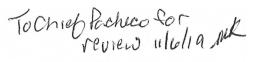
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APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

WYOMING	Permit Time:	4Pm To	MIDNY			
Name of Event: SIMPLOT CHASTANS PARTY						
Permit Date(s): 12 120 1 19 to 121 20 119 Times of Event: 4pm to 120 DNT						
No. of Days Permitted: Fee per day: \$50.00 Total Fee:						
Applicant: LOWS Fue D/B/A:	BUDDHA	LIQUOL	CATEMINO			
Contact Person: WING LEW	Pr	none: (<u>3<i>0</i>7</u>) <u>3</u>	89-1309			
Company Location: 1549 9th 5t City: RS	St	ate: <u>////</u> Zip: <u>d</u>	82901			
Mailing Address: City:	St	ate:Zip:				
Business Phone: (307) 362 - 6541 Email address:	Wings	andro y	shoo.com			
Location of Event/Sales: SWETWATER EVENTS C						
Applicants that are receiving anything of value (i.e. money, goods and/or services) From any industry representative must answer the following:						
As an applicant for a 24 hour malt beverage or catering permit	, you are:					
A nonprofit corporation organized under the laws of this state;		YES □	NO 🛣			
Qualified as a tax exempt organization under the Internal Reve	enue Code:	YES □	NO 🛭			
And have been in continuous operation for not less than two (2	2) years.	YES □	NO 🗷			
FILING AS: Individual Partnership Corporation] LLP				
NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.						
If a corporation, LLC, or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC, or LLP, Lise back of form if additional space is needed.						

*IF A LIQUOR LICENSE HOLDER IN THE CITY OF ROCK SPRINGS, COMPLETION OF THE FOLLOWING INFORMATION IS NOT REQUIRED.

For Corp, LLC, LLP Applicants Legal Name	Date of Birth	DO NOT LIST PO BOXES Residence Address St., City, State, Zip	Residence Phone Number	No. of yrs. in Corp. or LLC	% of Stock Held	Have you been convicted of a Felony Violation - YES or NO	Have you been convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
						Yes □	Yes □
						No 🗆	No □
						Yes □	Yes □
						No □	No 🗆
						Yes □	Yes 🗆
						No □	No 🗆
						Yes 🗆	Yes □
						No □	No 🗆

By filing this application, I agree to operate in Wyoming under other applicable Wyoming laws and rules, and to file required sal	·				
By signing this application, I acknowledge for that all of the information provided is true and correct, and the conditions specified above. This application must be signed by LLC/LLP member.	it I agree to meet the wyoming operating				
VERIFICATION OF APPLICATION					
(Requires signatures by ALL individuals, ALL Partners, ONV Officers/Directors, or TWO (2) Club Officers. W.S.12-4-102(b)	V (1) LLC Member, TWO (2) Corporate				
Dated this 5th day of NOV					
Applicant Signature	Applicant Signature				
A Temporary Food Permit may be required for your event, by the Department of Agriculture. Please contact the Sweetwater County Health Officer at 333 Broadway, Suite 10, Rock Springs, or call (307) 352-6709 for further information.					
Signature of Licensing Authority Official	Date / 1/6/19				
Law Enforcement Review Signature	Date				
Comments: Socurty Werre IN PLACE.					
Malt Beverage/Liquor Catering Permits for events at City facil require evidence of security for the event and liquor liability insuthe City of Rock Springs named as an additional insured.					
Security Required? ☐Yes ☐No					
Liquor Liability Insurance Required? ☐Yes ☐No					

Date: 10/11/2018

To: Rock Springs City Council

From: Michael Kiggins

Ref: Security Holiday Party

Honorable Mayor and Council

I, Michael Kiggins, with Kiggins Safety & Security will be providing security for the Simplot Holiday Party at the Sweetwater Events Complex on December 20th 2019.

If you have any questions or concerns please feel free to call me at 382-3509

Thank you

Michael Kiggins