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2062

To Chief Pacheco for review



APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

Permit Time: 3p-12a

Name of Event: Binning Freight station Wedding

Permit Date(s): 6/18/2019 to 6/18/2019 Times of Event: 3pm to midnight

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

Applicant: Ponderosa Bar LLC D/B/A: Ponderosa

Contact Person: Susan Dickman Phone: (307) 350-5815

Company Location: 41 East Rail Road City: Green River State: WY Zip: 82935

Mailing Address: 41 East Rail Road City: Green River State: WY Zip: 82935

Business Phone: (307) 350-5815 Email address: ponderosa24vms@gmail.com

Location of Event/Sales: Binning Freight Station

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 [x]

Qualified as a tax exempt organization under the Internal Revenue Code: YES [ ] NO [x]

And have been in continuous operation for not less than two (2) years. YES [x] NO [ ]

FILING AS: [ ] Individual [ ] Partnership [ ] Corporation [x] 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.

Table with 8 columns: 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

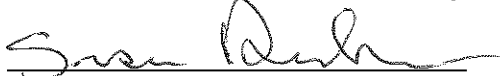
By filing this application, I agree to operate in Wyoming under the requirements of W.S.12-4-502 and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for \_\_\_\_\_ (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 16 day of May, 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

5/20/19  
Date

Comments: (307) 352-3577  
Mindy Larimore told applicant that she dropped off  
security letter to RSPD; Responsible Party is JULIA LARIMORE,  
MIKE GARRY, MIKE NEIDROGHAUS; P/O (307) 371-2973

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



PONDBAR-01

MMONTOYA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/14/2019

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 <b>Tegeler &amp; Associates</b> 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 : <b>United Specialty Insurance Co.</b>		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

INSURED  
**Ponderosa Bar**  
41-43 E. Railroad Ave  
Green River, WY 82935

## 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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability	X		PENDING	6/18/2019	6/20/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						\$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)  
Wedding Reception

## CERTIFICATE HOLDER

City of Rock Springs  
212 D St  
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

# MEMO

**To:** City of Rock Springs  
**From:** Tara Smith, Deputy City Clerk  
**Date:** May 22, 2019  
**Re:** Catering Permits to the Ponderosa

On May 21, 2019, the Governing Body of the City of Green River approved the requests from The Ponderosa Bar to transfer their liquor license to cater alcoholic beverages at three events in Rock Springs: The Mine Rescue Banquet on June 8, 2019, from 3 pm to midnight, at the SWC Events Complex; a wedding on June 18, 2019, from 4pm to midnight, at the Bunning Train Depot and a wedding on July 13, 2019, from 2 pm to midnight, at the Bunning Train Depot. Let me know if you have any questions.

Sincerely,

Tara Smith  
City of Green River  
50 E 2 N  
Green River, WY 82935

307-872-6145  
tsmith@cityofgreenriver.org

