

**TOWN OF TEN SLEEP
P.O. BOX 5
TEN SLEEP WY 82442
(307)366-2265
FAX (307)366-2228**

ERNIE BECKLEY, MAYOR
CONNIE SWEENEY, COUNCILPERSON
NICOLE LYNEMA, COUNCILPERSON

BART DEWITT, COUNCILPERSON
AMY TRUMAN, COUNCILPERSON

As per Ordinance #192, passed May 8, 2014, the following information shall be gathered in order to apply for a vending permit or transient merchant license in the Town of Ten Sleep.

Applicant's name, address, and phone number(s): _____

Business name, address, and phone number(s): _____

Type of business: _____

Function name and location: _____

Function date(s): _____

Items to be sold or services to be provided: _____

Hours applicant intends to conduct business (select range below):

- 0-5 hours – no charge
- Over 5 hours and up to 10 hours - \$25
- Over 10 hours and up to 20 hours - \$50
- Over 20 hours - \$75

Any and all addresses and phone numbers where the applicant can be reached while conducting business within the town: _____

Signature of Applicant

Town of Ten Sleep	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<u>Other items required (check all that apply):</u>
Date Approved: _____	<input type="checkbox"/> No other items required
Fee Collected: _____	<input type="checkbox"/> List of 3 most recent vending locations
Approval Signature: _____	<input type="checkbox"/> Proof of any other required license
	<input type="checkbox"/> Written permission of property owner
	<input type="checkbox"/> Copy of drivers license or photo ID