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APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

to Child for Review
4 HR MALT BEVERAGE 6/14/19

WYOMING Permit Tin	_{me:} 10:00am - 4:00 pm				
Name of Event: Whisler Chevrolet / Head Turners Car Sho	DW				
Permit Date(s): 07 /20 /2019 to 07 /20 /2019 Times of Event: 1	0:am _{to} 4:pm				
No. of Days Permitted: 1 Fee per day: \$75.00 Total Fee:	75.00				
Applicant: Good Times Inc D/B/A: Johnny N	/lac's				
Contact Person: Andria Whisler	Phone: (307) 350 _7033				
Company Location: 2012 Dewar drive City: Rock Springs	_State: WY _Zip: <u>82901</u>				
Company Location: 2012 Dewar drive City: Rock Springs Mailing Address: 2012 Dewar Drive City: Rock Springs	State: WY Zip: 82901				
Business Phone: (307) 382 _3737 Email address: jmcdon	ald@wyoming.com				
Location of Event/Sales: 2200 Foothill Blvd Rock Springs, WY 82901					
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 ILLC					

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 n	Yes □
						No_g_	No □
						Yes n	Yes □
						No g	No □
						Yes n	Yes □
						No 🗈	No □
						Yes n	Yes □
						No 🖺	No □

By filing this application, I agree to operate in Wyoming under other applicable Wyoming laws and rules, and to file required sa	les tax reporting documents and taxes.				
By signing this application, I acknowledge for Good Times, Inc. (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, ON Officers/Directors, or TWO (2) Club Officers. W.S.12-4-102(b) Dated this 14th day of June , 2019 Applicant Signature	N (1) LLC Member, TWO (2) Corporate Applicant Signature				
A Temporary Food Permit may be required for your eve Please contact the Sweetwater County Health Officer at 33 call (307) 352-6709 for further i	3 Broadway, Suite 10, Rock Springs, or				
Signature of Licensing Authority Official	Date Date				
Law Enforcement Review Signature	Date				
Comments: Socurry Drian In PLACE BY	JERRY SMM PHONE # 389-3548				
	Jerry Smith Will Provide				
Malt Beverage/Liquor Catering Permits for events at City fac require evidence of security for the event and liquor liability ins the City of Rock Springs named as an additional insured.	will provide security-				
Security Required? ☐Yes ☑No	Stem org				
Liquor Liability Insurance Required? ☐Yes ☑No	389-3548				