

# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

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

**To be completed by City/County Clerk**

License Fees Annual Fee: \$ \_\_\_\_\_ Date filed with clerk: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Prorated Fee: \$ \_\_\_\_\_ Advertising Dates: (2 Weeks) \_\_\_\_\_ & \_\_\_\_\_  
 Transfer Fee: \$ \_\_\_\_\_ Hearing Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Publishing Fee: \$ \_\_\_\_\_  
 Publishing Fee Direct Billed to Applicant:

License Term: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year

**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  
 Mailing Address: \_\_\_\_\_  
 Number & Street or P.O. Box  
 City State Zip  
 Business Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vii)

<p><b>MINIMUM PURCHASE</b></p> <p><u>Retail License Holders Only</u></p> <p>Have you purchased <b>\$2,000</b> in spirits, wines and/or malt beverages during the previous license term?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Please submit invoices to clerk</p>	<p><b>FILING IN (CHOOSE ONLY ONE)</b></p> <p><input type="checkbox"/> CITY OF: _____</p> <p><input type="checkbox"/> COUNTY OF: _____</p>	<p><b>FILING AS (CHOOSE ONLY ONE)</b></p> <p><input type="checkbox"/> INDIVIDUAL  <input type="checkbox"/> PARTNERSHIP  <input type="checkbox"/> LP/LLP  <input type="checkbox"/> LLC  <input type="checkbox"/> CORPORATION  <input type="checkbox"/> LTD PARTNERSHIP  <input type="checkbox"/> ORGANIZATION  <input type="checkbox"/> OTHER _____</p>
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**TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)**

<p>RETAIL LIQUOR LICENSE</p> <p><input type="checkbox"/> ON-PREMISE ONLY (BAR)</p> <p><input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE)</p> <p><input type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR &amp; PACKAGE STORE)</p>	<p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE  <input type="checkbox"/> RESORT LIQUOR LICENSE  <input type="checkbox"/> BAR AND GRILL</p> <p>LIMITED RETAIL (CLUB)</p> <p><input type="checkbox"/> VETERANS CLUB  <input type="checkbox"/> FRATERNAL CLUB  <input type="checkbox"/> GOLF CLUB  <input type="checkbox"/> SOCIAL CLUB</p>	<p><input type="checkbox"/> MICROBREWERY  <input type="checkbox"/> WINERY  <input type="checkbox"/> DISTILLERY SATELLITE  <input type="checkbox"/> WINERY SATELLITE  <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><b>SPECIAL DESIGNATIONS</b></p> <p><input type="checkbox"/> CONVENTION FACILITY  <input type="checkbox"/> CIVIC CENTER/EVENT CENTER/PUBLIC AUDITORIUM  <input type="checkbox"/> GOLF CLUB  <input type="checkbox"/> GUEST RANCH  <input type="checkbox"/> RESORT</p>
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**WHEN DO YOU OPERATE?** (To assist the Liquor Division with scheduling inspections)

<input type="checkbox"/> FULL TIME (e.g. Jan through Dec) (specify months of operation) from _____ to _____	<input type="checkbox"/> SEASONAL/PART-TIME DAYS OF WEEK (e.g. Mon through Sat) from _____ to _____	<input type="checkbox"/> NON-OPERATIONAL/PARKED HOURS OF OPERATION (e.g. 10a - 2a) from _____ to _____
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**ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6**

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.  YES  NO

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

(i) When the **lease expires**, located on page \_\_\_\_\_ paragraph \_\_\_\_\_ of lease document.

(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. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)**  
 Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	<b>DONOT LIST PO BOXES</b> Residence Address No. & Street City, State & Zip	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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

**3. 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 this section.

True and Correct Name	Date of Birth	<b>DONOT LIST PO BOXES</b> Residence Address No. & Street City, State & Zip	Residence Phone Number	No. of Years in Corp or LLC	% of 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 <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

**4. Restaurant and Bar and Grill Liquor License Holders Only:**

- (Line 1) Liquor Sales: \$ \_\_\_\_\_ (\_\_\_\_\_%)  
 (a) Gross sales figures and percentages of income derived from: (Line 2) Food Sales: \$ \_\_\_\_\_ (\_\_\_\_\_%)  
 W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3) (Line 3) Gross Sales: \$ \_\_\_\_\_ (\_\_\_\_\_%)
- (b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)  YES  NO
- (c) **Restaurant License Holders Only:** Give a description of the dispensing room(s) and state where it is located in the building.  
 W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):  
 1<sup>st</sup> Room: \_\_\_\_\_  
 2<sup>nd</sup> Room: \_\_\_\_\_

**5. 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) (Requires wholesaler license with the Liquor Division)  YES  NO
- (c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division)  YES  NO

**6. Social Club License Holders Only:**

- (a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E)  YES  NO

**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: \_\_\_\_\_