



Sales/Use Tax License Application

Wyoming Department of Revenue
122 West 25th Street, 2nd West
Cheyenne WY 82002-0110
<http://revenue.state.wy.us>

DEPARTMENT USE ONLY

RID: _____

License: _____

Filing Freq: _____

NAICS: _____

- Ownership Name: _____ and _____
(Federal Identification Number)
- Date of **first** Sale / Service in Wyoming ____/____/____
- DBA (Doing Business As Name): _____
- Please check one of the following that best describes your ownership:

A. <input type="checkbox"/> Association/Club	B. <input type="checkbox"/> Corporation _____ <small>Incorporation Date _____ State of incorporation _____</small>
C. <input type="checkbox"/> Individual	D. <input type="checkbox"/> Limited Partnership
E. <input type="checkbox"/> Limited Liability Company	F. <input type="checkbox"/> Partnership (spousal ownership is considered a partnership)
G. <input type="checkbox"/> Other, explain: _____	

Note: Corporations must provide evidence of registration with your home state or Wyoming Secretary of State's office. Please contact the Wyoming Secretary of State's office at 307 777-7311 with any questions regarding registration..

- Location Address: _____
Street City State Zip Code
- Mailing Address: _____
Street or PO Box City State Zip Code
- Internet E-Mail Address: _____ @ _____ Toll Free # () _____ - _____
- Business Telephone Number: () _____ - _____ Fax Number () _____ - _____
- Authorized Contact Name: _____ Telephone Number: () _____ - _____
- What Type of Sales does this business make? Retail Wholesale Service Manufacturer
- Estimated monthly sales volume: \$ _____
- Describe specifically the type of products and/or services this business provides, (ex: auto parts, computers and/or auto repair, computer repair) give the percentage of each: total must equal 100%
A. _____ % B. _____ % C. _____ %
- Does this business sell liquor? If yes, list your WY Liquor License number _____ Yes No
- Does this business provide lodging? Yes No
- Does this business have more than one lodging location? Yes No
- Is this business located within the boundaries of an incorporated Wyoming city or town? Yes No
- Does this ownership have more than one location in Wyoming? Yes No
- Has this ownership ever had a Wyoming Sales/Use Tax License? Yes No
- Does this business ship/deliver products and/or service in any other Wyoming city, town or county? Yes No
- Does this business sell cigarettes, cigars, snuff, or other tobacco products? Yes No
- Does this business sell propane, butane, liquefied gas, or compressed natural gas? Yes No
- Would you like to report sales/use tax for all locations under this ownership on one tax return? Yes No
If yes please provide the licenses to consolidate. _____

Original signature(s) are required for all ownership types. The business owner must sign for the individual ownership, all partners must sign for partnership, one major officer for a Corporation, one member or manager must sign for a Limited Liability Company and Limited Partnership. Attach an additional signature page if needed.

Print Name: _____ Signature: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____
Last four (4) of Social Security Number: _____ Title: _____

Print Name: _____ Signature: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____
Last four (4) of Social Security Number: _____ Title: _____

Print Name: _____ Signature: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____
Last four (4) of Social Security Number: _____ Title: _____

Don't Forget: * To complete all lines of this application including all required signatures and attach all required documentation.
* Include the \$60.00 non-refundable application fee.
* For assistance completing the application please call at (307) 777-5200.