

APPLICATION FOR VEHICLE STORAGE AND DISPOSAL FACILITY LICENSE

FOR WYDOT USE ONLY
Account Number
License fee \$25.00

STEP #1	APPLICANT INFORMATION			
	Business Name (Legal business name – corporate, etc. – and trade name or dba)			
	Mailing Address	City	State	ZIP
	First address location	City	State	ZIP
	Second address location if applicable			
	Primary Phone Number	NMVTIS Account Number		
Nature of Business				
STEP #2	TYPE OF OWNERSHIP (CHECK ONE)-Must match Sales Tax License if one is required			
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership (Includes Husband and Wife) <input type="checkbox"/> Limited Partnership			
	Please list the Name and Home Address of all owners, officers or partners.			
	Name	Title		
	Address	City	State	ZIP
	Name	Title		
	Address	City	State	ZIP
	Name	Title		
	Address	City	State	ZIP
	Name	Title		
Address	City	State	ZIP	
STEP #3	<p>Applicant agrees to comply with all laws and rules and regulations relating to this license and to registration and titling of vehicles. Sales Tax License may be required. Contact the Wyoming Department of Revenue for sales tax information. A Junk Yard License may be required. Contact DOT Right of Way at (307) 777-4115.</p> <p>Applicant agrees to maintain records relating to vehicles and parts thereof received and disposed of in the manner required by the Department for a period of 3 years and that such records will be available for inspection by the Department or any law enforcement officer during all reasonable business hours.</p> <p>If you are a new applicant or your license has expired, attach written approval from the proper official in the city or county stating that this business site is not located in a residential zone, send a copy of your sales tax license or letter from the Wyoming Department of Revenue stating you do not require one and include a photo of the business location.</p> <p>I hereby swear or affirm under penalty of perjury that all information on this application is a true and correct. I realize that my business is subject to inspection and any false statements regarding the above requirements could subject my license or application to denial, suspension or revocation. I, as owner, partner, officer, have the authority to sign this application.</p>			
	Printed Name	Title		
	Signature	Date		
	<p style="text-align: center;">APPLICANT SHALL MAIL THIS APPLICATION TO:</p> <p style="text-align: center;">WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340</p> <p style="text-align: center;">FOR ADDITIONAL INFORMATION: Phone: 307-777-4850, or visit our website at http://www.dot.state.wy.us</p>			
STEP #4				