

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY

Customer #: _____

Trf from: _____

Reviewer: Initials _____ Date _____

Agent: _____ / _____ / _____

Mgr: _____ / _____ / _____

To be completed by City / Town / County Clerk

Local License #: _____

License

Fees Annual Fee: \$ _____ Date filed with clerk: _____ / _____ / _____

Prorated Fee: \$ _____ Advertising Dates: (2 Consecutive Weeks Prior to Hearing)

Transfer Fee: \$ _____ & _____

Publishing Fee: \$ _____ Public 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 (Business Name): _____

Doing Business As (DBA) / Trade Name: _____

Building to be licensed / Building Address: _____

(Address Number, and Suite or Unit Number, and Street or Road Name)

City _____ State _____ Zip _____ County _____

Local Mailing Address: _____

(Address Number or PO Box, and Suite or Unit Number, and Street or Road Name)

City _____ State _____ Zip _____ County _____

Local Business Telephone Number: _____ Fax Number: _____

Business E-Mail Address: _____

Business Primary Contact: _____
First Name _____ Last Name _____**FILING IN (CHOOSE ONLY ONE)** CITY / TOWN OF: _____ COUNTY OF: _____**FILING AS (CHOOSE ONLY ONE)** INDIVIDUAL PARTNERSHIP CORPORATION (INC) LLC LC LP LLP POLITICAL SUDIVISION ORGANIZATION OTHER _____**TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)** RETAIL LIQUOR LICENSE RESTAURANT LIQUOR LICENSE MICROBREWERY PERMIT WINERY PERMIT MANUFACTURER SATELLITE PERMIT WINERY SATELLITE PERMIT COUNTY MALT BEVERAGE PERMIT SPECIAL MALT BEVERAGE PERMIT

PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)

 ON-PREMISE BAR**LIMITED RETAIL LIQUOR LICENSE (CLUB)** OFF-PREMISE PACKAGE STORE VETERANS CLUB ON & OFF PREMISE BAR & PACKAGE STORE FRATERNAL CLUB GOLF CLUB SOCIAL CLUB**SPECIAL STATUTORY DESIGNATIONS (CHOOSE ONLY ONE)** COMMERCIAL AIRPORT (W.S. 12-4-201(d)(iv)) GOLF CLUB (W.S. 12-5-201(f)) GUEST RANCH (W.S. 12-5-201(f)) RESORT

(W.S. 12-4-401(iv) / 12-5-201(f))

 GOLF CLUB-POLITICAL SUBDIVISION

(W.S. 12-4-301(e) / 12-5-201(f))

 Other: _____**OPERATIONAL STATUS (To Assist the Liquor Division with scheduling inspections (W.S. 12-1-101(a)(xxi) / 12-2-301(c) / 12-4-103(a)(iv)))** FULL TIME

MONTHS OF OPERATION

from _____ to _____ All Year (Jan-Dec) SEASONAL

DAYS OF WEEK OF OPERATION:

from _____ to _____ Every Day (Mon-Sun) NON-OPERATIONAL / PARKED

HOURS OF OPERATION

from _____ to _____ 24 Hours a Day

ALL APPLICANTS MUST COMPLETE QUESTIONS 1-3

1. BUILDING OWNERSHIP: W.S. 12-4-103(a)(iii)

Does the Applicant own or lease the licensed building?

- (a) The Applicant **OWNS** the licensed building. YES (own)
- (b) The Applicant **LEASES** the licensed building. YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division. YES NO

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

- (i) Lease term expiration date; located on page _____ paragraph _____.

Note: The lease term **MUST** continue at least through the term of the liquor license or permit

- (ii) **Sales** provision for alcoholic or malt beverages: located, on page _____ paragraph _____.

Note: The lease **MUST** contain a provision for **SALE OF ALCOHOLIC or MALT BEVERAGES**.

2. LIQUOR BUSINESS CONTROL: W.S. 12-4-601(b)

- (a) To operate the liquor business, has the business or license/permit been assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license or permit or the licensed building? YES NO

(b) If the answer was **YES** to 2(a) above, explain fully and submit any documents in connection there within.

3. INTEREST IN LICENSE OR PERMIT: W.S. 12-5-401, 12-5-402, 12-5-403

Does any alcohol manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm:

- (a) Hold any interest in the license/permit applied for? YES NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in the business? YES NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? YES NO
- (d) If the answer was **YES** to any of the above, explain fully and submit any documents in connection there within.

4. RETAIL LIQUOR LICENSE-COUNTY LOCATIONS ONLY: W.S. 12-4-201(f)(ii)

Is the licensed building within five (5) miles of an incorporated town or city? YES NO

5. RETAIL LIQUOR LICENSE-COMMERCIAL SERVICE AIRPORTS ONLY: W.S. 12-4-201(m)

- (a) Will food and beverage services be contracted or subcontracted? YES NO
- 1. If **YES** to (a), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division? YES NO
- 2. If **NO** to (a)(1.), please attach a copy of the current contract.

6. RESTAURANT LIQUOR LICENSE ONLY: W.S. 12-4-407(a) / W.S. 12-4-408

- (a) Gross sales figures and percentages of income derived from: (Line 1) Liquor Sales: \$_____ (_____%)
(Line 2) Food Sales: \$_____ (_____%)
(Line 1 + Line 2 must = Line 3) (Line 3) Gross Sales: \$_____ (_____%)

- (b) Is a copy of the valid food service permit or the approved permit application attached? YES NO

7. BAR AND GRILL LICENSE LIQUOR LICENSE ONLY: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)

- (a) Gross sales figures and percentages of income derived from: (Line 1) Liquor Sales: \$_____ (_____%)
(Line 2) Food Sales: \$_____ (_____%)
(Line 3) Entertainment Sales: \$_____ (_____%)
(Line 1 + Line 2 + Line 3 must = Line 4) (Line 4) Gross Sales: \$_____ (_____%)

- (b) Is a copy of the valid food service permit or the approved permit application attached? YES NO

8. MICROBREWERY PERMIT ONLY: PRODUCTION AND WHOLESALE DISTRIBUTION

- (a) Did the microbrewery at this location produce at least 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) Are microbrewery products from this location being distributed to other alcohol retailers in Wyoming? (W.S. 12-2-201(a)) YES NO

If **YES**, a wholesale malt beverage license from the Liquor Division will be required.

9. RESORT LIQUOR LICENSE: W.S. 12-4-401 through W.S. 12-4-403(b)

Does the resort complex:

(a) Have an actual valuation of at least one million dollars, or have committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) YES NO

(b) Include a restaurant and a convention facility; a convention facility that will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) YES NO

(c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) YES NO

(d) If no on question (c), have a ski resort facility open to the general public in which has been committed or expended not less than 10 million dollars (\$10,000,000.00)? W.S. 12-4-401(b)(iv) YES NO

(e) Will food and beverage services be contracted or subcontracted? W.S. 12-4-403(b) YES NO

1. If **YES** to (e), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division? YES NO
2. If **NO** to (e)(1.), please attach a copy of the current contract.

10. LIMITED RETAIL (CLUB) LIQUOR LICENSE: FRATERNAL CLUBS W.S. 12-1-101(a)(iii)(B)

(a) Has the fraternal organization been actively operating in at least thirty-six (36) states? YES NO

(b) Has the fraternal organization been actively in existence for at least twenty (20) years? YES NO

11. LIMITED RETAIL (CLUB) LIQUOR LICENSE: VETERANS CLUBS W.S. 12-1-101(a)(iii)(A)

(a) Does the Veteran's organization hold a charter by the Congress of the United States? YES NO

(b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? YES NO

12. LIMITED RETAIL (CLUB) LIQUOR LICENSE: GOLF CLUBS W.S. 12-1-101(a)(iii)(D) / W.S. 12-4-301(e)

(a) Does the golf club have more than fifty (50) bona fide members? YES NO

(b) Does the Applicant, maintain, or operate a bona fide golf course together with a clubhouse? YES NO

(c) Is the Applicant a Political Subdivision of the state that owns, maintains, or operates this golf course YES NO

1. Will food and beverage services be contracted or subcontracted? W.S. 12-4-301(e) YES NO
2. If **YES** to (c)(1), is a copy of the current food and beverage contract on file with the licensing authority and Liquor Division? YES NO
3. If **NO** to (c)(1.), please attach a copy of the current contract.

13. LIMITED RETAIL (CLUB) LIQUOR LICENSE: SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E) / W.S. 12-4-301(b)

(a) Does the club have more than one hundred (100) bona fide members who are residents of the county in which the club is located? YES NO

(b) Is the social club incorporated and operating solely as a nonprofit organization under the laws of this state? YES NO

(c) Is the club qualified as a tax-exempt organization under the Internal Revenue Service? YES NO

(d) Has the club been in continuous operation for a period of not less than one (1) year? YES NO

(e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues? YES NO

(f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club? YES NO

(g) Is a true copy of the club bylaws on file with the licensing authority and Liquor Division? YES NO

1. If **NO** to (g), please attach a current copy the club bylaws.

(h) Is a detailed statement with itemized expenditures of the club's activities during the last year attached? YES NO

14. If the Applicant is Filing As an Individual, Partnership, Political Subdivision, Organization or Other: W.S. 12-4-102(a)(ii) & (iii)

**Each individual, partner or club officer must complete all of the information below.
(If more information is required, list on a separate piece of paper and attach to this application.)**

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 within the previous 10 years of:	
					a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?	any 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"/>

15. If the Applicant is Filing As 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 or ownership of the corporation, limited liability company, limited liability partnership, or limited partnership.

**Each Officer, Director or LLC member must complete all of the information below.
(If more information is required, list on a separate piece of paper and attach to this application)**

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	Have you been convicted within the previous 10 years of:	
						a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?	any Violation Relating to Alcoholic Liquor or Malt Beverages?
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>

REQUIRED ATTACHMENTS:

- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill and Restaurant liquor license Applicants: attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

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)
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
5)	_____	(Signature)	_____	(Printed Name)	_____	Title

Witness my hand and official seal:

Signature of Notary Public

My commission expires: _____

(SEAL)