

**ADMINISTRATIVE USE ONLY:**

APPROVED       DENIED

License # \_\_\_\_\_

**TOWN OF WRIGHT**  
P.O. Box 70, Wright, WY 82732  
201 Wright Blvd.  
Telephone: 307-464-1666  
Facsimile: 307-464-0813  
www.theresa@wrightwyoming.com

**CONTRACTOR LICENSE APPLICATION**

Please complete each field; insert N/A if not applicable. Incomplete applications will not be processed.

**DATE OF APPLICATION:**      \_\_\_\_/\_\_\_\_/\_\_\_\_

**TYPE OF APPLICATION** (Select one):

- New (Check here  if application is for an expired license)  
 Renewal of contractor's license # \_\_\_\_\_, having expiration date of \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT CONTACT INFORMATION**

Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Federal Tax ID (SSN for Sole Proprietorship): \_\_\_\_\_  
Office Telephone: \_\_\_\_\_ Office Facsimile: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Contact Name/Phone: \_\_\_\_\_ Contact Name/Phone: \_\_\_\_\_

**Requirements which must be included with application.**

- ✓ **Completed & Notarized Application**
- ✓ **Three (3) Notarized Contractor Experience Verifications**
- ✓ **Letter of Financial Standing on official letter head**
- ✓ **Workers Compensation & Unemployment Letter from State on official letterhead**
- ✓ **Wyoming State Contractor's License testing**
- ✓ **Certificate of Liability Insurance**

Every contractor granted a license of any kind under the terms hereof shall be required to maintain at all times public liability insurance of a minimum amount of not less than \$100,000.00 for one person and \$300,000.00 in any accident and public damage insurance with a limit of not less than \$100,000.00 for one accident.

**CLASS OF LICENSE** (select one):

**Building Contractor- Class A** - This license shall entitle the holder thereof to contract for the construction, alteration, or repair of any type or size of structure permitted by the building codes of the Town of Wright.

**FEES**

License Fee - \$75.00  
Renewal - 15.00

**Building Contractors Class B** – This license shall entitle the holder thereof to contract for the construction, alteration, or repair of 1, 2, 3, or 4- Family Residential Buildings of two (2) stories or less and/or one (1) story commercial Buildings with five (5) thousand square total feet area or less; provided that contractors holding Class B Licenses shall not contract for public buildings or places of public assembly.

**FEES**

License Fee - \$50.00  
Renewal - 15.00

**Building Contractors Class C** – All other contractors not included within categories Class A, Class B, and Class D, who build, alter, add-to, move or demolish any portion of any building or any portion thereof, or structures, including specifically but not limited to house repair maintenance, siding applications, tile laying, carpet laying, plastering, sheetrock installation, painting, fencing, residential roofing, and any other activities involved in maintenance, improvement, or construction of additions to residences and buildings with the Town of Wright. This section will include all specialized contractors who are not licensed under other sections hereof.

**FEES**

License Fee - \$25.00  
Renewal - 15.00

**Building Contractor Class D** – This class includes all plumbing, electrical, mechanical, sheet metal, commercial roofing contractors, gas, water and sewer, pipe layer licensed contractors, roofing contractors, and mechanical contractors.

**FEES**

License Fee - \$75.00  
Renewal - 15.00

**Individual License Fees**

**ELECTRICAL**

Master \$25.00 – Renewal \$15.00  
Journeyman 15.00 – Renewal 15.00  
Apprentice 5.00 – Renewal 5.00

**PLUMBING**

Master \$25.00 - Renewal \$15.00  
Journeyman 15.00 – Renewal 15.00  
Apprentice 5.00 – Renewal 5.00  
Pipe layer 5.00 – Renewal 5.00  
(Pipe layer includes, gas, water & sewer)

**TYPE OF BUSINESS ENTITY** (Select one):

- Corporation
- Limited Liability Company
- Limited Partnership
- General Partnership
- Sole Proprietorship
- Other \_\_\_\_\_

**LIST THE NAME AND TITLE OF EVERY OWNER**

(Officer, member, partner, sole proprietor, etc.)

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

**EMPLOYEES:** Employees that are not or will be working in the Town limits: (select one)

- No, applicant does not now have employees, and will not have employees in the future.
- Applicant does not now have employees, but may have employees in the future.
- Yes, applicant has employees from  Wyoming and/or  out-of-state

List names of employees

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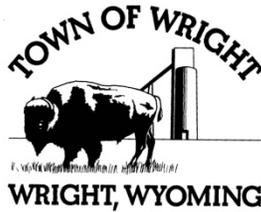
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**STATUS QUESTIONS**

\* Please answer each of the following questions. \* When responding to Questions #4 through #11: If “Yes” and (a) the application is a renewal, (b) the situation occurred during a previous licensing period, and (c) no new event of this nature has occurred since the license was last approved , check the box indicating “Renewing, no change”. Otherwise, attach a separate sheet of paper providing a detailed description of the circumstances surrounding the event. And attach copies of relevant paperwork, including Court documents, as needed.

		<b>Yes</b>	<b>No</b>
1.	Is applicant at least 18 years of age?	[ ]	[ ]
2.	Is applicant a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?	[ ]	[ ]
3.	Has applicant been previously licensed with the Town of Wright? If “yes”, please specify dates and classes of licenses & business name with whom you were licensed with.	[ ]	[ ]
4.	Has applicant or any individual employed by applicant had a contractor license or professional or vocational license denied, fined, suspended, or revoked?  <input type="checkbox"/> Renewal, no change (see criteria above).	[ ]	[ ]
5.	Has a third party had to complete or make a financial settlement upon any contract or work undertaken by applicant?  <input type="checkbox"/> Renewal, no change (see criteria above).	[ ]	[ ]
6.	Does applicant have any bills past due or any claims for labor, materials, or services outstanding and unsatisfied?  <input type="checkbox"/> Renewal, no change (see criteria above).	[ ]	[ ]
7.	Are there any liens, lawsuits, or judgments of record pending against applicant?  <input type="checkbox"/> Renewal, no change (see criteria above).	[ ]	[ ]
8.	Is applicant currently in bankruptcy proceedings or has applicant been adjudicated as bankrupt within the past sever (7) years?  <input type="checkbox"/> Renewal, no change (see criteria above).	[ ]	[ ]





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Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**CONTRACTOR EXPERIENCE VERIFICATION**

**INSTRUCTIONS:** Applicant shall fill-in contractor information in upper right corner. Person providing reference shall complete from here down, including having signature notarized form is completed.

**WHO MAY PROVIDE REFERENCE:** This experience verification form shall be completed by a previous customer or former employee of the contractor, by a member of the building safety department, or by a person engaged in one of the following occupation classifications: architect, engineer, or licensed contractor. Persons related to, affiliated with, or presently employed by the contractor may NOT provide experience verification.

Name of Reference: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

1. Name of contractor for whom you are verifying work: \_\_\_\_\_
2. Length of time you have personally or professionally known contractor: \_\_\_\_\_ years, \_\_\_\_\_ months
3. Indicate the type(s) of work contractor has completed for you or to your knowledge:  
 electrical,  gas pipefitting,  mechanical/HVAC,  plumbing,  fire suppression,  commercial building,  residential building,  trim carpentry,  structural concrete and/or masonry,  paving,  nonstructural concrete and/or masonry,  drywall and/or plaster,  dirt work,  dirt work,  elevators,  fencing,  flooring,  wood framing,  steel framing,  garage doors,  gutters,  insulation,  interior decorating,  landscaping,  low voltage or limited electrical,  commercial roofing,  residential shingle roofing,  security systems,  signage,  water and sewer pipe laying,  windows and/or siding,  other (explain): \_\_\_\_\_
4. List projects or jobs which you have personal knowledge that contractor has completed: \_\_\_\_\_
5. List projects or jobs which you have personal knowledge that the contractor has failed to complete: \_\_\_\_\_
6. Describe the contractor's overall performance and ability to meet customer's needs: \_\_\_\_\_

**AFFIDAVIT OF REFERENCE**

I, the undersigned, being first duly sworn, certify that the statements made above are true, and acknowledge that any false, deceptive, or fraudulent statements may subject me to charges of false swearing or perjury.

\_\_\_\_\_  
 Signature of Reference Date: \_\_\_\_\_

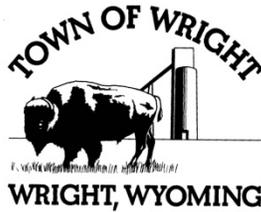
STATE OF \_\_\_\_\_ )  
 ) §  
 COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above and foregoing was subscribed and sworn to before me, by (print name of reference) \_\_\_\_\_, whom I know personally or whose identity was proved to me on the basis of satisfactory evidence.

Witness my hand and official seal.

\_\_\_\_\_  
 Notary Public

My commission expires:



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Witness my hand and official seal.

\_\_\_\_\_  
 Notary Public

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