

# CITY OF ROCK SPRINGS

212 D Street, Rock Springs, WY 82901 (307) 352-1540

## BUSINESS LICENSE APPLICATION



- New Business
- Change of Ownership or Location
- Change of Mailing Address
- Home Occupation
- Transient Merchant Application

Date Received: \_\_\_\_\_

Customer #: \_\_\_\_\_

Planning Project #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Applicant\*: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Owner\*: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Property Owner\*: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Local Manager\*: \_\_\_\_\_ Phone # \_\_\_\_\_

### Additional Business/Emergency Contacts:

Name\*: \_\_\_\_\_ Position/Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name\*: \_\_\_\_\_ Position/Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

*\*A copy of a driver's license is required for everyone.*

### Alarm System \_\_\_ Yes \_\_\_ No

Alarm Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### Surveillance System \_\_\_ Yes \_\_\_ No

What format is your surveillance recorded:	Can it be copied to another source (DVD, Flash Drive)? Yes / No
How long is footage maintained:	Other information:
What areas of your business are covered by surveillance:	
Contact information for obtaining video surveillance:	Phone #:

### Check Business Type:

✓	Business Type	✓	Business Type	✓	Business Type	✓	Business Type
<input type="checkbox"/>	Car Wash	<input type="checkbox"/>	Church	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Dental
<input type="checkbox"/>	Food Service	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Lab
<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Oil Field	<input type="checkbox"/>	Retail	<input type="checkbox"/>	School
<input type="checkbox"/>	Services	<input type="checkbox"/>	Solid Waste	<input type="checkbox"/>	Taxidermy	<input type="checkbox"/>	Truck Wash
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Vehicle Repair	<input type="checkbox"/>	Other: _____		

### Description of business, explain in full detail nature and operation of your business (use separate sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_



Will your business use, handle, or store any of the following materials? (Check all that apply and give maximum quantity)

✓	Material	✓	Material
	Explosives		Solvents (Acetone, Thinners, Xylenes, Reducers, etc.)
	Flammable Gases / Liquids / Solids		Unstable/Reactive Materials (ammonium perchlorate, hydrogen peroxide)
	Cryogenic Materials		Poisons or toxic materials
	Combustible Gases /Liquids /Solids		Pesticides or Herbicides
	Petroleum products		Corrosives, Acids, or Oxidizers
	Carcinogens		Materials which contain or may contain ANY heavy metals
	Radioactive Materials		Materials discharged into the sewer with a pH 5 or higher

If any checked, quantity of each: \_\_\_\_\_

Will your business perform any of the following, indoors or outdoors? (Check all that apply)

✓	Activity	✓	Activity
	Vehicle washing		Maintaining or repairing vehicles or equipment
	Cooking, baking, frying, grilling		Painting, spray finishing, dipping or powder coating
	Any open flame or welding		Parts or power washing equipment or tools
	Discharging materials other than sewage into the City sewer system		
	Use of a treatment system, such as; baths, separators, sumps, coalesce, or grease traps. _____		

**Previous use of property** (be specific, name of business, type of business, services performed/offered): \_\_\_\_\_

**PARKING (see attached parking standards 13-815 I):**

Number of existing on-site parking spaces:	Dimensions of spaces:
Number of required parking spaces:	Number of handicap spaces:
<u>Uses in the B-3 District:</u> Parking requirements in any B-3 District shall be determined by the City in conjunction with the site plan review and shall be established in light of parking availability on and near the property and its potential impact on traffic circulation and parking on facilities within the area. (13-815 - I.5.r )	

**ZONING – BUILDING:**

	Yes	No		Yes	No
Will project involve new construction?			Do you propose new signs?		
Will project involve alterations to existing structure?			Is the property in the Flood Zone?		
Zoning District: _____					

Days of Operation:	Hours of Operation:
# of Full-Time Employees:	# of Part-Time Employees:
	# Seasonal Employees:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_



Any business that operates within the city limits is required to register and pay an annual occupation tax in accordance with City Ordinance Article 9-2.

**FEES**

Businesses that employ fifteen or more employees shall pay an annual occupation fee of \$100.00. Businesses that employ fourteen or fewer employees shall pay an annual occupation fee of \$50.00.

Temporary businesses, expositions, exempt/charitable organizations, railroads, express companies, utility companies, stage, bus, truck, and taxicab companies, refer City Ordinance 9-2 for different fees.

Any changes in, or to your business, which would alter your responses herein shall require at an updated application. Failure to do so may constitute fraud, and invalidate your current business license.

I, the undersigned, have read the foregoing application and know the contents thereof; that all entries hereon and contained in each statement and made a part hereof, are true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or proof of authorization (attach at back)

Department	Approved by Signature	Denied by Signature	Date
Planning	_____		
Building	_____		
Fire	_____		
Wastewater	_____		
Water	_____		