

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date filed: / /
Annual Fee

Basic Fee	_____
Additional Disp Rm Fee	_____
Total Lic Fee Collected	_____
Publishing Fee Collected	_____

Required attachments received YES

Advertising Dates (4) _____

Hearing Date _____

Local Licensing Number _____

LICENSING AUTHORITY: Begin publication 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.** Copy must be immediately forwarded to:

STATE OF WYOMING LIQUOR DIVISION
1520 E 5TH ST
CHEYENNE, WY 82002-0110

Applicant: _____

Trade Name (dba): _____

Premise: _____
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: _____

For the license term from: / /

Through: / /

FILING IN (Choose only one)

CITY OF _____

COUNTY OF _____

FILING AS (Choose only one)

INDIVIDUAL LLC

PARTNERSHIP LLP

CORPORATION

LTD PARTNERSHIP

LOCATED WITHIN 5 MILES OF CITY

TYPE OF LICENSE OR PERMIT

(Choose only one)

RETAIL LIQUOR LICENSE

RESTAURANT LIQUOR LICENSE

RESORT LIQUOR LICENSE

COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

VETERANS CLUB

FRATERNAL CLUB

GOLF CLUB

SOCIAL CLUB

MICROBREWERY

WINERY

BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULLTIME (e.g. Jan through Dec)

SEASONAL/PART-TIME (specify months of operation) from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat) _____

HOURS OF OPERATION (e.g. 10a - 2a) _____

RETAIL: (ON PREMISE ONLY) (OFF PREMISE ONLY) (COMBINATION ON/OFF PREMISE)

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery** also list manufacturing facility. (W.S.12-4-102(a)(i):

b) Do you have an additional dispensing room? YES NO If yes, provide description and location:

c) Provide the legal description and the zoning of the site where the applicant will sell under the license:
W.S.12-4-102(a)(vii)

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?

(If yes, submit a drawing of the changes in the dispensing room.) YES NO

a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration.
W.S.12-4-103(a)(iii)

a) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.

b) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

4. Restaurant and Bar and Grill Liquor Licenses Only:

- a) Gross sales figures and percentages of income derived from: Gross Sales: \$ _____
 W.S.12-4-408(b) Food Sales: \$ _____ (_____ %)
Liquor Sales: \$ _____ (_____ %)
- b) Attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)

5. If applicant is a Microbrewery:

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. If applicant is an Individual(s) or Partnership: State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership. **If the application is for a Club:** State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, 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, complete in identical form, on a separate piece of paper and attach to this application.)

7. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, 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, complete in identical form, on a separate piece of paper and attach to this application.)

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **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.
 Dated this _____ day of _____, _____.

Applicant

THE STATE OF WYOMING }
COUNTY OF _____ } **SS.** _____
 Applicant

Subscribed and sworn to before me by _____ this _____ day of _____, _____.

Witness my hand and official seal. _____
 Notary Public or Person Authorized to Administer Oath

My Commission expires: _____

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Clerk: _____		
Agent: _____		
Credit: _____		