

# 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: \_\_\_\_\_

<b>FILING IN (CHOOSE ONLY ONE)</b> <input type="checkbox"/> CITY OF: _____ <input type="checkbox"/> COUNTY OF: _____		<b>FILING AS (CHOOSE ONLY ONE)</b> <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 _____	
<b>TYPE OF PERMIT (CHOOSE ONLY ONE)</b>			
<input type="checkbox"/> <b>MALT BEVERAGE PERMIT</b> (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"/> <b>CATERING PERMIT</b> (W.S. 12-4-502(b))  For currently licensed Retail or Resort license holders only	<input type="checkbox"/> <b>MANUFACTURER'S OFF-PREMISE PERMIT</b> (W.S. 12-2-203(g)(iii))  For the sale of the manufacturer's own Wyoming manufactured products only	
<input type="checkbox"/> <b>MALT BEVERAGE PERMIT FOR MICROBREWERIES</b> (W.S. 12-4-415 (e))  For the sale of the microbrewery's own Wyoming brewed products only		<input type="checkbox"/> <b>WINERY OFF-PREMISE PERMIT</b> (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 ____ / ____ / ____