

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		Local License #: _____
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: <input type="checkbox"/>		
License Term:	<u>04</u> / <u>01</u> / <u>2020</u> Month Day Year	Through <u>03</u> / <u>31</u> / <u>2021</u> 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 style="text-align: center;"><u>Retail License Holders Only</u></p> <p>Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">Please submit invoices to clerk</p>	<p>FILING IN (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> CITY OF: Casper</p> <p><input type="checkbox"/> COUNTY OF: N _____</p>	<p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> LP/LLP</p> <p><input type="checkbox"/> LLC</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><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 & PACKAGE STORE)</p>	<p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> BAR AND GRILL</p> <p>LIMITED RETAIL (CLUB)</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p>	<p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> DISTILLERY SATELLITE</p> <p><input type="checkbox"/> WINERY SATELLITE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p>SPECIAL DESIGNATIONS</p> <p><input type="checkbox"/> CONVENTION FACILITY</p> <p><input type="checkbox"/> CIVIC CENTER/EVENT CENTER/PUBLIC AUDITORIUM</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> GUEST RANCH</p> <p><input type="checkbox"/> RESORT</p>

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?	<input type="checkbox"/> YES (own)
(b) LEASE the licensed building? (Lease must be through the term of the liquor license)	<input type="checkbox"/> YES (lease)
(c) LEASE is current and on file with the licensing authority & Liquor Division.	<input type="checkbox"/> YES <input type="checkbox"/> 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	DONOT LIST PO BOXES 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	DONOT LIST PO BOXES 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: \$ _____ (_____ %)
 (Line 2) Food Sales: \$ _____ (_____ %)
 (Line 3) Gross Sales: \$ _____ (_____ %)
- (a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
- (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: _____