

BUSINESS LICENSE APPLICATION



RESTAURANT (FOOD SERVICE ESTABLISHMENT)

ANNUAL/NONREFUNDABLE FEE: \$115.00

LICENSE # _____

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

This application is for a license to operate as a restaurant (food service establishment) business at a permanent location where food is prepared for sale or service to the general public, and is intended for individual portion service, and includes the site at which individual portions are provided. (Ordinance #3157, City Code, § 5.08.090 and Chapter 8.40).

ATTACH/SUBMIT THE FOLLOWING:

_____ Copy of State of Wyoming Food Service Permit (Application available through the City/County Environmental Health Division, 100 Central Ave., Cheyenne, WY)

_____ State of Wyoming Sales Tax Number: _____

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____

MAILING ADDRESS (if different from above): _____

BUSINESS TELEPHONE #: _____

APPLICANT'S/OWNER'S NAME (state all persons proposing to operate under such license): _____

ANTICIPATED OPENING DATE: _____

HAS APPLICANT APPLIED FOR A STATE OF WYOMING FOOD SERVICE PERMIT? _____
(If not, application should be made through the City/County Environmental Health Office)

DOES APPLICANT PLAN TO DISPENSE SOFT DRINKS? _____
(If vending machines are utilized on premises, a business license is also required.)

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

APPROVALS:

The 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)

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

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

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

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:** _____

TERM OF LICENSE: _____

COMMENTS: _____

New Construction: _____ **Existing Building:** _____ **Change of Use:** _____

Previous Owner (if applies): _____
