

To Chief Pacheco

APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

	Permit Time: 4 fm To MIDN					
Name of Event: Sultmon CLASS REUN/ON						
Name of Event: //// / CLASS / CENTON Permit Date(s): 7 / 27/ /9 to 7 / 27/ /9 Times No. of Days Permitted: Fee per day: \$75.00 Applicant: LEDS FNC D/B/A:	of Event:tototo					
No. of Days Permitted: Fee per day: \$75.00	Total Fee: 75.00					
Applicant: LEWS TNC D/B/A:	BuppHAS LIGHT CATERII					
a to the second	Phone: (20/) /3/- (30/)					
amount another 1549 9th St City: (C	State: 22101					
Mailing Address: City:	State: Zip:					
Business Phone: (307) 362 6541 Email address	: Wing sandspywhoo. Com					
Location of Event/Sales: SCM PANISH CENTER						
Applicants that are receiving anything of value (i.e. From any industry representative must	answer the following:					
As an applicant for a 24 hour malt beverage or catering permi	it, you are:					
A nonprofit corporation organized under the laws of this state;	YES INO NO NO					
Qualified as a tax exempt organization under the Internal Rev	venue Code: YES 🗆 NO 🖺					
And have been in continuous operation for not less than two (>					
FILING AS: ☐ Individual ☐ Partnership ☐ Corporation						
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 a of all shareholders owning jointly or severally ten percent (10% LLC, or LLP. Use back of form if additional space is needed.	address of all the officers and directors and by or more of the stock of the corporation,					

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?
				<u> </u>		Yes □	Yes □
						No □	No 🗆
						Yes □	Yes □
	ļ					No □	No □
	<u> </u>	<u> </u>			1	Yes 🗆	Yes □
						No 🗆	No □
	<u> </u>					Yes 🗆	Yes □
						No 🗆	No 🗆

By filing this application, I agree to operate in Wyoming under the other applicable Wyoming laws and rules, and to file required sa	
By signing this application, I acknowledge for	
VERIFICATION OF APPLICATION	·
(Requires signatures by ALL individuals, ALL Partners, ONW (1) Officers/Directors, or TWO (2) Club Officers. W.S.12-4-102(b)	LLC Member, TWO (2) Corporate
Dated this 15th day of My 2019 Win Dated this 15th day of My 2019	•
Applicant Signature /	Applicant Signature
A Temporary Food Permit may be required for your event, be Please contact the Sweetwater County Health Officer at 333 call (307) 352-6709 for further information.	y the Department of Agriculture. Broadway, Suite 10, Rock Springs, or
Signature of Licensing Authority Official	Date
Charles The Contract of the Co	5/21/19
Law Enforcement Review Signature	Date
Comments: Security = Randy Hanson	
Malt Beverage/Liquor Catering Permits for events at city facilities require evidence of security for the event and liquor liability insura the city of Rock Springs named as an additional insured.	are reviewed by the Mayor and may ance in the amount of \$1,000,000.00 with
Security Required? Thes Inc	
Liquor Liability Insurance Required? ☐Yes ☐No	