$165.00

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: \_\_\_\_\_