

CITY OF CHEYENNE



BUSINESS LICENSE APPLICATION

DAIRY/DAIRY TRUCKS

ANNUAL/NONREFUNDABLE FEE: \$75.00

LICENSE # \_\_\_\_\_

New Application:  Change of Location \$30.00 Fee:  Change of Ownership \$30.00 Fee:

This application is for a license to distribute or offer for sale any milk or milk products (except for manufacturing purposes) within the City of Cheyenne as regulated by the provisions of the Wyoming Department of Agriculture, Food and Drug Division. (Ordinance No. 3157; City Code, Title 5, Chapter 5.08; Title 8, Chapter 8.40, Section 8.40.150-8.40.170).

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

BUSINESS TELEPHONE #: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

STATE OF WYOMING SALES TAX NUMBER: \_\_\_\_\_

AFFIDAVIT/AUTHORIZATION

The undersigned applicant 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

\_\_\_\_\_  
Date

STATE OF WYOMING )  
 ) ss.  
County of Laramie )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

SEAL

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**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: \_\_\_\_\_ ZONE: \_\_\_\_\_  
(2101 O'Neil Ave., Room 202/637-6282)

Wyoming Department of Agriculture: \_\_\_\_\_  
(2219 Carey Avenue/777-6592 or 777-6593 Fax)

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

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**FOR USE BY CITY CLERK'S OFFICE:**

**BY:** \_\_\_\_\_

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

**TERM OF LICENSE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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