



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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will your business be cooking (baking/deep frying/grilling) or operating any type of restaurant or sandwich shop? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will an open flame or welding device be utilized? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be conducting painting, spray finishing, dipping or powder coating? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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:



Green River Police Department
50 East 2nd 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.)
