

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

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

Date Filed With Clerk: ____/____/____

	Annual Fee	Prorated Fee
Basic Fee:	\$ _____	\$ _____
Add'l Dispensing Room Fee:	\$ _____	\$ _____
Transfer Fee:	\$ _____	
Total License Fee Collected	\$ _____	\$ _____
Publishing Fee Collected:	\$ _____	
Publishing Direct Billed:	<input type="checkbox"/>	
Advertising Dates (2 wks):	_____	
Hearing Date:	____/____/____	

LICENSE TERM: ____/____/____
 Month Day Year

Through: ____/____/____
 Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
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: _____

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.**

<p>FILING IN (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> CITY OF _____</p> <p><input type="checkbox"/> COUNTY OF _____</p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p>	<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p> <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"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> GOLF 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>To Assist the Liquor Division with scheduling inspections:</p> <p>WHEN DO YOU OPERATE?</p> <p><input type="checkbox"/> NON-OPERATIONAL/PARKED</p> <p><input type="checkbox"/> FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME (specify months of operation)</p> <p>from _____ to _____</p> <p>DAYS OF WEEK (e.g. Mon through Sat)</p> <hr/> <p>HOURS OF OPERATION (e.g. 10a - 2a)</p> <p>_____</p>
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Minimum Purchase Requirement:

RETAIL LICENSE HOLDERS:

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 LICENSE HOLDERS:

Have you purchased **\$500** in spirits, wines and/or malt beverages during the previous license term? YES NO
 W.S.12-4-103(c)

1. DISPENSING ROOM DESCRIPTION WITH DIMENSIONS:

(a) Give a description with dimensions of the dispensing room and state where it is located within the building (e.g. 10 x 12 room in SE corner of building). If the building is not in existence, also provide an architect's drawing or suitable plans of the room and premises to be licensed: W.S. 12-4-102(a)(i)

(b) If **Winery** or **Microbrewery**, also list the manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

MFG:

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

(d) Provide the legal description and the zoning of the site where the applicant will conduct business:

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

YES If YES, please submit a drawing of the new dispensing room.
 NO

(a) Do you anticipate any changes in the next twelve (12) months?

YES If YES, please submit a drawing of the new dispensing room.
 NO

3. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii):

- (1) **OWN** the building in which sales room is located? YES (own)
- (2) **LEASE** the building in which sales room is located? YES (lease)
- (A) **DATE** lease expires _____ located on page _____ paragraph _____ of lease document.
- (B) Provision for **SALE** of alcoholic or malt beverages located on page _____ paragraph _____ of lease.

NOTE: Please submit a copy of the lease with the application. W.S. 12-2-103(a)(iii) requires the lease be valid THROUGH the TERM OF THE LICENSE and MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: \$ _____ (_____ %)
(Line 2) Food Sales: \$ _____ (_____ %)
(Line 3) Gross Sales: \$ _____ (_____ %)

(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. 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 additional licensing 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 additional licensing 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

7. If the applicant is filing as an Individual or Partnership or as a Club:

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"/>
				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.)

8. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:

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"/>
						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.)

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 _____)

Before Me, _____, (specify)
(Printed name of Notary or other officer authorized to administer oaths)

a Notary Public, Officer authorized to administer oaths in and for

_____ County, State of Wyoming, personally appeared

_____ name he/she being first duly sworn

(Insert Names)

by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)

1. _____
2. _____
3. _____
4. _____

My Commission expires: _____

Witness my hand and official seal:

(Notary Public or other officer authorized to administer oaths)

Title _____

Dated: ____ / ____ / ____

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct.:		