



Sales/Use Tax License Application

Wyoming Department of Revenue

Excise Tax Division

122 West 25th Street Suite E301

Cheyenne, WY 82002-0110

Department Use Only

RID: _____

License: _____

Filing Freq: _____

Temporary Business Operations

1. **Business Name:** _____
 2. **Ownership Name:** _____
 3. **Partners:** _____
Last four of SSN _____
Last four of SSN _____
Last four of SSN _____
 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) _____
 5. **Mailing address:** _____
Street or PO Box City State Zip Code
 6. **Location Address:** _____
Street City State Zip Code
 7. **Contact Phone Number:** _____
Area code and number, please list any toll free numbers
 8. **Sales Event** _____
Frontier Days, gun show, craft show, church bazaar, etc.
 9. **Sales Location** _____
City and County in Wyoming
 10. **Sales Dates** _____
List date(s) you will be making temporary sales in Wyoming
- | | |
|-------------------------------|---|
| Print Name _____ | Signature _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Last four of SSN _____ | Title _____ |
| Print Name _____ | Signature _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Last four of SSN _____ | Title _____ |
| Print Name _____ | Signature _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Last four of SSN _____ | Title _____ |

Wyoming laws require all businesses and individuals to register with the Department of Revenue prior to conducting sales in this State. Please contact us with any questions:

Wyoming Department of Revenue
Excise Tax Division
122 West 25th Street, Suite E301
Cheyenne, WY 82002

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Fax (307) 777-3632
Email: dor@wyo.gov
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