

# COUNTY OF PLATTE

## 24-HOUR ALCOHOLIC BEVERAGES SALES PERMIT APPLICATION

Applicant: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business/Trade Name (dba): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Mailing Address* *City* *ST* *ZIP*

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

Event Location: \_\_\_\_\_  
*Physical Address* *City* *ST* *ZIP*

Date(s) of Event: \_\_\_\_\_ Total Number of Day(s) Permit Needed: \_\_\_\_\_

Filing As (choose only one):  Individual  Partnership  LTD Partnership  Corporation  
 LP/LLP  LLC  Organization  Other: \_\_\_\_\_

Type of Permit (choose only one):

**Note: Each permit is only for the on-premises sale and consumption of alcohol at the permitted event.**

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 pursuant to W.S. §12-5-402(a):
  - Nonprofit Corporation under the laws of Wyoming?  Yes  No
  - Tax Exempt Organization under the Internal Revenue Code?  Yes  No
  - Has applicant been in continuous operation for not less than two (2) years?  Yes  No

Catering Permit (W.S. §12-4-502(b))

- For currently licensed retail or resort license holders only!
- Type of License held:  Retail License  Resort License
- Licensing Authority: \_\_\_\_\_

Malt Beverage Permit for Microbrewery (W.S. §12-4-412(j)/W.S. §12-4-502(a))

- Only for the sale of the Microbrewery's own, brewed malt beverage products.

Manufacturer's Off-Premises Permit (W.S. §12-2-203(g)(iii))

- Only for the sale of the Manufacturer's own, Wyoming manufactured products.

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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Filing Information (to be completed by County Clerk):**