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APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

To Chief for Review

Permit Time: 7am-11pm S Car Show, Bed Races, 3 Sock Hop Permit Date(s): Jun/15/2019 to Jun/15/2019 Times of Event: 7 om to 11 >m No. of Days Permitted: __ Fee per day: \$75.00 dainst Trassicables Martin Phone: (307) 466-2233 Company Location: POBOX 747 City: Green Riller State: WY Zip: 82935 Mailing Address: PO Box 747 State: Zip: City: " Email address: Dwagainsttrafficking 10, gmail. com Business Phone: (307) 466 - 2033 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; YES K 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 I Partnership Corporation NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one

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

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,

year and not claimed residence in any other state in the last twelve months.

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 Gorp. or LLC	% of Stock Held	Have you been convicted of a Felony Violation - YES or NO	Have you been convloted of a Violation Relating to Alcoholic Liquor or Malt Beverages? YES or NO
Christal	12-3-84	790 Shoshone unit 53 G.R. WY	307-406-	JUN 18	.«	Yes n	Yes 🕱
Martin	<u> </u>	UNIT 83 GR. WY	9933	3 WELL	NO	No K	No 🙃
	·					Yes []	Yes 🛭
						No n	No□
						Yes n	Yes □
						No 🖪	No □
	l i					Yes п	Yes 🛛
		. <u>.</u> .			Angel 1000	No 🛛	No 🗆

By filing this application, I agree to operate in Wyoming under other applicable Wyoming laws and rules, and to file required sa	
By signing this application, I acknowledge for <u>Sweethood</u> that all of the information provided is true and correct, and the conditions specified above. This application must be signed LLC/LLP member.	at 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 1st day of April , 2019.	
Applicant Signature 4	Applicant Signature
Please contact the Sweetwater County Health Officer at 33; call (307) 352-6709 for further in	
Signature of Licensing Authority Official	Date
Cin R	4/3/19
Signature of Licensing Authority Official Law Enforcement Review Signature	Date \$/3//9 Date
Cin R	4/3/19
Law Enforcement Review Signature	4/3/19
Law Enforcement Review Signature	Date Tom Jarrie + Mike Bond ties are reviewed by the Mayor and may
Law Enforcement Review Signature Comments: Decurity Decar and Alace. Malt Beverage/Liquor Catering Permits for events at City facility require evidence of security for the event and liquor liability insur	Date Tom Jarrie + Mike Bond ties are reviewed by the Mayor and may

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Christal Martin

 com>

Rods n Rails event policy quote

1 message

Vickie Bostick <vbostick@tegelerinsurance.com>

Tue, Mar 26, 2019 at 1:23 PM

To: "brooksessentials@gmail.com" <brooksessentials@gmail.com>

Hi Christal.

The policy premium would be \$910.00 for General Liability coverage and Liquor Liability coverage. That's including adding the City of Rock Springs as an additional insured. (which the city would require) The amount quoted is valid until 6/15/19.

Please let me know if you have any questions.

Thank you,

Vickie Bostick

Tegeler & Associates

1125 Pilot Butte Ave.

Rock Springs, WY 82901

307-362-5655 Phone

307-362-6635 Fax

http://www.tegelerinsurance.com/home.html

You cannot bind, alter or cancel coverage without speaking to an authorized representative of Tegeler & Associates. Coverage cannot be assumed to be bound without confirmation from an authorized representative of Tegeler & Associates.

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