



Glenrock Town Council Meeting AGENDA

March 11, 2024 – 5:30PM

I. WELCOME / PLEDGE

II. CALL TO ORDER – ATTENDANCE

III. ADDITIONS / DELETIONS

IV. APPROVAL OF MINUTES
February 26, 2024 Council Meeting
March 4, 2024 Work Session

V. REPORTS

VI. ITEMS FROM THE FLOOR

VII. OLD BUSINESS
None.

VIII. NEW BUSINESS
Resolution 2024-6: Budget Amendment
Open Container Permits (Multiple) – Main Street – Summer Events
24-hour Malt Beverage Permits (Multiple) – Main Street – Summer Events

IX. BILLS & CLAIMS

ADJOURNMENT

Unapproved Minutes
Town Council Meeting
Glenrock Town Hall
February 26, 2024

Mayor Roumell called the council meeting to order at 5:30PM and led the Pledge of Allegiance. CP Moulton was absent. All other elected officials were in attendance.

ADDITIONS/DELETIONS: None.

APPROVAL OF MINUTES: CP Nunn moved to approve minutes as presented for February 12, 2024 council meeting; seconded by CP Colling. All ayes – MOTION CARRIED.

OLD BUSINESS:

Ordinance 748: Amendment to Zoning Code – Second Reading. CP Kincaid moved to approve Ordinance 748 on second reading; with no second. Motion dies.

NEW BUSINESS:

None.

BILLS & CLAIMS: Bills/Claims Approved February 26, 2024

Transunion 75.00; Black Hills Energy 4138.94; Converse County EMA 154.21; Atlas Premier Service 259.98; Great America Financial Services 83.00; Glenrock Health Center 218.00; Century Link 151.11; Black Mountain Software 21300.00; CEPI 6750.00; Energy Laboratories 116.00; Menards 495.68; Glenrock Motorsports 56.59; Coca Cola Bottling 35.00; Civil Air Patrol Magazine 205.00; Renegade Off Road 231.68; Norco 738.30; Rocky Mountain Power 2863.29; Amazon Capital Services 1068.46; Ferguson 2052.12; Century Link 48.90; Identification International 637.92; Converse County Clerk 432.32; WY Assn of Rural Water 2055.00; LGLP 1000.00; Vyve 989.15; AlSCO 157.85; Verizon 779.90; Converse County Bank/Visa 5928.32; Wyoming Machinery 943.17; Roumell Plumbing 186.68; Andreen Hunt Construction 45205.00; Johnson Controls 492.00. 32 Claims totaling \$99,848.57. CP Nunn moved to approve Bills and Claims, Mayor Roumell abstained from voting; seconded by CP Colling. All ayes – MOTION CARRIED.

At 6:03PM CP Colling moved to adjourn the meeting; seconded by CP Kincaid. All ayes – MOTION CARRIED.

ADJOURNMENT: 6:03PM.

Bruce Roumell, Mayor

Town of Glenrock
Work Session Minutes
March 4, 2024
Glenrock Town Hall

PRESENT:

Mayor Roumell
CP Nunn
CP-Judi Colling
Chief Felton
BI – Lyle Hunt

Clerk Taylor
CP Kincaid
CP Moulton
IT – Jared Halvorsen

At 5:05PM, work session began.

Council discussed tiny homes, ADU's and RV's in various zones, presented by Lyle Hunt. Also discussed the PD shooting range and Mayor Roumell gave update on the EWC/Sharp's Building.

Next Work Session: April 1, 2024

ADJOURNMENT: 6:10PM

Bruce Roumell, Mayor

Tammy Taylor, Clerk

RESOLUTION 2024-6

A RESOLUTION PROVIDING FOR THE TRANSFER OF UNENCUMBERED AND UNEXPENDED APPROPRIATIONS FROM FY23-24 BUDGET.

WHEREAS, it appears that it is necessary for the budget of the Town of Glenrock to be amended for the fiscal year July 1, 2023 to June 30, 2024, taking into account certain unencumbered and unexpended funds.

IT IS THEREFORE HEREBY RESOLVED BY THE GOVERNING BODY OF THE TOWN OF GLENROCK, WYOMING, AS FOLLOWS:

Section 1. General Funds Account 101.5101.5800 Police Department, Capital Project Expense, increased by the sum of \$17,000.00, the source of which will be interest income. This is specific to renovations needed in the jail area of the Police Department.

Section 2. General Fund Account 101.4500.4501, General Fund, Interest Income increased by the sum of \$17,000.00 the source of which will be the increase in interest received this year.

PASSED, APPROVED AND ADOPTED this 11th day of March, 2024.

Bruce Roumell, Mayor

ATTEST:

Tammy Taylor, Clerk

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant:

Glenrock Main Street

Business/Organization

Glenrock Main Street

Address:

P.O. Box 1064

Glenrock, WY 82637

Telephone:

(307)-247-3000

Other information necessary to process the application:

Type of Event:

Friday Nights at the Square

Location:

Town Square

Date & Hours of Activity:

6/7/24 6-10 pm

Estimated Number Attending

100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____

Date _____

Megan James 1/19/24
Date

Signature of Applicant

Town of Glenrock

<input type="checkbox"/> Open Container Permit (Waiver)	(\$25.00)
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Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street

Business/Organization: Glenrock Main Street

Address: P.O. Box 1064
Glenrock, WY 82637

Telephone: (307) 247-3000

Other information necessary to process the application:

Type of Event: Friday Nights at the Square

Location: Town Square

Date & Hours of Activity: 6/14/24 6-10pm

Estimated Number Attending: 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Meghan Janner 1/19/24
Date

Signature of Applicant

Approved by: _____
Date _____

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Main Street

Business/Organization Glenrock Main Street

Address: P.O. Box 1064

Glenrock, WY 82627

Telephone: (307) 247-3000

Other information necessary to process the application:

Type of Event: Friday Nights at the Square

Location: Town Square

Date & Hours of Activity: 6/21/24 6-10pm

Estimated Number Attending 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
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Megan James 1/19/24
Date

Signature of Applicant

Approved by: _____
Date _____

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant:

Glenrock Main Street

Business/Organization

Glenrock Main Street

Address:

P.O. Box 1064

Glenrock, WY 82637

Telephone:

(307)247-3000

Other information necessary to process the application:

Type of Event:

Friday Nights at the Square

Location:

Town Square

Date & Hours of Activity:

6/28/24 6-10pm

Estimated Number Attending

100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____
Date _____

 _____
Date 4/19/24

Signature of Applicant

Town of Glenrock

<input type="checkbox"/> Open Container Permit (Waiver)	(\$25.00)
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Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street
Business/Organization: Glenrock Main Street
Address: P.O. Box 1064
Glenrock, WY 82637
Telephone: (307) 247-3000
Other information necessary to process the application:
Type of Event: Friday Nights at the Square
Location: Town Square
Date & Hours of Activity: 7/5/24 6-10pm
Estimated Number Attending: 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____ Date _____

Morgan Jensen 1/19/24
Date
Signature of Applicant

Town of Glenrock

<input type="checkbox"/> Open Container Permit (Waiver)	(\$25.00)
---	-----------

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street
Business/Organization: Glenrock Main Street
Address: P.O. Box 1064
Glenrock, WY 82637
Telephone: (307) 247-3000
Other information necessary to process the application:
Type of Event: Friday Nights at the Square
Location: Town Square
Date & Hours of Activity: 7/12/24 6-10pm
Estimated Number Attending: 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____ Date _____

Morgan Gorman 1/19/24
Date
Signature of Applicant

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant:

Glenrock Main Street

Business/Organization

Glenrock Main Street

Address:

P.O. Box 1064

Glenrock, WY 82637

Telephone:

(307)-247-3000

Other information necessary to process the application:

Type of Event:

Jason's Friends Concert

Location:

Town Square

Date & Hours of Activity:

6-10pm 7/13/24

Estimated Number Attending

200

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____

Date _____

 1/19/24
Date

Signature of Applicant

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street

Business/Organization Glenrock Main Street

Address: P.O. Box 1064

Glenrock, WY 82637

Telephone: (307) 247-3000

Other information necessary to process the application:

Type of Event: Friday Nights at the Square

Location: Town Square

Date & Hours of Activity: 7/19/24 6-10pm

Estimated Number Attending 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
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 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Megan James 7/19/24
Date

Signature of Applicant

Approved by: _____

Date _____

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street

Business/Organization Glenrock Main Street

Address: P.O. Box 1064

Glenrock, WY 82637

Telephone: (307) 247-3000

Other information necessary to process the application:

Type of Event: Friday Nights at the Square

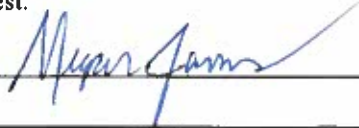
Location: Town Square

Date & Hours of Activity: 7/26/24 6-10pm

Estimated Number Attending 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
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 1/19/24
Date

Signature of Applicant

Approved by: _____

Date _____

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street

Business/Organization Glenrock Main Street

Address: P.O. Box 1064

Glenrock, WY 82637

Telephone: (307) 247 3000

Other information necessary to process the application:

Type of Event: Fridays at the Square

Location: Town Square

Date & Hours of Activity: 8/2/24 6-10pm

Estimated Number Attending 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
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 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Meghan James 11/19/24
Date

Signature of Applicant

Approved by: _____
Date _____

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street

Business/Organization Glenrock Main Street

Address: P.O. Box 1064

Glenrock, WY 82637

Telephone: (307) 245-3000

Other information necessary to process the application:

Type of Event: Friday Nights at the Square

Location: Town Square

Date & Hours of Activity: 8/9/24 6-10pm

Estimated Number Attending 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Morgan James 8/19/24
Date

Signature of Applicant

Approved by: _____
Date _____

Town of Glenrock

<input type="checkbox"/> Open Container Permit (Waiver)	(\$25.00)
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Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street
Business/Organization Glenrock Main Street
Address: P.O. Box 1064
Glenrock, WY 82637
Telephone: (307) 247 3000
Other information necessary to process the application:
Type of Event: Friday Nights at the Square
Location: Town Square
Date & Hours of Activity: 8/16/24 6-10pm
Estimated Number Attending 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____ Date _____

Megan James 11/9/24
Date
Signature of Applicant

Town of Glenrock

<input type="checkbox"/> Open Container Permit (Waiver)	(\$25.00)
---	-----------

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant: Glenrock Main Street
Business/Organization: Glenrock Main Street
Address: P.O. Box 1064
Glenrock, WY 82637
Telephone: (307) 247 3000
Other information necessary to process the application:
Type of Event: Friday Nights at the Square
Location: Town Square
Date & Hours of Activity: 8/23/24 6-10pm
Estimated Number Attending: 100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Meghan James 11/19/24
Date

Signature of Applicant

Approved by: _____ Date _____

Town of Glenrock

Open Container Permit (Waiver)

(\$25.00)

Check the appropriate box indicating the type of permit being requested. The fee is required for each request being made.

Name of Applicant:

Glenrock Main Street

Business/Organization

Glenrock Main Street

Address:

P.O. Box 1064

Glenrock, WY 82627

Telephone:

(307) 247 3000

Other information necessary to process the application:

Type of Event:

Friday Nights at the Square

Location:

Town Square

Date & Hours of Activity:

8/30/24 6-10pm

Estimated Number Attending

100

In making this application, the undersigned agrees to:

- 1) Comply fully with the laws and regulation of the State of Wyoming, County of Converse, and the Town of Glenrock regulating the license requested and issued.
- 2) Area designated for the consumption of alcohol must be clearly marked.
- 3) Applicant further agrees that if the activity takes place on town owned or controlled property to:
 - a) Have no glass containers;
 - b) Make a \$125 deposit which will be returned if the area is cleaned to the town's satisfaction. May be waived upon request.

Approved by: _____
Date _____

Megan Jones 8/19/24
Date
Signature of Applicant

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 6/17/24 To: 6/17/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/13/81	128 Oregon Tr Glenrock WY 82637	307-247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan Jones
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 6/14/24 To: 6/14/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	307-247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.
Megan James Applicant
Candace Benedetta Applicant

Signature of Licensing Authority Official

Title / / Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 6/21/14 To: 6/21/14 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

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As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	207 247-7000	3	0	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024. Megan James
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 6 28 124 To: 6 28 124 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/13/81	128 Oregon Pl Glenrock, WY 82637	307 247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan James
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 7/15/24 To: 7/15/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	207-247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

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(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024. Megan Jones
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 7/12/24 To: 7/12/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

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For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	307-247-2000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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"/>

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(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan James
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

 / /
Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 7/13/24 To: 7/13/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

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For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street, Non Profit LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	207-247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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"/>

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VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan James
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 7/19/24 To: 7/19/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

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For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	307 247-2000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

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VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.
Megan James Applicant
Candace Benedetta Applicant

Signature of Licensing Authority Official

Title

 / /
Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 7/12/24 To: 7/12/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	307 247 3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

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By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan Jones
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 8/2/24 To: 8/2/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

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For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Wyn Peak LLC	6/13/81	129 Oregon Trl Glenrock WY 82637	307-247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

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By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, or **TWO (2)** Club Officers.) W.S.12-4-102(b)

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Dated this 19 day of January, 2024.

Megan James
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 8/19/24 To: 8/19/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

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For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	4/6/17/81	128 Ogden Trl Glenrock WY 82637	207-247-2000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

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VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan Jones
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 8/16/24 To: 8/16/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street LLC	6/13/81	128 Oregon Trl Glenrock WY 82637	307 247 2000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.
Megan Jones
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 8/23/24 To: 8/23/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/11/81	128 Oregon Trl Glenrock WY 82637	307 247 3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

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By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan Jones
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

Date

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: Town of Glenrock

Name of Event: Friday Night at the Square

Permit From: 8/30/24 To: 8/30/24 Local Permit Number: _____

Number of Days Permitted: 1 Fee per day: _____ Total Fee: _____

Applicant: Glenrock Main Street D/B/A: _____

Contact Person: Megan James Phone: (307) 247-3000

Company Location: Town Square City: Glenrock State: WY Zip: 82637

Mailing Address: _____ City: Glenrock State: WY Zip: 82637

Business Phone: 307-247-3000 Residence Phone: _____

Location of Sales: Town Square

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage or catering permit, are you:

A nonprofit corporation organized under the laws of this state; YES NO

Qualified as a tax exempt organization under the Internal Revenue Code; YES NO

And have been in continuous operation for not less than two (2) years. YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL PARTNERSHIP CORPORATION LLC LLP

NOTE: Individual and Partnership filers must be domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months.

If a corporation, LLC or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal 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?
Glenrock Main Street Non Profit LLC	6/10/81	128 Oregon Trail (Glenrock) WY 82637	207-247-3000	3	0%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" 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.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for Glenrock Main Street
(Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, 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 19 day of January, 2024.

Megan James
Applicant
Candace Benedetta
Applicant

Signature of Licensing Authority Official

Title

 / /
Date



Location of
Glenrock
Main Street
Beer Tent

03/07/24
14:01:05

TOWN OF GLENROCK
Claim Approval List
For the Accounting Period: 3/24

Page: 1 of 8
Report ID: AP100

Hilltop National Bank
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
9256		41 DOUGLAS BUDGET	272.00					
Acct 00018973		02/29/24 TC advertising	272.00			101 5019	5210	1010
9258		754 VALLI INFORMATION SYSTEMS INC.	791.48					
SW:		online pmt maint aggreement						
WA:		online pmt maint aggreement						
93064	02/29/24	SW: online pmt maint aggreeme	320.74			242 5710	5400	1011
93064	02/29/24	WA: online pmt maint aggreeme	320.74			241 5701	5400	1011
93354	02/29/24	SW: monthly maintenance fee	75.00			242 5710	5400	1011
93354	02/29/24	WA: monthly maintenance fee	75.00			241 5701	5400	1011
9260		161 TOWN OF GLENROCK	1,435.83					
Monthly Utilities								
	02/20/24	1049 PK - Pioneer	23.10			101 5430	5480	1011
	02/20/24	11581 SH - New Shop	63.48			101 5221	5480	1011
	02/20/24	1071 PK - Tot Lot	23.10			101 5430	5480	1011
	02/20/24	1075 PK - Rookstool	23.10			101 5430	5480	1011
	02/20/24	1131 - PK - Triangle	23.10			101 5430	5480	1011
	02/20/24	11387 - CB - Commerce Bldg	111.83			117 5540	5480	1011
	02/20/24	11027 - TS - Town Square	51.98*			101 5440	5480	1011
	02/20/24	6226 - PK - Balifield	23.10			101 5430	5480	1011
	02/20/24	11357 - PK - Dorsey	23.10			101 5430	5480	1011
	02/20/24	1021 - SH - Shop	86.58			101 5221	5480	1011
	02/20/24	5001 - PK - Shelter Area	23.10			101 5430	5480	1011
	02/20/24	5003 - LB - Lincoln Bldg	525.07			119 5550	5480	1011
	02/20/24	5004 - TH - City Hall	111.83			101 5021	5480	1011
	02/20/24	11580 - PW - Wash Bay	63.48			101 5221	5480	1011
	02/20/24	1154 - PK - Doerkin #2	15.75			101 5430	5480	1011
	02/20/24	40001 - PK - Doerkin #1	15.75			101 5430	5480	1011
	02/20/24	11194 - PK - Concession Stand	23.10			101 5430	5480	1011
	02/20/24	11011 - PK - 303 W Birch	15.75			101 5430	5480	1011
	02/20/24	1189 - PK - Pathway Irrigation	23.10			101 5430	5480	1011
	02/20/24	11056 - SH - 111 S 8th	15.75			101 5221	5480	1011
	02/20/24	11400 - BRC - Sharps	111.83			118 5505	5510	1011
	02/20/24	11403 - BRC - Paint Bldg	15.75			118 5505	5510	1011
	02/20/24	11404 - BRC - Irrigation	23.10			118 5505	5510	1011
9265		24 GLENROCK HARDWARE HANK	420.18					
Monthly Statement								
		CB - Supplies	4.18			117 5540	5590	1011
		WA - Equipment	12.37			241 5701	5540	1011
		PK - Maintenance	308.05			101 5430	5510	1011
		PK - Equipment	11.58			101 5430	5540	1011

03/07/24
14:01:05

TOWN OF GLENROCK
Claim Approval List
For the Accounting Period: 3/24

Page: 2 of 8
Report ID: AP100

Hilltop National Bank
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
		ST - Vehicle Maint	43.98			101 5201 5560		1011
		ACO - Supplies	4.47			101 5160 5590		1011
		SW - Supplies	15.57			242 5710 5590		1011
		PK - Supplies	19.98			101 5430 5590		1011
9266		187 GLENROCK SUPER FOODS	8.78					
		SH - Supplies						
		02/04/24 SH - Supplies	8.78			101 5221 5580		1011
9267		75 HOME DEPOT CREDIT SERVICES	405.22					
		WA - Maintenance						
		6024523 01/31/24 WA - Maintenance	405.22			241 5701 5510		1011
9268		231 FIRE SUPPRESSION AUTHORITY	61,388.26					
		PS - Impact Funds - Fire Dept - Resolution 2023-19						
		03/05/24 PS - Impact Funds - Fire Dept	61,388.26			101 5025 5120		1011
9269		110 MENARDS	130.74					
		TH - Maintenance						
		82278 03/04/24 TH - Maintenance	130.74			101 5021 5510		1011
9270		644 FERGUSON WATERWORKS #1116	530.00					
		WA - Supplies						
		1493703 02/21/24 WA - Supplies	530.00			241 5701 5590		1011
9271		1568 PATRIOT TIRE AND AUTO LLC	1,203.96					
		PW - Tires						
		4022 12/11/23 PW - Tires	1,203.96			101 5201 5560		1011
9272		1316 SALTUS TECHNOLOGIES, LLC	3,182.26					
		PD - DigiTicket						
		2403-15 03/01/24 PD - DigiTicket	3,182.26			101 5101 5790		1011
9273		29 CONVERSE COUNTY CLERK	1,977.00					
		PD - Prof Svcs						
		PH66806 02/21/24 PD - Prof Svcs	1,977.00			101 5101 5790		1011
9274		1409 PRICE CLEANING SERVICES	1,320.00					
		TH & CB - Cleaning Service						
		10 03/01/24 TH - Cleaning	760.00			101 5021 5510		1011
		10 03/01/24 CB - Cleaning	560.00			117 5540 5510		1011

03/07/24
14:01:05

TOWN OF GLENROCK
Claim Approval List
For the Accounting Period: 3/24

Page: 3 of 8
Report ID: AP100

Hilltop National Bank
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
9275		978 WILLIAMS, PORTER, DAY & NEVILLE,	570.00					
	PS - Legal Fees							
		8461 02/19/24 PS - Legal Fees	570.00			101 5025	5201	1011
9276		1525 CENTURY LINK	164.01					
	HC - Phone							
		02/22/24 HC - Phone	164.01			101 5460	5450	1011
9277		134 CENTURY LINK	479.32					
	Monthly Statements							
		02/22/24 TH - 5753	306.89			101 5021	5480	1011
		02/22/24 SW - 6054	63.42			242 5710	5480	1011
		02/22/24 SH - 3454	109.01			101 5221	5480	1011
9278		508 SWANK MOTION PICTURES INC.	4,725.00					
	TS - Events (Movies)							
		RG2192713 02/21/24 TS - Events (Movies)	4,725.00			101 5440	5806	1011
9279		45 ENERGY LABORATORIES, INC	482.00					
	SW - Influent/Effluent							
		615070 02/29/24 SW - Influent/Effluent	300.00			242 5710	5400	1011
		614007 02/26/24 WA - Analysis	66.00			241 5701	5400	1011
		614008 02/26/24 SW - Effluent	116.00			242 5710	5400	1011
9280		1181 CUES, INC.	542.17					
	SW - Rental Invoice							
		970015921 02/27/24 SW - Rental Invoice	32.39			242 5710	5400	1011
		970016391 03/05/24 SW - IT Repairs	509.78			242 5710	5601	1011
9281		507 MOUNTAIN WEST/WERCS COMM. INC.	60.95					
	HC - Internet							
		20240301-1 03/01/24 HC - Internet	60.95			101 5460	5450	1011
9282		1152 ROCKY MOUNTAIN WASH, LLC	35.00					
	PD - Vehicle Maint							
		64410 03/01/24 PD - Vehicle Maint	35.00			101 5101	5560	1011
9283		1307 DOOLEY OIL INC.	2,989.20					
	PW - Fuel							
		342437 02/29/24 PW - Fuel	2,989.20			101 5221	5570	1011

03/07/24
14:01:05

TOWN OF GLENROCK
Claim Approval List
For the Accounting Period: 3/24

Page: 4 of 8
Report ID: AP100

Hilltop National Bank
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
9284		69 HAWKINS, INC.	20.00					
	WA - Chlorine							
	6689836	02/15/24 WA - Chlorine	20.00			241 5701	5400	1011
9285		281 ALL SERVICE PLUMBING	95.00					
	LB - Repairs							
	02/22/24	LB - Repairs	95.00			119 5550	5510	1011
9286		1566 STRYKER SALES, LLC	1,890.00					
	PD & DSP - Equipment							
	9205638817	02/20/24 PD - Equipment	1,200.00			101 5101	5790	1011
	9205638817	02/20/24 DSP - Supplies	690.00			101 5150	5590	1011
9287		1171 JESSE RICHARD	239.92					
	PD - Travel Reimbursement							
	02/21/24	PD - Travel (Reimb)	239.92			101 5101	5470	1011
9288		1015 RENEGADE OFF-ROAD & DRIVELINE	50.18					
	PD - Vehicle Maint							
	8634	02/26/24 PD - Vehicle Maint	50.18			101 5101	5560	1011
9289		1315 JEFFREY TESDALL	109.45					
	PD - Travel Reimbursement							
	02/28/24	PD - Travel (Reimb)	109.45			101 5101	5470	1011
9290		205 WY ASSN OF SHERIFFS & CHIEFS OF	150.00					
	PD - Dues							
	001	02/29/24 PD - Dues	150.00			101 5101	5280	1011
9291		171 VERIZON WIRELESS	731.36					
	PW - Phones/Tablets							
	9957155621	02/20/24 PW - Phones/Tablets	731.36			101 5221	5480	1011
9292		925 DOUGLAS BUSINESS CENTER	68.25					
	DSP - Supplies							
	9116	02/06/24 DSP - Supplies	68.25			101 5150	5590	1011
9293		1110 ALSCO	157.85					
	TH - Floor Mats							
	1588934	03/05/24 TH - Floor Mats	101.53			101 5021	5510	1011
	1588937	03/05/24 TS - Floor Mats	56.32			101 5440	5510	1011

03/07/24
14:01:05

TOWN OF GLENROCK
Claim Approval List
For the Accounting Period: 3/24

Page: 5 of 8
Report ID: AP100

Hilltop National Bank
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
9294		1335 THE CHIP DOCTOR	60.00					
	IT - Vehicle Maint							
		1826 02/17/24 IT - Vehicle Maint	60.00			101 5004	5570	1011
9295		989 PDS	741.00					
	IT - Subscriptions							
		8716 03/01/24 IT - Subscriptions	741.00			101 5004	5281	1011
9296		35 CROSSROADS VET SERVICES, INC.	30.00					
	ACO - Prof Svcs							
		03/01/24 ACO - Prof Svcs	30.00			101 5160	5230	1011
9297		74 HOMAX	2,350.75					
	PD, ACO, IT - Fuel							
		26078 02/29/24 PD - Fuel	2,067.29			101 5101	5570	1011
		26078 02/29/24 ACO - Fuel	185.42			101 5160	5570	1011
		26077 02/29/24 IT - Fuel	98.04			101 5004	5570	1011
9298		1570 PEAK LABORATORIES	97.02					
	WA - Refund Overpayment							
		6139-00 02/23/24 WA - Refund Overpayment	97.02			241 4601		1011
9299		1569 AYDEN MOULTON	60.00					
	PD - Prof Svcs							
		03/04/24 PD - Prof Svcs	60.00			101 5101	5230	1011
9300		1506 GRAVES CONSULTING, LLC	4,000.00					
	TC - Prof Svcs							
		1372 03/04/24 TC - Prof Svcs	4,000.00			101 5019	5230	1011
9301		122 ONE CALL OF WYOMING	21.00					
	WA - February Tickets							
		70540 03/07/24 WA - February Tickets	21.00			241 5701	5400	1011
9302		1571 SHANNON WATTS ART & DESIGN	240.00					
	TS - Uniforms							
		3005 03/05/24 TS - Uniforms	240.00			101 5440	5110	1011
9303		20 CONVERSE CO. BANK/VISA	4,381.16					
	Monthly Statements							
		02/05/24 IT - Hardware	322.88			101 5004	5545	1011
		02/05/24 IT - Hardware	891.48			101 5004	5545	1011
		02/13/24 PD - Vehicle Maint	104.99			101 5101	5560	1011
		02/21/24 PD - Travel/Training	9.00			101 5101	5470	1011

03/07/24
14:01:05

TOWN OF GLENROCK
Claim Approval List
For the Accounting Period: 3/24

Page: 6 of 8
Report ID: AP100

Hilltop National Bank
* ... Over spent expenditure

Claim	Check	Vendor #/Name/ Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
	02/22/24	IT - Travel/Training	33.46			101 5004	5470	1011
	02/23/24	IT - Travel/Training	268.00			101 5004	5470	1011
	02/23/24	IT - Travel/Training	268.00			101 5101	5470	1011
	02/23/24	IT - Travel/Training	11.49			101 5004	5470	1011
	02/28/24	IT - Subscriptions	692.87			101 5004	5281	1011
	02/23/24	IT - Hardware	172.50			101 5004	5545	1011
	02/21/24	BI - Travel/Training	73.00			101 5023	5470	1011
	02/01/24	PD - Supplies	36.74			101 5101	5580	1011
	02/15/24	WA - Training	100.00			241 5701	5470	1011
	01/31/24	WA - Training	80.00			241 5701	5470	1011
	01/31/24	WA - Training	80.00			241 5701	5470	1011
	02/09/24	WA - Equipment	645.75			241 5701	5790	1011
	02/06/24	PD - Uniforms	421.03			101 5101	5110	1011
	02/01/24	SH - Uniforms	169.97*			101 5221	5110	1011
		# of Claims	42	Total:				98,606.30

03/07/24
14:01:06

TOWN OF GLENROCK
Fund Summary for Claims
For the Accounting Period: 3/24

Page: 7 of 8
Report ID: AP110

Fund/Account	Amount
101 GENERAL FUND	
1010 Cash - Checking	272.00
1011 Money Market 800-461-6	93,001.54
117 COMMERCE BLOCK	
1011 Money Market 800-461-6	676.01
118 BRC GRANT	
1011 Money Market 800-461-6	150.68
119 BRONCO BUILDING	
1011 Money Market 800-461-6	620.07
241 WATER FUND	
1011 Money Market 800-461-6	2,453.10
242 SEWER FUND	
1011 Money Market 800-461-6	1,432.90
Total:	98,606.30

03/07/24
14:01:06

TOWN OF GLENROCK
Claim Approval Signature Page
For the Accounting Period: 3 / 24

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Report ID: AP100A

We the undersigned affirm that the charges are true and correct and accurately reflect the charges due to the Town of Glenrock this 11th day of March, 2024.

Mayor Bruce Roumell

Council Member Judi Colling

Council Member Roy Kincaid

Council Member John Moulton

Council Member Margaret Nunn

Treasurer Kelly Lewis