



BUSINESS LICENSE APPLICATION

BED AND BREAKFAST INN OR FACILITY

ANNUAL/NONREFUNDABLE PERMIT FEE: \$65.00

Change of Ownership Fee _____

LICENSE # _____

BED AND BREAKFAST INN

BED AND BREAKFAST

This application is for a license for operating a Bed and Breakfast Inn or Bed and Breakfast Facility within the City of Cheyenne (As defined by City Code Title 5, Chapter 5.28, Ordinance #3189)

ATTACH THE FOLLOWING:

- A copy of the State of Wyoming Bed and Breakfast Permit (or an approved application) issued by the City/County Environmental Health Unit.
- Any advertising or promotional materials (brochure, merchandise listing, etc.) which may be used in conjunction with proposed bed and breakfast operation.

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____

ZONE: _____

MAILING ADDRESS (if different from above): _____

BUSINESS TELEPHONE #: _____

WYOMING STATE SALES TAX #: _____

NOTE: NO RETAIL MERCHANDISE SALES SHALL BE CONDUCTED ON THE PREMISES OF ANY BED AND BREAKFAST FACILITY.

APPLICANT NAME: _____

RESIDENCE ADDRESS/CITY/STATE/ZIP (if different from above.): _____

NOTE: If applying for a Bed and Breakfast Facility license, applicant's residence in home of such facility is a requirement.

IS APPLICANT THE OWNER OF RECORD OF THE PREMISES PROPOSED AS A BED AND BREAKFAST OPERATION? YES NO (If not, owner's signature is required -- see authorization section of application.)

AFFIDAVIT/AUTHORIZATION

The undersigned applicant and owner of record of the proposed Bed and Breakfast premises hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Applicant Signature

Owner of Premises

Date

Date

STATE OF WYOMING)
) ss.
County of Laramie)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

SEAL

My commission expires: _____

APPROVALS:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained.
The City Clerk's staff will acquire these approvals for applicants.

Zoning Department: _____
(2101 O'Neil Ave., Room 202/637-6282)

City/County Environmental Health: _____
(100 Central Avenue/633-4090)

Building Department: _____
(2101 O'Neil Ave., Room 202/637-6265)

Fire Prevention: _____
(415 W. 18th St./637-6327)

City Clerk: _____
(2101 O'Neil Ave., Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE:

BY: _____

M/R # _____ **FEE PAID \$** _____ **DATE PAID:** _____ **DATE ISSUED:** _____

COMMENTS: _____
