

check in vault

To Chief Rappoco for review
4/8/19 MRL



APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

Permit Time: 3pm - 12:00am

Name of Event: RECEPTION FOR CHIP SMITH

Permit Date(s): 05/04/2019 to 05/04/2019 Times of Event: 3:00 PM to MIDNIGHT

No. of Days Permitted: ONE Fee per day: \$75.00 Total Fee: 75.00
Applicant: Santa Fe Trail Inc. D/B/A: Santa Fe Southwest Grill

Contact Person: Cathy Witt Phone: () 307 389 1188

Company Location: 1635 Elk Street City: Rock Springs State: WY Zip: 82901

Mailing Address: 1635 Elk Street City: Rock Springs State: WY Zip: 82901

Business Phone: () 307 362 5427 Email address: cwitt1954@gmail.com

Location of Event/Sales: BUNNING FREIGHT STATION ROCK SPRINGS WY 82901

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.

***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 (307) | 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 |
|--|---------------|--|------------------------------|-----------------------------|-----------------|--|--|
| Patterson, SHANE M | 12/17/71 | 3417 Brickyard Av | 389.6722 | 16 | 49% | Yes <input type="radio"/> No <input checked="" type="radio"/> | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Gardner, CORY | 9/11/73 | 3416 Brickyard Av | 389.6767 | 16 | 49% | Yes <input type="radio"/> No <input checked="" type="radio"/> | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Patterson, MICKI | 10/21/50 | 1753 Walnut St | 389.6371 | 16 | 1% | Yes <input type="radio"/> No <input checked="" type="radio"/> | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Patterson, GORDON M | 8/29/50 | 1753 Walnut St | 389.5483 | 16 | 1% | Yes <input type="radio"/> No <input checked="" type="radio"/> | Yes <input type="radio"/> No <input checked="" type="radio"/> |

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 Santa Fe Southwest Grill (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 5TH day of APRIL, 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

4/10/19
Date

Comments: Security Detail in Place

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

**Santa Fe Southwest Grill
1635 Elk Street
Rock Springs, WY 82901
Banquet Cell: 307-389-1188**

April 5, 2019

Honorable Mayor Kaumo
Rock Springs City Council Members
Rock Springs, Wyoming 82901

Re: Catering Permit

Mayor Kaumo and Rock Springs City Council,

Santa Fe Southwest Grill respectfully requests a catering permit for May 4, 2019 at the Bunning Freight Station in Rock Springs for Chip Smith's reception from 3:00 p.m. to midnight.

Security will be Thomas Smith, Kyle Smith and Ryan Georgius.

With Kind Regards,



Cathy Witt

Enclosure: Check in the amount of \$75.00



SANTFET-01

MMONTOYA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/15/2019

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).

| | |
|--|--|
| PRODUCER Tegeler & Associates PO Box 1107 Rock Springs, WY 82902 | CONTACT NAME: PHONE (A/C, No, Ext): (307) 362-5655 FAX (A/C, No): (307) 362-6635 E-MAIL ADDRESS: |
| | INSURER(S) AFFORDING COVERAGE NAIC # |
| | INSURER A : Nationwide 42579 |
| INSURED Santa Fe Trail, Inc. Nine Iron Grill, Inc. 1635 Elk Street Rock Springs, WY 82901 | INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |

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 | ADDITIONAL INSURED | SUBROGATION WAIVED | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|--------------------|-------------------------|-------------------------|-------------------------|--|
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | ACPBA7565765633 | 9/1/2018 | 9/1/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | ACPCAA7565765633 | 9/1/2018 | 9/1/2019 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
June 28 - Bunning Freight Building

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