

APPLICATION FOR 24 HR MALT BEVERAGE/CATERING PERMIT

Licensing Authority: _____

Name of Event: _____

Permit From: ____ / ____ / ____ To: ____ / ____ / ____ Local Permit Number: _____

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

Applicant: _____ D/B/A: _____

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

Company Location: _____ City: _____ State: _____ Zip: _____

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

Business Phone: _____ Residence Phone: _____

Location of Sales: _____

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?
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)

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 _____
(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 _____ day of _____, _____.

Applicant

Applicant

Signature of Licensing Authority Official

/ /

Title

Date