

STARTING A BUSINESS IN

Wyoming

CHECKLIST AND
WORKSHEET



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Checklist for Starting a Business in Wyoming

Licenses and Permits

The information listed herein is only meant to be a guide to acquiring permits and licenses. **This is not a legal document** and should not be relied upon exclusively to determine legal responsibilities.

Depending on the type of business, you may also be subject to other federal, state and/or local government regulations.

- **Step 1**
Contact the U.S. Internal Revenue Service for an employer identification number and tax publications.
- **Step 2**
Register with the Wyoming Secretary of State's Office if business is operated under an assumed business name, limited partnership, LLC or corporation.
- **Step 3**
Contact the Wyoming Department of Revenue regarding state sales and use tax collection.
- **Step 4**
Contact the Wyoming Department of Employment regarding employer services, worker's compensation, and unemployment insurance coverage.
- **Step 5**
Contact the Wyoming new Hire Reporting Center and make sure that a completed I-9 form is on file for each new hire.
- **Step 6**
Contact Occupational Health and Safety Administration regarding voluntary workplace safety programs.
- **Step 7**
Review Section Three of this guide to compare your business activities with those regulated by state or federal agencies.
- **Step 8**
Contact city and county officials for local permits to do business.

Information Worksheet

The following worksheet is designed to assist you in completing the various application forms required. Because many agencies and lending institutions ask for similar information, this worksheet has been put together listing common information requirements. Filling in the worksheet should help you accurately and consistently complete application forms and filings.

General Information Worksheet

1. Owner, partner, or corporate name: _____

2. Trade name (if appropriate): _____

3. Address of principal place of business in Wyoming:

Street: _____

City: _____

County: _____

State: _____

Zip Code: _____

E-mail: _____

Web site: _____

4. Mailing address (if different):

Street: _____

City: _____

County: _____

State: _____

Zip Code: _____

5. Type of Ownership:

Individual

Corporation

Professional Corporation

Partnership

S Corporation

Other

6. Business Phone Number: (_____) _____

7. Federal Employee I.D. Number: _____

8. Type of business: _____
(general description)

9. Reason for filing: New Business
 Change in Partners
 Change in Ownership

10. Name of owner, officers, titles, address, etc.

a. Name _____
Address: _____

Phone #: (_____) _____
Title: _____ SS# _____
E-mail: _____

b. Name _____
Address: _____

Phone #: (_____) _____
Title: _____ SS# _____
E-mail: _____

c. Name _____
Address: _____

Phone #: (_____) _____
Title: _____ SS# _____
E-mail: _____

d. Name _____
Address: _____

Phone #: (_____) _____
Title: _____ SS# _____
E-mail: _____

Payroll Information

11. Payroll Location: _____
12. Date employee first hired: _____
(MO/DA/YR)
13. Date of first payroll: _____
(MO/DA/YR)
14. Peak number of employees expected in next twelve months:
_____ Non-agriculture _____ Agriculture _____ Household

Information Regarding Prior Owner

If you acquired the business, you will need the following information:

15. Date of Acquisition: _____
16. Prior owner's name: _____
17. Prior owner's address:
Street: _____
City: _____
County: _____
State: _____
Zip Code: _____
Phone Number: (_____) _____
18. Prior owner's unemployment/workers' comp. account numbers:
State UI: _____
Federal UI: _____
Workers' Comp: _____

Residency Information

19. Date incorporated to do business in Wyoming:

(MO/DA/YR)

20. Wyoming resident: Yes
 No

If yes, how long? _____

Where resided? _____

21. Property owned in Wyoming:

Description: _____

Market Value: _____

Your Equity: _____

Previous Licenses Held

22. Previous Licenses held if applicable:	<u>License #</u>
Sale of Gasoline	
Retail	_____
Wholesaler	_____
Bulk Dealer	_____
Motor vehicle dealer	
Franchised	_____
Non-Franchised	_____
Vehicle disposal	_____
Cigarette wholesaler	_____
Commercial vehicle	
DOT#	_____
MC#	_____
IFTA	_____
IRP	_____
Intrastate authority	_____
Federal I.D. #	_____
Date applied:	_____
Where applied:	_____
Name applied:	_____
Sales/use tax license	_____
Special fuel license	
Wholesaler	_____
User	_____
Food service	_____
Liquor license	_____
Other	
_____	_____
_____	_____



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