



TOWN OF SARATOGA

PO BOX 486

PHONE: 326-8335

APPLICATION FOR BUSINESS LICENSE

DATE: _____

[] NEW [] RENEWAL

FEE: NONE

A license issued for the privilege of conducting business shall be valid only for the business conducted at the place and by the licensee named herein. Pursuant to Section 5.04 of the Saratoga Municipal Code, any business, trade, occupation, profession, avocation or calling of any kind subject to a license tax shall be required to obtain a business license.

The opening of a place of business or offering to sell followed by a single sale or the doing of any act or thing in furtherance of the business shall be construed to be engaging in or carrying on such business. Upon issuance, license is valid for one year and may be renewed before June 30th.

APPLICANT NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NO. _____ FAX NO. _____

TYPE OF BUSINESS: _____

LOCATION OF BUSINESS: _____

PROOF OF INSURANCE: [] YES [] NO

BOND REQUIREMENT: _____

DATE(S) PERMIT REQUESTED: _____

The applicant agrees to comply fully with the Saratoga Municipal Code governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Applicant Signature _____ Date _____

STATE OF WYOMING)

SS:

COUNTY OF CARBON)

Subscribed and sworn to before me by _____, this _____ day of _____, 20__

Witnessed my hand and official seal.

Notary Public

My Commission expires: _____

THE FOLLOWING IS FOR OFFICIAL USE ONLY

APPROVED BY: _____ DATE: _____ PERMIT NUMBER: _____