

-----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:

Table with columns for Fee Type and Annual Fee. Rows include Basic Fee, Additional Disp Rm Fee, Total Lic Fee Collected, and Publishing Fee Collected.

Required Attachments Received Yes []
Advertising Dates(4):
Hearing Date:
Local Licensing Number:

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.
A copy must be immediately forwarded to:
State of Wyoming Liquor Division
1520 E 5th Street
Cheyenne WY 82002-0110

Applicant: _____

Trade Name (dba): _____

Premise 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: _____

For the license term: ____/____/____

Through: ____/____/____

FILING IN (CHOOSE ONLY ONE)

- [] CITY OF
[] COUNTY OF

FILING AS (CHOOSE ONLY ONE)

- [] INDIVIDUAL [] LLC
[] PARTNERSHIP [] LLP
[] CORPORATION
[] LTD PARTNERSHIP
[] ASSOCIATION
[] ORGANIZATION

[] LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

- (CHOOSE ONLY ONE)
[] RETAIL LIQUOR LICENSE
[] on-premise only
[] off-premise only
[] combination on/off premise
[] 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?

[] FULL TIME (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)

Minimum Purchase Requirement:

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

c) If yes, provide description and location:

d) 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. Leases: 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:	\$ _____
Food Sales:	\$ _____ (____%)
Liquor Sales:	\$ _____ (____%)

 W.S.12-4-408(b)
- b) Did you attach a copy of your valid food service permit to this application. YES NO
 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? YES NO
 W.S.12-1-101(a)(xix)
- 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 <i>Residence Address, Street, City, State & Zip</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?
				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 <i>Residence Address, Street, City, State & Zip</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?
						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 _____, _____.

THE STATE OF WYOMING }
 COUNTY OF _____ } SS. _____
Applicant
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
Agent: _____		
Chief: _____		
Acct: _____		