

Check in vault

To Chief Pacheco for review 11/5/19 mk



APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

Permit Time: 4pm to midnt

Name of Event: CINDER MINE RESCUE DINNER

Permit Date(s): 12/06/19 to 12/06/19 Times of Event: 4pm to MIDNIT

No. of Days Permitted: 1 Fee per day: \$50.00 Total Fee: \$50.00

Applicant: LWS Inc D/B/A: BUDDHA'S LIQUOR CATERING

Contact Person: WING LEW Phone: (307) 389-1309

Company Location: 1549 9th St City: RS State: WYO Zip: 82901

Mailing Address: "" City: "" State: "" Zip: ""

Business Phone: (307) 362-6541 Email address: wingsands@yahoo.com

Location of Event/Sales: BURNING FREIGHT STATION

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 [X] Qualified as a tax exempt organization under the Internal Revenue Code: YES [ ] NO [X] And have been in continuous operation for not less than two (2) years. YES [ ] NO [X]

FILING AS: [ ] Individual [ ] Partnership [X] Corporation [ ] LLC [ ] 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. Use 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.

Table with 8 columns: 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 or NO

By filing this application, I agree to operate in Wyoming under the requirements of W.S.12-4-502 and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Lewis Inc (Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office, or LLC/LLP member.

**VERIFICATION OF APPLICATION**

(Requires signatures by ALL individuals, ALL Partners, ONW (1) LLC Member, TWO (2) Corporate Officers/Directors, or TWO (2) Club Officers. W.S.12-4-102(b))

Dated this 5th day of NOV, 2019.

[Signature]  
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.**

SECURITY CONTACT: NEAL MALICOAT 307-871-0015  
CHARIS BARKER 307-677-1623

Signature of Licensing Authority Official

Date

[Signature]  
Law Enforcement Review Signature

11/6/19  
Date

Comments: PERSONS DESIGNATED FOR SECURITY ARE LISTED ABOVE.

Malt Beverage/Liquor Catering Permits for events at City facilities are reviewed by the Mayor and may require evidence of security for the event and liquor liability insurance in the amount of \$1,000,000.00 with the City of Rock Springs named as an additional insured.

Security Required?  Yes  No

Liquor Liability Insurance Required?  Yes  No

