

THIS APPLICATION/LICENSE SHALL NOT BE PROCESSED UNLESS RETURNED LEGIBLE, & 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 CANVASSER, SOLICITOR, PEDDLER,
TEMPORARY OR TRANSIENT MERCHANT, NOT-FOR-PROFIT
ORGANIZATION OR CHARITABLE ORGANIZATION**

DATE OF APPLICATION: _____ APPLICATION NO. _____

NAME OF APPLICANT _____

NAME OF BUSINESS _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

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: _____ EXEMPT LICENSE (NO FEE)
_____ FOR PROFIT 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 TO BE SOLD:

PLACE WHERE THE GOODS OR PROPERTY 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 WILL BE SOLD: _____

APPLICANTS WYOMING SALES TAX LICENSE NUMBER (if any): _____
(Attach copy of proof of exemption from State of Wyoming if no sales tax license number.)

IF DOOR TO DOOR SALES, NAME AND DESCRIPTION OF EACH EMPLOYEE WHO
WILL BE GOING DOOR TO DOOR: (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 FIVE (5) WORKING DAYS

Any person violating any of the provisions of Ordinance No. 1, 2005 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 license of any person violating
the provisions of this ordinance.

APPLICANT

POLICE OFFICER

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

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THIS SECTION FOR OFFICE USE ONLY

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

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

LICENSE NUMBER: _____ RECEIPT NUMBER: _____