

check in vault

To Chief Pasheco for
review 5/6/19 MK

APPLICATION FOR 24 HR MALT BEVERAGE
OR LIQUOR CATERING PERMIT

Rock Springs

Permit Time: 12pm - 5pm

Name of Event: Kilos & Kegs

Permit Date(s): 6/22/19 to 6/22/19 Times of Event: 12pm to 5pm

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

Applicant: Square State Brewing D/B/A: Square State Brewing

Contact Person: Mike Hulen Phone: (307) 389-6325

Company Location: 422 S. Main St City: Rock Springs State: WY Zip: 82901

Mailing Address: 422 S. Main St City: Rock Springs State: WY Zip: 82901

Business Phone: (307) 389-6325 Email address: Squarestatemb@gmail.com

Location of Event/Sales: Street/Sidewalk directly in front of business

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
Mike Hulen	2-15-84	216 Sherman St Rock Springs	307-389-6325	2	25%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Cassandra Winzelette	-15-84	216 Sherman St Rock Springs	307-389-6325	2	25%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Kenny Anderson	9/18/83	1619 Overland Dr. Rock Springs, WY 82901	307-389-4009	2	25%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annanda Anderson	3/27/85	1619 Overland Dr. Rock Springs, WY 82901	307-389-4009	2	25%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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 Square State Brewing (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 2 day of May, 2019

[Signature]
Applicant Signature

[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

5/15/19
Date

Comments: SQUARE STATE FAILED THE LAST TWO COMPLIANCE
CHECKS. I RECOMMEND I.D. SCANNERS, BRACELETS FOR THOSE WHO
HAVE BEEN DANCED IS A BEST PRACTICE.

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



SQUASTA-01

CHPFLIEGER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2019

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 Wyoming Financial Insurance 200 N Center St Rock Springs, WY 82901	CONTACT NAME: Charlene Pflieger PHONE (A/C, No, Ext): (307) 212-6112 FAX (A/C, No): E-MAIL ADDRESS: cpflieger@werccs.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Philadelphia Insurance Companies	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

 Square Slate Brewing P.C.
 422 South Main St
 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1831399	06/04/2018	06/04/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR LIABILITY \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY <input 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						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	Business personal pr			PHPK1831399	06/04/2018	06/04/2019	200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is provided blanket additional insured under the General Liability and Liquor Liability when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Rock Springs
 212 D Street
 Rock Springs, WY 82901

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

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