



Town of Jackson
150 E Pearl Avenue
PO Box 1687, Jackson, WY 83001
P: (307)733-3932 F: (307)739-0919
www.jacksonwy.gov

LETTER OF AUTHORIZATION

FOR Business and Exposition License Applications

PRINT full legal name of property owner(s) as listed on the warranty deed if individual(s) OR full name and title of president, officer, or trustee when the owner(s) listed on the deed is a corporation or an entity other than a natural person:

Being duly sworn, deposes and says that _____ is the owner(s) in fee of the premises

Name of Property Owner(s) as listed on deed

located at: _____

Address of Premises

Legal Description/PIDN: _____

And, that the person named as follows: Name of Applicant: _____

Mailing address of Applicant: _____

Email address of Applicant: _____

Phone Number of Applicant: _____

Is authorized to apply for

☐ a business license to operate a _____ business at my property listed above

☐ an exposition license to operate an exposition, bazaar or other sale of any merchandise or product(s) at my property listed above

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing on behalf of a corporation, partnership, limited liability company, or other entity the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

Property Owner(s) Signature

Title if signed by officer, partner or member of corporation, LLC (secretary or corporate owner), partnership, or other entity that is not a natural person

STATE OF _____)
) SS.

COUNTY OF _____)

The foregoing instrument was acknowledged before me by _____ this _____ day of _____, 20___. WITNESS my hand and official seal.

Notary Public

My commission expires: