

Full name: _____ Phone: _____

FAX number: _____ e-mail: _____

Social Security Number: _____

List information on all vehicles used while in Wyoming

Make	Model	Color	Year	State & License No.
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Employer's Name: _____ Phone: _____

Sales Tax # _____ or Exemption # _____

Is company incorporated? _____ If yes, what state incorporated in? _____

Is corporation authorized to do business in Iowa? _____ If yes, name of registered agent within a 75 mile radius of Oxford Junction?

Name	Mailing address	City	State	Zip
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up to six months (\$50) _____ one year (\$75) _____

LICENSE IS NON TRANSFERABLE, MUST BE DISPLAYED AND IS IN FORCE
AND EFFECT ONLY BETWEEN THE HOURS OF NINE O'CLOCK A.M. AND SIX
O'CLOCK P.M.

I am aware of Title III Chapter 5 of the City code of Oxford Junction and agree to abide by those rules. All information I have provided above is true and accurate.

Applicant's Signature:

Please attach proof of general liability insurance.

Permit Number _____ Permit expiration date _____