

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: \$ _____ Local License #: _____
 Prorated Fee: \$ _____ Date filed with clerk: ____/____/____
 Transfer Fee: \$ _____ Advertising Dates: (2 Weeks) _____
 Publishing Fee: \$ _____ & _____
 Hearing Date: ____/____/____
 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>MINIMUM PURCHASE</p> <p>Retail License Holders Only</p> <p>Have you purchased \$2,000 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>FILING IN (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> CITY OF: _____</p> <p><input type="checkbox"/> COUNTY OF: _____</p>	<p>FILING AS (CHOOSE ONLY ONE)</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>
<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p>		
<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 & 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>SPECIAL DESIGNATIONS</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>
<p>WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)</p> <p><input type="checkbox"/> FULL TIME (e.g. Jan through Dec) (specify months of operation) from ____ to ____</p> <p><input type="checkbox"/> SEASONAL/PART-TIME DAYS OF WEEK (e.g. Mon through Sat) from ____ to ____</p> <p><input type="checkbox"/> NON-OPERATIONAL/PARKED HOURS OF OPERATION (e.g. 10a - 2a) from ____ to ____</p>		

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

- 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	<i>DONOT LIST PO BOXES</i>		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?
		Residence Address No. & Street City, State & Zip					
					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	<i>DONOT LIST PO BOXES</i>		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?
		Residence Address No. & Street City, State & Zip						
							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:

(a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: \$ _____ (_____ %)
(Line 2) Food Sales: \$ _____ (_____ %)
(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):

1st Room: _____
2nd 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: _____