

# NEW OR TRANSFER 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**

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 FOR	FILING IN (CHOOSE ONLY ONE)	FILING AS (CHOOSE ONLY ONE)
<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> CITY / TOWN OF: _____	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP   <input type="checkbox"/> LLP   <input type="checkbox"/> LLLP <input type="checkbox"/> LLC   <input type="checkbox"/> LC <input type="checkbox"/> CORPORATION (INC) <input type="checkbox"/> POLITICAL SUBDIVISION <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> OTHER _____
<input type="checkbox"/> TRANSFER OF LOCATION	<input type="checkbox"/> COUNTY OF: _____	
<input type="checkbox"/> TRANSFER OF OWNERSHIP		
<input type="checkbox"/> ASSIGNMENT LETTER MUST BE ATTACHED		
FORMERLY HELD BY: _____		

**TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)**

<input type="checkbox"/> <b>RETAIL LIQUOR LICENSE</b> PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE) <input type="checkbox"/> ON-PREMISE BAR <input type="checkbox"/> OFF-PREMISE PACKAGE STORE <input type="checkbox"/> ON & OFF PREMISE BAR & PACKAGE STORE	<input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> BAR AND GRILL LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <b>LIMITED RETAIL LIQUOR LICENSE (CLUB)</b> <input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB	<input type="checkbox"/> MICROBREWERY PERMIT <input type="checkbox"/> WINERY PERMIT <input type="checkbox"/> MANUFACTURER SATELLITE PERMIT <input type="checkbox"/> WINERY SATELLITE PERMIT <input type="checkbox"/> COUNTY MALT BEVERAGE PERMIT <input type="checkbox"/> SPECIAL MALT BEVERAGE PERMIT
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**SPECIAL STATUTORY DESIGNATIONS (CHOOSE ONLY ONE)**

<input type="checkbox"/> COMMERCIAL AIRPORT (W.S. 12-4-201(d)(iv))	<input type="checkbox"/> RESORT (W.S. 12-4-401(iv) / 12-5-201(f))
<input type="checkbox"/> GOLF CLUB (W.S. 12-5-201(f))	<input type="checkbox"/> GOLF CLUB-POLIT. SUBDIVISION (W.S. 12-4-301(e) / 12-5-201(f))
<input type="checkbox"/> GUEST RANCH (W.S. 12-5-201(f))	<input type="checkbox"/> 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)))**

<input type="checkbox"/> FULL TIME	MONTHS OF OPERATION from _____ to _____ <input type="checkbox"/> All Year (Jan-Dec)
<input type="checkbox"/> SEASONAL	DAYS OF WEEK OF OPERATION from _____ to _____ <input type="checkbox"/> Every Day (Mon-Sun)
<input type="checkbox"/> NON-OPERATIONAL / PARKED	HOURS OF OPERATION from _____ to _____ <input type="checkbox"/> 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)

If the building is leased, 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**, is a copy of the food and beverage contract or lease attached?  YES  NO

**6. BAR AND GRILL LICENSE OR RESTAURANT LIQUOR LICENSE ONLY: 12-4-413(a) / W.S. 12-4-407(a)**Is a copy of the valid food service permit or the approved permit application attached?  YES  NO**7. 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 food and beverage contract or lease attached?  YES  NO

**8. MICROBREWERY PERMIT ONLY: WHOLESALE DISTRIBUTION: W.S. 12-2-201(a)**

- (a) Will the microbrewery self-distribute its products or distribute through a licensed wholesaler?
- 
- YES
- 
- NO

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

9. 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?
(b) Has the fraternal organization been actively in existence for at least twenty (20) years?

10. 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?
(b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary?

11. 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?
(b) Does the Applicant, maintain, or operate a bona fide golf course together with a clubhouse?
(c) Is the Applicant a Political Subdivision of the state that owns, maintains, or operates this golf course?
1. Will food and beverage services be contracted or subcontracted?
2. If YES, is a copy of the food and beverage contract or lease attached?

12. 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?
(b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state?
(c) Is the club qualified as a tax-exempt organization under the Internal Revenue Service?
(d) Has the club been in continuous operation for a period of not less than one (1) year?
(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?
(f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club?
(g) Is a true copy of the club bylaws attached to this application?
(h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License? (Petition(s) Attached)

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

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

Table with 7 columns: True and Correct Name, Date of Birth, Residence Address, 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? Rows include YES/NO checkboxes.

**14. Applicant is Filing As a Corporation, Limited Company, 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 <b>DO NOT LIST PO BOXES</b>	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"/> 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"/>

**REQUIRED ATTACHMENTS:**

- A statement indicating the financial condition and financial stability of the Applicant. W.S. 12-4-102(a)(vi).
- If transferring a license or permit to another Applicant, attach a form of assignment from the current licensee to the new Applicant authorizing the transfer. W.S. 12-4-601(b).
- 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)
- If filing for a Golf Club or Social Club liquor license attach a copy of the club's bylaws W.S. 12-4-301(c)

**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) _____<br>(Signature) | _____          | _____ |
|                         | (Printed Name) | Title |
| 2) _____<br>(Signature) | _____          | _____ |
|                         | (Printed Name) | Title |
| 3) _____<br>(Signature) | _____          | _____ |
|                         | (Printed Name) | Title |
| 4) _____<br>(Signature) | _____          | _____ |
|                         | (Printed Name) | Title |
| 5) _____<br>(Signature) | _____          | _____ |
|                         | (Printed Name) | Title |

Witness my hand and official seal:

\_\_\_\_\_  
Signature of Notary Public

(SEAL) My commission expires: \_\_\_\_\_