



**TOWN OF WHEATLAND**  
**600 9<sup>TH</sup> St. WHEATLAND, WY. 82201**  
**1-307-322-2962**



**CONTRACTOR LICENSING APPLICATION**

**\$100.00 Application Fee**

*To avoid delay, please follow all instructions.*

Please fill this application out completely. Each question shall be fully and truthfully answered. Material misrepresentation is cause for refusal or revocation of license. Incomplete applications will not be reviewed and will be returned to the applicant for completion. If a question does not apply to you, indicate so with N/A. Each applicant shall submit proof of a Wyoming Trades Certification examination or equivalent and 3 years of work history with a minimum 2 years' work history in the trade for which you are applying for a license as prescribed by Wheatland Municipal Code Section 5.20.030. Please return completed application along with current proof of liability insurance with the minimum limits prescribed in WMC 5.20.040.

**APPLICANT:**

CORPORATE NAME: \_\_\_\_\_

*Use actual name under which contracting business will be conducted. Please do not use abbreviations. (Please Print)*

NAME OF OWNER(S): \_\_\_\_\_

NAME OF CONTACT *(for general correspondence)* \_\_\_\_\_

**CONTACT INFORMATION:**

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ PRIMARY CONTACT #: \_\_\_\_\_

E-MAIL *(Required)*: \_\_\_\_\_

TYPE OF CONTRACTOR LICENSE \_\_\_\_\_

**WORK HISTORY (3yrs):** (If a Corporation, Licensing history from 2 other AHJs is acceptable)

Dates: Mo/Yr	Trade worked or Licensed In	Job Title/License #	Contact Phone # (For Verification)	Notes or Comments/Skills Learned
Start: End:				
Start: End:				
Start: End:				
Start: End:				

APPLICANTS NOTORIZED SIGNATURE: \_\_\_\_\_  
 (Or Digital)

**ACKNOWLEDGEMENT**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me by: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness my hand and official seal:

*Notary Public (Seal)*

**OFFICE USE ONLY**

APPROVED BY: _____	DATE: _____
FEE PAID: _____	CASH CARD CHECK/MO #: _____
LICENSE NUMBER: _____	RECEIPT NUMBER: _____

Mayor: Brandon Graves

Council: Alan Madsen - Tony Montoya – Josh Kauffman – William Allison