

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION (W.S. 12-2-203, 12-4-502)

PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE PERMITTED EVENT, NO PACKAGE SALES ALLOWED

To be completed by City/County Clerk

Date filed with clerk: ____ / ____ / ____	Local Permit #: _____
Permit Fee Per Day: \$ ____ . ____	(\$50.00 maximum fee per day)
Number of Days: _____	
Total Permit Fee: \$ ____ . ____	(Permit fee per day x number of days)
Permit Date: ____ / ____ / ____	through ____ / ____ / ____

Applicant: _____

Business/Trade Name (DBA): _____

Contact Person: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____ Email Address: _____

Event Name: _____ Event Location: _____

FILING IN (CHOOSE ONLY ONE) <input type="checkbox"/> CITY OF: _____ <input type="checkbox"/> COUNTY OF: _____		FILING AS (CHOOSE ONLY ONE) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP/LLP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> OTHER _____	
TYPE OF PERMIT (CHOOSE ONLY ONE)			
<input type="checkbox"/> MALT BEVERAGE PERMIT (W.S. 12-4-502(a)/W.S. 12-2-201(b)) Malt beverage permit applicants receiving anything of value (i.e. money, goods and or services from any industry representative must answer the following: (W.S. 12-5-402(a)) Nonprofit corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input type="checkbox"/> Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input type="checkbox"/> And has the applicant been in continuous operation for not less than two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> CATERING PERMIT (W.S. 12-4-502(b)) For currently licensed Retail or Resort license holders only	<input type="checkbox"/> MANUFACTURER'S OFF-PREMISE PERMIT (W.S. 12-2-203(g)(iii)) For the sale of the manufacturer's own Wyoming manufactured products only	
<input type="checkbox"/> MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-415 (e)) For the sale of the microbrewery's own Wyoming brewed products only		<input type="checkbox"/> WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g)) For the sale of the winery's own Wyoming manufactured products only	

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules, and submit any required sales tax and reports.

Under penalty of perjury, and the possible revocation or cancellation of the permit, I swear the above stated facts, are true and accurate.

Applicant Signature	Printed Name	Date ____ / ____ / ____
Signature of Licensing Authority Official		Date ____ / ____ / ____

Alcohol Permit Questionnaire

Please Circle **Yes** or **No** for Each Question

1. Will minors be excluded from this event?

Yes No

2. Will you check the identification of all patrons?

Yes No

3. If no, will you be using wristbands to identify patrons?

Yes No

4. Will you be restricting alcohol sales and consumption to a designated location?

Yes No

5. Will you be limiting the number of servings per person to four per event?

Yes No

6. Will you be using distinguishable cups of no more than 12 ounces?

Yes No

7. Will you restrict selling alcohol to intoxicated persons?

Yes No

8. Will you display nonalcoholic beverages as prominently as alcoholic beverages?

Yes No

9. Will you stop serving alcohol ½ hour before closing?

Yes No

10. Will you restrict the age of servers to 21 or over?

Yes No

11. Will you prevent employees/security to drink on the job?

Yes No

12. If there is to be a designated drinking area, will you post signs that state "No Alcohol Beyond This Point"?

Yes No

Signature

Date