0-0-0-001

Wyoming Department of Revenue
Excise Tax Division
122 W. 25th Street, Herschler Bldg.
Cheyenne, Wyoming 82002-0110
http://revenue.wyo.gov

Department Use Only
RID:_____
License:_____
Fling Freq:_____

Sales/Use Tax License Application

1. Ownership Name:_____ (1) _____
(federal identification number)

2. Date of **first** Sale / Service in Wyoming_____/_____/_____Estimated Monthly Sales Volume $_____

3. DBA/Doing Business As Name:_____

4. Please check one of the following that best describes your ownership (spousal ownership is considered a partnership):
A. _____Association/Club B. _____Corporation C. _____Individual
D. _____Limited Partnership E ._____Limited Liability Company F. _____Partnership
G. _____Other(explain Date and State of Incorporation_____

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.

5. Mailing Address:_____
Street or PO Box City State Zip Code

6. Location Address:_____
Street City State Zip Code

7. Internet E-Mail Address:_____ @_____

8. Business Telephone Number: ( )_____-_____ (800)_____-_____Fax No:( )_____-_____

9. Authorized Contact:_____Phone Number: ( )_____-_____

10. What Type of Sales does this business make? Retail_____Wholesale_____Service_____Manufacturer_____

11. 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._____ _____%

12. Does this business sell "prepaid wireless communication access", (ex: calling cards, wireless phones, re charge/reload of minutes or wireless service for a fixed period of time.) yes___ no____

Estimated monthly prepaid wireless communication access: $_____.

13. Does this business sell liquor? If yes, list your WY. Liquor license number_____ Yes_____ No_____
14. Does this business provide lodging? Yes_____ No_____
15. Does this business have more than one lodging location? Yes_____ No_____
16. Is this business located within the boundaries of an incorporated city or town in Wyoming? Yes_____ No_____
17. Does this business sell Cigarettes, cigars, snuff, or other tobacco products? Yes_____ No_____
18. Does this business sell propane, butane, liquefied gas, or compressed natural gas? Yes_____ No_____
19. Does this business ship/deliver products and/or service in any other WY city, town or county? Yes_____ No_____
20. Has this ownership ever had a Wyoming Sales/Use Tax License? Yes_____ No_____
21. Does this business have more than one location in Wyoming? Yes_____ No_____
22. If this business has more than one location do you prefer to consolidated the licenses? Yes_____ No_____
If yes how many locations? _____

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

A. Print Name:_____ Signature_____
Address: _____ City:_____State_____Zip_____
SSN:_____ Title_____

B. Print Name:_____ Signature_____
Address: _____ City:_____State_____Zip_____
SSN:_____ Title_____

C. Print Name:_____ Signature_____
Address: _____ City:_____State_____Zip_____
SSN:_____ Title_____

Don't forget! *To complete all lines of this application in its entirety, including all required signatures.
****Include the $60.00 non-refundable application fee made payable to Wyoming Department of Revenue.***
****For assistance completing the application please call (307) 777-5200.***