Print Form

APPLICATION FOR 24 HR CATERING PERMIT

Licensing Authority:

Name of Event:

Permit From: / / To: / / Local Permit Number:

Number of Days Permitted: Fee Per Day: Total Fee:

Applicant: D/B/A:

Contact Person: Phone Number:

Address:

City: State: Zip Code:

Mailing Address:

Business Phone: Residence Phone:

Location of Sales:

Applicants that are receiving anything of value (i.e. money, good and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour catering permit, are you:

A nonprofit corporation organized under the laws of this state?	Yes: ☐	No: ☐
Qualified as a tax exempt organization under the Internal Revenue Code?	Yes: ☐	No: ☐
And have been in continuous operation for not less than (2) years?	Yes: ☐	No: ☐

By filing this application, I agree to operate in Wyoming under the requirements of W.S. 12-4-502 and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for (Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Dated this day of , .

Applicant: _____

Applicant: _____

_____
Signature of Licensing Authority Official

_____
Title

_____
Date