

Check in Vault

To Chief for Review  
4/9/19



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

Permit Time: 12 noon to 6 pm

Name of Event: Taco Fest  
 Permit Date(s): 05 / 11 / 19 to 05 / 11 / 19 Times of Event: 12 noon to 6 pm  
 No. of Days Permitted: 1 Fee per day: \$75.00 Total Fee: 75.00  
 Applicant: RS International Day D/B/A: \_\_\_\_\_  
 Contact Person: Phillip Parnell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Company Location: \_\_\_\_\_ City: Rock Springs State: WY Zip: 82901  
 Mailing Address: PO Box 3015 City: Rock Springs State: WY Zip: 82901  
 Business Phone: (307) 382 1748 Email address: pparnell@westernwyoming.edu  
 Location of Event/Sales: Bunning Hall - 603 S Main Street, Rock Springs.

**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	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
David Tate	10/5/67	1020 Lee Street, RS	362-5978	17	n/a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Norma Koubels	3/16/65	3317 Brickyard	389-9503	17	n/a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Lynne Demshar	11/28/51	1552 Walnut	382-2594	17	n/a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Cindy Bailey	8/10/56	1325 Sand Point	362-9436	17	n/a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Mawreena 3/18/11 5221 Dover Ave, 350-6069 17 n/a No No

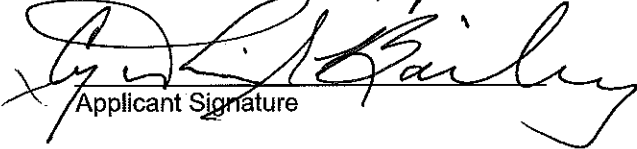
By filing this application, I agree to operate in Wyoming under the requirements of W.S.12-4-502 and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for International Day (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 office, 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 9<sup>th</sup> day of April, 2019.

  
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

  
\_\_\_\_\_  
Law Enforcement Review Signature

4/10/19  
\_\_\_\_\_  
Date

Comments: SECURITY WILL BE THE RESPONSIBILITY OF LRA, WRIST BANDS IN USE, VOLUNTEER TRIPS TRAINED

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