

**CITY OF RAWLINS
P.O. BOX 953
RAWLINS, WY 82301**



NON-RESIDENT BUSINESS LICENSE APPLICATION

Business Name: _____
Business Address: _____
City, State Zip: _____
Bus. Phone No.: _____
Local Location: _____

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 Fee: \$ 50.00
Monthly Permit Fee: \$ 150.00
Annual Permit Fee: \$ 250.00

EACH NON-RESIDENT BUSINESS SHALL POST A SURETY BOND OF NOT LESS THAN FIVE (5) THOUSAND DOLLARS (Resolution 03B-2015 & Ord. 5-90)

Insurance/Bond Carrier: _____
Address: _____
City, State Zip: _____

Signature of Applicant: _____ **Date:** _____