

# 24 HR ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

**To be completed by County Clerk**

Date filed with clerk: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Local Permit #: \_\_\_\_\_

Permit Fee Per Day: **\$25.00** \_\_\_\_\_

Number of Days: \_\_\_\_\_

Total Permit Fee: \$\_\_\_\_\_.\_\_\_\_\_ (Permit Fee Per Day X Number of Days)

Event Date(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant: \_\_\_\_\_

Business / Trade Name (D/B/A): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

<p><b>FILING IN</b> (Licensing Authority Jurisdiction)</p> <p><input type="checkbox"/> COUNTY OF: <u>Platte</u></p>	<p style="text-align: center;"><b>FILING AS (CHOOSE ONLY ONE)</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> INDIVIDUAL</td> <td><input type="checkbox"/> CORPORATION</td> </tr> <tr> <td><input type="checkbox"/> PARTNERSHIP</td> <td><input type="checkbox"/> LTD PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> LP/LLP</td> <td><input type="checkbox"/> ORGANIZATION</td> </tr> <tr> <td><input type="checkbox"/> LLC</td> <td><input type="checkbox"/> OTHER _____</td> </tr> </table>	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LTD PARTNERSHIP	<input type="checkbox"/> LP/LLP	<input type="checkbox"/> ORGANIZATION	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER _____
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<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER _____								
<p><b>TYPE OF PERMIT (CHOOSE ONLY ONE)</b></p>									
<p><b>NOTE: EACH PERMIT IS FOR ONLY THE ON-PREMISE SALES AND CONSUMPTION OF ALCOHOL AND ONLY AT THE PERMITTED EVENT</b></p>									
<p><input type="checkbox"/> <b>Malt Beverage Permit</b> (W.S. 12-4-502(a) / W.S. 12-2-201(b))</p> <p>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))</p> <p>Nonprofit Corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>And has the Applicant been in continuous Operation for not less than two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> <b>Catering Permit</b> (W.S. 12-4-502(b))</p> <p>For Currently Licensed Retail or Resort License Holders Only</p> <p><input type="checkbox"/> <b>Malt Beverage Permit for Microbrewery</b> (W.S. 12-4-412(j) / W.S. 12-4-502(a))</p> <p>For the Sale of only the Microbrewery's own, Brewed Malt Beverage Products</p>	<p><input type="checkbox"/> <b>Manufacturer's Off-Premise Permit</b> (W.S. 12-2-203(g)(iii))</p> <p>For the Sale of only the Manufacturer's own, Wyoming Manufactured Products</p>							

By filing this application, the Applicant and the Applicant's representatives agree to sell alcoholic beverages and operate in Wyoming under the requirements of all applicable Wyoming state laws and rules, local laws and rules, and to file required sales tax reporting documents and applicable sales taxes. By signing this application, I acknowledge for the Applicant, that all of the information provided is true and correct. This application must be signed by an Owner, Partner, or a Corporate Officer, an LLC / LLP member, or an individual authorized by the Applicant to act on behalf of the Applicant. Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Licensing Authority Official

\_\_\_\_\_  
Commissioner, Board of County Commissioners

\_\_\_\_\_  
Title of Licensing Authority Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attest: County Clerk