Office Use Only:			
	e #:	Receipt #:	\$25.00
		OF GREYBULL	
	_) BOX 271	
	_	ULL WY 82426 1 FAX: (307) 765-240)9
A	APPLICATION FOR 2024 BU	JILDING CONTRACTORS	LICENSE
Business Name: Business Address:			
Name:			
E-Mail Address:			
Driver's License Numbe Wyoming Unemploymer	or Employer Identification Number r: nt Insurance Division Account #:	Issuing State	
	n Coverage Employer #		
	tors, including sole proprie mpensation. Please see ba		
	*** Electrical Contractors	have additional requireme	<u>ents***</u>
Type of work to be perfo	ormed under the license:		
How long engaged in su	ıch work and specify full-time or pa	rt-time:	
Telephone Numbers	Business:		_
	Residence/Primary:		-
condition after repair wo expense and without chand avenues, or other p deems responsible, ther	performed, I (the above contractor ork or said pipes, main or conduits harge to the Town. If, at the sole dis- ublic property, have not been repain the Town shall repair and restore or xpenses in repairing and restoring	have been laid or re-laid as the ca cretion of the Mayor and the Town ired and restored within a time tha or cause the same to be repaired	se may be at my exclusive in Council, the said streets, alleys at said Mayor and Town Council If and restored, and I will pay the

Please submit on back or attach the following information (if applicable)

Date

Name

Rev 11/16/2015

This institution is an equal opportunity provider.

- 1) Describe other license issued to the contractor by any other subdivision or state within the past eighteen months. Provide certification numbers of any license by the state.
- 2) Electrical Contractors must supply a copy of Current Electrical Contracting License.

*As of August 2012, the Town of Greybull can no longer acquire the Certificate of Good Standing for a contractor. It is the responsibility of the contractor to obtain this information and submit it to the town office along with this completed contractor's application. If you need assistance with this you can call the Division of Workers' Compensation office in Cheyenne, Wyoming at:

307-777-6763, or if you already know your Workers Compensation Policy number, you can go on line at http://cogs.state.wy.us to have a certificate sent to our office.

For first time users, you must provide the following information to establish a login:

- 1. Workers Compensation Policy number (this is your WC employer number and must be 9 digits).
- 2. Federal Tax Identification number.
- 3. Coverage effective date. If you do not know your coverage effective date, please contact the Division By telephone at 307-777-6763 or by fax at 307-777-5298

The application process is an ANNUAL REQUIREMENT of the Town of Greybull. There is an application fee of \$25.00

If you mail in your form, a receipt will be mailed to you. Until you receive your license, please keep your receipt or a copy of it with you so that the Building Inspector can verify your application for license. A signed Contractors license will be mailed to you once your check, application and Certificate of good standing from The State of Wyoming Department of Workforce Services are received.

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