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To Chuef for Review 5/22/19



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

	Permit Time: Noon - Midnig
Name of Event: Warroley/Blace	p Reception.
Permit Date(s): <u>09 / 28 / 20 / 9</u> to <u>9 / 28 / 20 /</u>	Times of Event: Noon to Midnight
No. of Days Permitted: <u>Overland</u> Fee per day: Santa Fe Trail Inc.	\$75.00 Total Fee: (1) Santa Fe Southwest Grill
Applicant:Cathy Witt	Phone: ()
Contact Person:	Rock Springs WY 82901
Company Location:CI	Rock Springs WY 2:: 82901
Mailing Address:	cwitt1954@gmail.com
Business Phone: () 502 5721 Ema	il address: Station RS.
Location of Event/Sales: Junning H	eight station is
Applicants that are receiving anything of From any industry representat	value (i.e. money, goods and/or services) ive must answer the following:
As an applicant for a 24 hour malt beverage or cate	ring permit, you are:
A nonprofit corporation organized under the laws of	
Qualified as a tax exempt organization under the In	A A
And have been in continuous operation for not less	
	orporation O LLC O LLP
wars I listed and Partnership filers must be	e domiciled residents of Wyoming for at least one

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 (30'7)	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?
Patterson	12/17/71	3417 Brickyard Av	389.6722	16	49%	Yes o No ⊚	Yes o No <b>o</b>
Gardner,	9/11/73	3416 Brickyard Av	389.6767	16	49%	Yes o No ⊚	Yes a No <b>a</b>
Patterson	10/21/5	ท 1753 Walnut St	389.6371	16	1%	Yes o No ⊚	Yes o No @
Patterson Gorbon	8/29/50		389.5483	16	1%	Yes O No @	Yes o No e

By filing this application, I agree to operate in Wyoming other applicable Wyoming laws and rules, and to file req	g under the requirements of W.S.12-4-502 and all puired sales tax reporting documents and taxes.  Fe Southwest Grill (Business Name)
By signing this application, I acknowledge for that all of the information provided is true and correct, conditions specified above. This application must be LLC/LLP member.	and that I agree to meet the Wyoming operating signed by an owner, partner, corporate office, or
VERIFICATION OF APPLICATION	
(Requires signatures by ALL individuals, ALL Partner Officers/Directors, or TWO (2) Club Officers. W.S.12-4-Dated this day of may	019.
Applicant Signature	Applicant Signature
A Temporary Food Permit may be required for y Please contact the Sweetwater County Health Offi call (307) 352-6709 for	cel at 333 bloading), dans
	Deta
Signature of Licensing Authority Official	Date
Law Enforcement Review Signature	5/29/19 Date
Comments: Security Heran In Pl	ser.
Malt Beverage/Liquor Catering Permits for events a require evidence of security for the event and liquor I the City of Rock Springs named as an additional insu	at City facilities are reviewed by the Mayor and may liability insurance in the amount of \$1,000,000.00 with ired.
Security Required? QYes QNo	
Liquor Liability Insurance Required? QYes QN	40