



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



\*0-0-206-001\*

**Department Use Only**

NAICS \_\_\_\_\_  
 RID \_\_\_\_\_  
 Permit# \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Sales/Use Tax License Application  
 Direct Pay Permit**

- Business Name or DBA: \_\_\_\_\_
  - Mailing Address: \_\_\_\_\_
  - Location Address: \_\_\_\_\_  

|                   |       |       |          |
|-------------------|-------|-------|----------|
| Street or Box No. | City  | State | Zip Code |
| _____             | _____ | _____ | _____    |
| Street            | City  | State | Zip Code |
| _____             | _____ | _____ | _____    |
  - Is this business located within the boundaries of an incorporated city or town in Wyoming? Yes  No
  - Does this company have a physical location in this state? Yes  No
  - Internet E-mail \_\_\_\_\_
  - Business Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ (800) \_\_\_\_\_ - \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_
  - Authorized person to contact regarding sales tax matters \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_
  - Estimated monthly purchases volume? \$ \_\_\_\_\_
  - Describe the type of products or Services you provide: \_\_\_\_\_
  - Does this business have more than one location in Wyoming? Yes  No  If Yes, how many? \_\_\_\_\_
  - Would you prefer to file a consolidated return for all locations? Yes  No
- If yes provide a list of the Wyoming Sales/Use Tax License numbers you would like to report on the consolidated return.
- Please check one of the following to best describe your ownership: \*(spousal ownership is considered a partnership)

|  |  |
|--|--|
| (A) _____ Individual                         | (F) _____ Limited Liability Limited Partnership (LLLP) |
| (B) _____ General Partnership                | (G) _____ Corporation                                  |
| (C) _____ Limited Partnership                | (H) _____ 'S' Corporation                              |
| (D) _____ Limited Liability Company (LLC)    | (I) _____ Association                                  |
| (E) _____ Limited Liability Partnership(LLP) | (J) _____ Joint Venture                                |

Corporation (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(Corporate Name) (federal identification number) (date and state incorporated)

**Note: Corporations, limited partnerships, and limited liability companies must provide evidence of registration with the Wyoming Secretary of State's Office (307) 777-7311). Corporations must attach a complete list of officers. Limited liability companies must attach a complete list of members or managers. Licensing will be until this information is provided.**

**14. SIGNATURE AND DECLARATION:**

An authorized employee, officer, partner, member or owner of the taxpayer identified above must sign and return this form. Attach any appropriate power of attorney statement.

I understand and agree to the terms of this statement. I understand this agreement incorporates any statements made in the application and attachments. I certify that the accounting system and procedures in place will adequately identify, individually report and remit all taxes owed.

|                            |       |
|----------------------------|-------|
| By                         | Title |
| Typed name                 | Date  |
| Basis of Authority to Sign |       |

**Please Mail To: Wyoming Department of Revenue, 122 West 25th Street, Cheyenne, WY 82002-0110**

**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.  
 \*Please make check payable to the Wyoming Department of Revenue  
 \*For assistance completing the application please call (307) 777-5200.