Checkinvault

To Chief Pacheco por review 1115/19 mk



APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

WYOMING	Permit Time: 4fm To Might
Name of Event: CINEA MINE RESCUE DUI	WER
Permit Date(s): 12 106 119 to 12 106 119 Times	of Event: 4pm to MIDNT
No. of Days Permitted: Fee per day: \$50.00	Total Fee: 450.00
Applicant: D/B/A:	BUDDHAS GOUD CATERING
	Phone: (307) 389 - (309
Company Location: 1549 9th St City: 2	S State: W/0Zip: 82901
Mailing Address:City:	State:State:
Business Phone: (307) 362 - 6541 Email address	: Wingsands@yahoo.eom
Location of Event/Sales: Bush NC FREIGHT SAT	TON
Applicants that are receiving anything of value (i.e. From any industry representative must a	money, goods and/or services) answer the following:
As an applicant for a 24 hour malt beverage or catering permi	t, you are:
A nonprofit corporation organized under the laws of this state;	YES □ NO 🖾
Qualified as a tax exempt organization under the Internal Rev	enue Code: YES 🗆 NO 🖼
And have been in continuous operation for not less than two (2) years. YES □ NO 🗵
FILING AS: Individual Partnership Corporation	☐ LLC ☐ LLP
NOTE: Individual and Partnership filers must be domicile year and not claimed residence in any other state in the las	
If a corporation, LLC, or LLP list the full names and residence of all shareholders owning jointly or severally ten percent (10° 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.

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 🗆

	ales tax reporting documents and taxes.
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 LLC/LLP member.	
VERIFICATION OF APPLICATION	
(Requires signatures by ALL individuals, ALL Partners, ON Officers/Directors, or TWO (2) Club Officers. W.S.12-4-102(b)	NW (1) LLC Member, TWO (2) Corporate
Dated this $\underline{5m}$ day of $\underline{N00}$, $\underline{\partial09}$.	
Ming Sta-Ces	
Applicant Signature	Applicant Signature
A Temporary Food Permit may be required for your every Please contact the Sweetwater County Health Officer at 3 call (307) 352-6709 for further	33 Broadway, Suite 10, Rock Springs, or
Constant with the second	2-2 621 0215
SECURITY CONTACT: NEAL MALICOAT CHAIS BANKER	30 1-871-0013
CHAIS BAMEER	201-617-166
Circumstance of Linear line Andle with Official	Data
Signature of Licensing Authority Official	Date
Signature of Licensing Authority Official	
Signature of Licensing Authority Official Law Enforcement Review Signature	Date ///// Date
	11/6/19
Law Enforcement Review Signature	Date ARE LISTED ABOUE. cilities are reviewed by the Mayor and may
Comments: Person Security Malt Beverage/Liquor Catering Permits for events at City face require evidence of security for the event and liquor liability institutions.	Date ARE LISTED ABOUE. cilities are reviewed by the Mayor and may

ACORD'

SANDCAT-01

MAMCNEILL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on the control of the policy of the polic

this certificate does not confer rights to the certificate holder in lieu of su				SONIACT Jody Wheeler						
Woming Financial Insurance					PHONE [A/C, No, Ext]: (307) 857-4931 [A/C, No):					
03 V Iver	V Main St ton, WY 82501				E-MAIL	ss. jwheeler	@wercs.co	m		
	ton, www.dz.sov							RDING COVERAGE		NAIC #
					INSURE			nsurance Corporation	1	10328
	PD				(N\$URE	RB:				
Sand's Catering					(NÉURER C;					
	Buddha Bob's Bar					(N\$URER D :				
	1549 9th Street Rock Springs, WY 62901				(N\$URER E :					
	ttoon opga,					INSURER F:				
:nv	ERAGES CER	RTIFICATE NUMBER:						REVISION NUMBER:		
CE	IS IS TO CERTIFY THAT THE POLICI DICATED, NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI / THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJECT T	OALL	WHICH THIS
ĮĘR ĮR	YYPE OF INSURANCE	INSO	BUBR WYD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY))_ነለብ :	5	1,000,000
A	COMMERCIAL GENERAL LIABILITY			0000010100		40/24/2004	40/24/2045	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
-	CLAIMS-MADE X OCCUR]	CS02319122		12/31/2018	12/31/2019		\$	5,000
-								MED EXP (Any one person)	\$	1,000,000
-								PERSONAL & ADV INJURY	\$	2,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
-	POLICY FEO: LOC							PRODUCTS - COMP/OP AGG	\$	
+	OTHER:	-						COMBINED SINGLE LIMIT (Es socident)	S	
-	AUTOMOBILE LIABILITY						ė.			
. -	ANY AUTO SCHEDULED							BODILY INJURY (Per person)	5	
´ -	OWNED SCHEDULED AUTOS ONLY AUTOS			a a				BODILY INJURY (Fer accident) PROPERTY DAMAGE (Fer accident)	5	
-	MUTOS ONLY NON-COVINED							(Let accideur)	\$	
\dashv			-					radu odolipprajor	2	
-	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	·s	
-		1						AGGREGATE		
-	DED RETENTIONS	-	-					PER OTH-	-\$	
	VORKERŞ COMPENŞATION AND EMPLOYERS' LIABILITY YIN	1			,			EL EACH ACCIDENT		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	NIA	ŀ					EL DISEASE - EA EMPLOYEE	•	
- {{	Mandatory in NH) f vas. describe under			,				E.L. DISEASE - POLICY LIMIT	\$	
	f yes, describe under DESCRIPTION OF OPERATIONS below Liquor Liability	-	-	CS02319122		12/31/2018	12/31/2019	Occurence	,¥	1,000,000
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	•	<u> </u>								
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	Tut, Additional Remarks School	uie, inay t	ie attavijeu ii Mol	e space io requii	,		
						SHILATION				
ER	TIFICATE HOLDER				<u>CANC</u>	CELLATION				
					SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCEL	LED BEFORE
City of Rock Springs 212 D Street Rock Springs, WY 82901					THE	EXPIRATION	N DATE TH	JEREOF, NOTICE WILL I	BE DI	ELIVERED IN
					ACC	URDANCE WI	TH THE POLIC	CY PROVISIONS.		
	• 14 ±11 = r				AUTHORIZED REPRESENTATIVE					

ACORD 25 (2016/03)

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