

Check in vault  
12/11/19

To Chief Pacheco for review

APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

Rock Springs

Permit Time: 4pm to MIDNIGHT

Name of Event: CINER CONSECUTIVE SAFE YEARS DINNER

Permit Date(s): 2/21/19 to 2/21/19 Times of Event: 4pm to MIDNIGHT

No. of Days Permitted: 1 Fee per day: \$75.00 Total Fee: 75.00

Applicant: LEWS INC D/B/A: BUDDHA'S LIQUOR CATERING

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

Company Location: 1549 9th ST City: RS State: WY Zip: 82901

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

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

Location of Event/Sales: BURNING FT 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

Qualified as a tax exempt organization under the Internal Revenue 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 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.

| 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 |
|--|---------------|--|------------------------|-----------------------------|-----------------|---|--|
|  |               |  |                        |                             |                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                      |
|  |               |  |                        |                             |                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                      |
|  |               |  |                        |                             |                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                      |
|  |               |  |                        |                             |                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                      |

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 Laws 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 officer, 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 16th day of JAN, 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.**

Signature of Licensing Authority Official

Date

[Signature]  
Law Enforcement Review Signature

1/17/19  
Date

Comments: Security Detail in place. ID scanner available from the RSPD at no cost.

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 NEAL MALICOAT, SAFETY MGR CINDER

Liquor Liability Insurance Required?  Yes  No

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |   |                       |
|---|---|-----------------------|
| <b>PRODUCER</b><br>Wyoming Financial Insurance<br>503 W Main St<br>Riverton, WY 82501 | <b>CONTACT NAME</b> Jody Wheeler            |                       |
|   | <b>PHONE (A/C, No, Ext):</b> (307) 857-4931 | <b>FAX (A/C, No):</b> |
| <b>E-MAIL ADDRESS:</b> jwheeler@warcs.com   |   |                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>         |
| <b>INSURER A:</b> Capitol Specialty Insurance Corporation                             |   | 10328                 |
| <b>INSURER B:</b>   |   |                       |
| <b>INSURER C:</b>   |   |                       |
| <b>INSURER D:</b>   |   |                       |
| <b>INSURER E:</b>   |   |                       |
| <b>INSURER F:</b>   |   |                       |

**INSURED**  
 Sand's Catering  
 Buddha Bob's Bar  
 1549 9th Street  
 Rock Springs, WY 82901

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | COMMERCIAL GENERAL LIABILITY   |           |          | CS02319122    | 12/31/2018              | 12/31/2019              | EACH OCCURRENCE \$ 1,000,000   |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|          | POLICY <input type="checkbox"/> PBC-JECT <input type="checkbox"/> LOC <input type="checkbox"/> |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          | OTHER:   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          | ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/>   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | SCHEDULED AUTOS <input type="checkbox"/>   |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |
|          | HURED AUTOS ONLY <input type="checkbox"/>  |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | NON-OWNED AUTOS ONLY <input type="checkbox"/>  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          | UMBRELLA LIAB <input type="checkbox"/>   |           |          |               |                         |                         | \$   |
|          | EXCESS LIAB <input type="checkbox"/>   |           |          |               |                         |                         | EACH OCCURRENCE \$   |
|          | DED <input type="checkbox"/>   |           |          |               |                         |                         | AGGREGATE \$   |
|          | RETENTION \$ <input type="checkbox"/>  |           |          |               |                         |                         | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)                    |           |          |               |                         |                         | E.L. EACH ACCIDENT \$  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A        | Liquor Liability   |           |          | CS02319122    | 12/31/2018              | 12/31/2019              | Occurrence \$ 1,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br>City of Rock Springs<br>212 D Street<br>Rock Springs, WY 82901 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|