

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	_____		
Trf from:	_____		
Reviewer:	Initials	Date	
Agent:	_____	/	/
Chief:	_____	/	/

To be completed by City/County Clerk

License Fees

Annual Fee: \$ _____

Prorated Fee: \$ _____

Transfer Fee: \$ _____

Publishing Fee: \$ _____

Publishing Fee Direct Billed to Applicant:

License Term: _____ / _____ / _____ Through _____ / _____ / _____
 Month Day Year Month Day Year

Local License #: _____

Date filed with clerk: _____ / _____ / _____

Advertising Dates: (2 Weeks) _____ & _____

Hearing Date: _____ / _____ / _____

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: _____

Trade/Business Name (dba): _____

Building to be licensed/Building Address: _____
Number & Street

_____ City State Zip County

Local Mailing Address: _____
Number & Street or P.O. Box

_____ City State Zip

Local Business Telephone Number: (_____) _____ Fax Number: (_____) _____

Business E-Mail Address: _____

FILING IN (CHOOSE ONLY ONE)

CITY OF: _____

COUNTY OF: _____

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL

PARTNERSHIP

LP/LLP

LLC

CORPORATION

LTD PARTNERSHIP

ORGANIZATION

OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE

ON-PREMISE ONLY (BAR)

OFF-PREMISE ONLY (PACKAGE STORE)

COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

RESTAURANT LIQUOR LICENSE

RESORT LIQUOR LICENSE

BAR AND GRILL

LIMITED RETAIL (CLUB)

VETERANS CLUB

FRATERNAL CLUB

GOLF CLUB

SOCIAL CLUB

MICROBREWERY

WINERY

DISTILLERY SATELLITE

WINERY SATELLITE

COUNTY RETAIL/SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

CONVENTION FACILITY

CIVIC CENTER/EVENT CENTER/ PUBLIC AUDITORIUM

GOLF CLUB

GUEST RANCH

RESORT

To Assist the Liquor Division with scheduling inspections: **OPERATIONAL STATUS**

FULL TIME (e.g. Jan through Dec) (specify months of operation) from _____ to _____

SEASONAL/PART-TIME DAYS OF WEEK (e.g. Mon through Sat) from _____ to _____

NON-OPERATIONAL/PARKED HOURS OF OPERATION (e.g. 10a - 2a) from _____ to _____

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103(a)(iii)

- (a) **OWN** the licensed building? YES (own)
- (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) YES (lease)
- (c) **LEASE** is current and on file with the licensing authority & Liquor Division.

If the lease is not current, please submit a copy pf the lease and indicate:

- (i) When the lease expires, located on page _____ paragraph _____ of lease.
- (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page _____ paragraph _____ of lease. **(MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)**

2. BAR AND GRILL LICENSE OR RESTAURANT LICENSE HOLDERS ONLY:

- (a) Gross sales figures and percentages of income derived from: (Line 1) Liquor Sales: \$ _____ (_____ %)
W.S.12-4-408(b) (Line 2) Food Sales: \$ _____ (_____ %)
(Line 1 + Line 2 must = Line 3) (Line 3) Gross Sales: \$ _____ (_____ %)
(b) Have you submitted a valid food service permit or application? W.S. 12-4-413(a) [] YES [] NO

3. MICROBREWERY LICENSE HOLDERS ONLY:

- (a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) [] YES [] NO
(b) Do you self distribute your products? W.S. 12-2-201(a) [] YES [] NO
(Requires wholesale malt beverage license with the Liquor Division)

4. SOCIAL CLUB LICENSE HOLDERS ONLY:

- (a) Have you files a detailed statement of your activities during the year with an itemized statement of amounts expended? [] YES [] NO

5. If applicant is filing as an Individual, Partnership or Club: W.S. 12-4-102(a)(ii) & (iii)

Each individual, partner or club officer must complete the box below.

Table with 7 columns: True and Correct Name, Date of Birth, Residence Address No. & Street City, State & Zip (DO NOT LIST PO BOXES), Residence Phone Number, Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?, Have you been Convicted of a Felony Violation?, Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages? (YES/NO checkboxes)

(If more information is required, list on a separate piece of paper and attach to this application.)

6. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102(a)(iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete the box below.

Table with 8 columns: True and Correct Name, Date of Birth, Residence Address No. & Street City, State & Zip (DO NOT LIST PO BOXES), Residence Phone Number, No. of Years in Corp or LLC, % of Corporate Stock Held, Have you been Convicted of a Felony Violation?, Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages? (YES/NO checkboxes)

(If more information is required, list on a separate piece of paper and attach to this application)

OATH OR VERIFICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

STATE OF WYOMING)

) SS.

COUNTY OF _____)

Signed and sworn to before me on this _____ day of _____, 20____ that the facts alleged in the foregoing instrument are true by the following:

- 1) _____ (Signature) _____ (Printed Name) _____ Title
2) _____ (Signature) _____ (Printed Name) _____ Title
3) _____ (Signature) _____ (Printed Name) _____ Title
4) _____ (Signature) _____ (Printed Name) _____ Title

Witness my hand and official seal:

Signature of Notary Public

(SEAL)

My commission expires: _____