



Town of Hanna
301 S. Adams Street
P.O. Box 99
Hanna, WY 82327
(307)325-9424
Fax (307)325-9625

APPLICATION FOR THE TOWN OF HANNA BUSINESS LICENSE

1. Business Name: _____
2. Business Physical Address: _____
3. Business Mailing Address: _____
4. Business Telephone: _____
5. Owner's Name: _____
6. Owner's Address: _____
7. Owner's Telephone: _____
8. Type of Business: _____
9. Number of Employees: _____
10. Hours of Operation: _____
11. Is the Business Located in you Hanna Residence? _____
12. **CHECK** ONLY ONE: New License: _____ Renewal of License: _____
13. **Signature and Title of Owner, Manager or Agent.**

The undersigned, under penalty of perjury, does hereby sear and certify that the above statements are true and correct.

Signature: _____ Title: _____ Date: _____

OFFICE USE ONLY

TOWN EMPLOYEE SIGNATURE: _____

DATE RECEIVED: _____ **check** **cash** **m/o** **credit**

RECEIPT #: _____ **PERMIT #:** _____