

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 and include a photo ID of each individual:

Requirements

****Need a Current Workers Compensation & Unemployment Letter from the state.**

****Please submit an up-to-date CERTIFICATE OF INSURANCE if needed**

****Payment**

****Photo ID of each employee**

(Town Use Only) Approved for Renewal:

Date

Contractor No. _____

Expiration Date _____