To Chief Pacheco for review



## APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

3/8/19 = 5p-11p 3/9/19 = 10a - 11p

Permit Time: 3/10/19 = 100 - 4p

رميدان
Name of Event: Bud Cu7 Hocker Tournament H. SPM-HPM, 9TH 16 AM - 11 PM  Permit Date(s): 3 8 1 Zori to 3 10 119 Times of Event: to 16 TH 10 AM - 4  No. of Days Permitted: 3 Fee per day: \$75.00 Total Fee: 4 ZZ5.00
Permit Date(s): 3 8 / 2011 to 3 / 10 / 19 Times of Event: 0 to 10 10 Mm 9
No. of Days Permitted: 3 Fee per day: \$75.00 Total Fee: 7 225.
Applicant: THAD MILLER / LIMIT DIBIA:
Contact Person: CHAIN MOENCE Phone: (307) 389-4418
City: State: ZIp:
Mailing Address: 1265 ELM DL City: LS State: N 1 Zip: 82 101
Business Phone: () Email address:
Location of Event/Sales:
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;  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  Y
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 □	Yes □
						No □	No 🗆
	<u> </u>					Yes 🗆	Yes □
					1	No □	No 🗆
	<del> </del>			<del> </del>		Yes □	Yes □
				,		No 🗆	No □
						Yes □	Yes □
						No 🗆	No 🗆

By filing this application, I agree to operate in Wyo other applicable Wyoming laws and rules, and to f		
Decoloring this application 1 - Line 1 - 1	PCMH	(5)
By signing this application, I acknowledge for that all of the information provided is true and correconditions specified above. This application must LLC/LLP member.	ect, and that I agree to m	
VERIFICATION OF APPLICATION		
(Requires signatures by ALL individuals, ALL Parti Officers/Directors, or TWO (2) Club Officers. W.S.		ber, TWO (2) Corporate
Dated this 11 day ofAAAAAA	7019	
THE THE STATE OF T		
Applicant Signature	Applicant	Signature
call (307) 352-6709 for further information.		
Signature of Licensing Authority Official	Date	
La Jones	1/11/	19
Law-Enforcement Review Signature	Date	
Comments: BEEN GANDEN WHERE ONLY	THOSE OVER 21 1	FLLOWED WHERE ALCOHOL
IS SERVED. I.D. SCANNERS PROURD	40 B4 RSPO F	VER OR CHAMER, BRACE
FOR THOSE OVER 21; RSPD WILL	L UTILLER EUR	L' GRANT MONEY
Comments: BEEN GANDEN WHERE ONLY  IS SENDED: I.D. SCANNERS PROUID  FOR THOSE OVER 21; RSPD WILL  FOR OFFICER OVERTIME DETA  (307) 389-4418.	arc. P.O.C.	IS CHAD MOELLER
Malt Beverage/Liquor Catering Permits for events a require evidence of security for the event and liquor the city of Rock Springs named as an additional ins	t city facilities are review liability insurance in the	ed by the Mayor and may
Security Required? ☐Yes ☑No Prov	ided by RSPD	
Liquor Liability Insurance Required?	No	