



# CITY OF GREEN RIVER OCCUPATION TAX APPLICATION

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Explain in detail the nature and operation of your business:

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

Number of Employees:      Full Time: \_\_\_\_\_      Part Time: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Total Number of Music Machines, Pinball Machines or any other coin operated entertainment devices (\$12.00) and vending machines (\$5.00): \_\_\_\_\_

Please answer the following questions:

Yes      No

- Will your business be cooking (baking/deep frying/grilling) or operating any type of restaurant or sandwich shop?
- Will an open flame or welding device be utilized?
- Will you be conducting painting, spray finishing, dipping or powder coating?
- Will you be washing or maintaining vehicles or equipment?

- Will you be using a parts washer or power washing equipment or tools?
- Will your business be discharging materials other than sewage into the City sewer system?
- Will your business/facility use any type of treatment systems such as baths, separators, sumps, coalescer or a grease trap?

CHECK	MATERIAL	QUANTITY
<input type="checkbox"/>	Explosives	
<input type="checkbox"/>	Compressed Gases	
<input type="checkbox"/>	Flammable	
<input type="checkbox"/>	Cryogenic Materials	
<input type="checkbox"/>	Flammable Liquids	
<input type="checkbox"/>	Combustible Liquids	
<input type="checkbox"/>	Petroleum Products	
<input type="checkbox"/>	Solvents – Acetone, Thinners, Xylenes, Reducers, etc...	
<input type="checkbox"/>	Flammable or Combustible Solids	
<input type="checkbox"/>	Unstable or Reactive Materials	
<input type="checkbox"/>	Oxidizers	
<input type="checkbox"/>	Poisons or toxic materials	
<input type="checkbox"/>	Carcinogens	
<input type="checkbox"/>	Pesticides or herbicides	
<input type="checkbox"/>	Radioactive Materials	
<input type="checkbox"/>	Corrosives or Acids	
<input type="checkbox"/>	Materials discharged into the sewer with a pH of 5 or below	
<input type="checkbox"/>	Materials which contain or may contain heavy metals	
<input type="checkbox"/>	Large quantities of chemicals	

Yes    No

- Is your business located within the City limits of Green River?
- Is your building located in the Urban Renewal Area?
- Is your building located in the FEMA designed 100 year floodplain?
- Will you be doing any renovations, remodeling, additions or alterations to your structure associated with this new business?

Lot Zoning: \_\_\_\_\_

Previous use of property:

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Please be advised a building permit with a site plan is required for most changes to existing buildings and for construction of new buildings. Contact the Building Department to obtain more information to ensure compliance.

The approval and acceptance of the Occupation Tax Application does not authorize the violation of any adopted codes or ordinances of the City of Green River. Any changes in or to your business which would alter your responses herein shall require at a minimum a review by the City and or a re-application of the Occupation Tax Application. Failure to do so may constitute fraud and invalidate your current Occupation Tax Application.

The approval and acceptance of the Occupation Tax Application does not include approval of a business location for the purposes of complying with the adopted Building Codes of the City of Green River. Contact the Building Inspection Office at (307) 872-6144 for the requirements of the Building Codes before beginning any renovations.

I, the undersigned, have read the foregoing application and know the contents thereof; that all entries hereon and contained in each statement and made a part hereof, are true and correct, and in accordance with the City of Green River.

\_\_\_\_\_  
Applicant's Signature Date

*This license shall be subject to revocation in the event the business is conducted in any unlawful manner, to include violation of or non-compliance with the ordinances of the City and the laws of the State of Wyoming by the licensee in the operation of the business or of the business premises.*

**CITY USE ONLY:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

**Payment Information:**

Amount Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Cash, CC., or Check Number: \_\_\_\_\_

**Application Routing:** Please sign and date when review is complete and route in the order listed below.

Planning & Zoning Approval \_\_\_\_\_  
Signature and Title Date

Building Review Approval \_\_\_\_\_  
Signature and Title Date

Occupation Tax expires on April 1, \_\_\_\_\_

Occupation Tax Fee \$ \_\_\_\_\_ Full Year \_\_\_\_\_ Half Year \_\_\_\_\_

Approved for issuance by: \_\_\_\_\_  
Signature and Title



**Green River Police Department**  
**50 East 2<sup>nd</sup> North**  
**Green River, WY 82935**  
**(307)872-0555**

**BUSINESS INFORMATION SHEET**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Owner: Name, Address, Phone number, Cell Phone number, E mail address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, Address and Phone Number of Employees that will have keys to the business and will be able to respond in case of emergency:

Employee #1:

\_\_\_\_\_

\_\_\_\_\_

Employee #2:

\_\_\_\_\_

\_\_\_\_\_

Employee #3:

\_\_\_\_\_

\_\_\_\_\_

Employee #4:

\_\_\_\_\_

\_\_\_\_\_

Employee #5:

\_\_\_\_\_

\_\_\_\_\_

Does your business have an alarm? \_\_\_\_\_

Who is your alarm company and what is their phone number?

\_\_\_\_\_

\_\_\_\_\_

What type of alarm do you have? (Motion, doors & windows, fire, or employee panic)

\_\_\_\_\_

\_\_\_\_\_

What are the normal business hours for your business?

\_\_\_\_\_

\_\_\_\_\_

Normally, how late can we expect someone to be inside your business?

\_\_\_\_\_

\_\_\_\_\_

If you or one of your employees were requested by the police to respond to your business after hours, what door can we expect you to come to? (Please stay at your car until directed by the police officer at your business for safety.)

\_\_\_\_\_

\_\_\_\_\_