

**TOWN OF WRIGHT  
P. O. Box 70  
Wright, WY 82732**

**CONTRACTOR'S LICENSE RENEWAL APPLICATION**

NAME \_\_\_\_\_

Current Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Email Address** \_\_\_\_\_

Class of License:    A    B    C    D    Type: \_\_\_\_\_  
***(Circle One and Indicate Type) FEE: \$15.00***

Have the principal owners changed? \_\_\_\_\_  
If so, please list:

\_\_\_\_\_

**\*\*What is the expiration date of your insurance? \_\_\_\_\_**

**Please List any Employees**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requirements**

- \*\*Need a Current Workers Compensation & Unemployment Letter from the state.**
- \*\*Please submit an up-to-date CERTIFICATE OF INSURANCE if needed**
- \*\*Payment**

**(Town Use Only)** Approved for Renewal:

\_\_\_\_\_

\_\_\_\_\_  
Date  
Contractor No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_