City of Cody City Council

AGENDA

Tuesday, June 18, 2019 – 7:00 p.m. (Pre-Meeting to begin at 6:45 p.m.)
Meeting Place: City of Cody Council Chambers – 1338 Rumsey Avenue, Cody, WY

Meeting Called to Order
Pledge of Allegiance
Moment of Silence
Roll Call
Mayor's Recognitions and Announcements

1. Consent Calendar
   All items under the consent calendar will be acted upon in one motion unless a Councilmember or member of the public requests that an individual item be taken up under Conduct of Business.
   a. Approval of Minutes: Regular Minutes from June 4, 2019
   b. Approve Vouchers and payroll in the amount of $2,104,436.97..

2. Public Comments: The City Council welcomes input from the public. In order for everyone to be heard, please limit your comments to five (5) minutes per person. The Guidelines for the Conduct of City Council Meetings do not allow action to be taken on public comments.

3. Public Hearing

   a. A Public Hearing to consider if it is in the public's interest to renew 21 retail liquor licenses, 13 restaurant liquor licenses, 6 bar and grill liquor licenses, 3 limited (club) retail licenses, and 3 micorbrewery permits, for the period of August 1, 2019 through July 31, 2020.

   b. A Public Hearing to consider if it is in the public's interest to approve the Fiscal Year 2019-2020 budget for the City of Cody.

4. Conduct of Business

   a. Consider Approve the renewal 21 retail liquor licenses, 13 restaurant liquor licenses, 6 bar and grill liquor licenses, 3 limited (club) retail licenses, and 3 microbrewery permits for the period of August 1, 2019 through July 31, 2020.
      Staff Reference: Cindy Baker, Administrative Services Officer

   b. Consider a request from The Buffalo Bill Center of the West to close Coe Circle and a portion Monument Street on July 6th from 5:00 p.m. to approximately 7:00 p.m. for the Grand Opening of the Cody Firearms Museum.
      Staff Reference:
      Spokesperson: Bruce Sauers, BBCW

c. Consider a request from Carol Armstrong to waive vendor fees associated with the sale of merchandise at the Park Co Republican Rally on July 3rd at the Veterans Memorial Park.

Staff Reference: Barry Cook, City Administrator
Spokesperson: Carol Armstrong, Park Co Republican Party

d. ORDINANCE 2019-05 – THIRD AND FINAL READING
AN ORDINANCE PROVIDING FOR THE AMOUNT OF TAX LEVY FOR THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30, 2020.

Staff Reference: Leslie Brumage, Finance Officer

e. ORDINANCE 2019-06 – THIRD AND FINAL READING
AN ORDINANCE PROVIDING FOR THE ANNUAL APPROPRIATION OF MONEY FOR THE MAINTENANCE OF THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30 2020

Staff Reference: Leslie Brumage, Finance Officer

5. Tabled Items

a. ORDINANCE 2019-03 – SECOND READING AS AMENDED
AN ORDINANCE AMENDING TITLE 9, CHAPTER 3 OF THE CITY OF CODY CODE.

b. ORDINANCE 2019-04 – SECOND READING
AN ORDINANCE AMENDING TITLE 9, CHAPTER 1 OF THE CITY OF CODY CODE.

6. Matters from Staff Members

7. Matters from Council Members

8. Adjournment

Upcoming Meetings:
July 9, 2019 - Tuesday – Regular Council Meeting 7:00 p.m.
July 16, 2019 - Tuesday – Regular Council Meeting 7:00 p.m.

City of Cody
Council Proceedings
Tuesday, June 4, 2019

A pre-meeting was held at 6:50 p.m. to discuss the agenda for the Regular Meeting. No action was taken.

A regular meeting of the Cody City Council was held in the Council Chambers at City Hall in Cody, Wyoming on Tuesday, June 4, 2019 at 7:00 p.m.

Present: Mayor Matt Hall, Council Members, Justin Baily, Diane Ballard, Landon Greer, Glenn Nielson and Heidi Rasmussen, City Attorney Scott Kolpitcke, City Administrator Barry Cook and Administrative Services Officer, Cindy Baker

Absent: None

Mayor Hall called the meeting to order at 7:00 p.m.

Oath of Office – Officer Jeremy Traverse
Proclamation – Mental Health Awareness

Council Member Greer made a motion seconded by Council Member Rasmussen to approve the Consent Calendar as amended including the approval of Minutes: Regular Minutes from May 21, 2019 and Special Work Session from May 14, 15 & 16, 2019; approve Vouchers and payroll in the amount of $374,126.91 and approve the agreement between the City of Cody and Park County School District #6 and authorize the Mayor to sign the agreement. Vote was unanimous.

At 7:03 p.m. Mayor Hall called for a public hearing to consider if it is in the public's interest to approve a new restaurant liquor license for Brother's Three dba Chinatown located at 937 Sheridan Ave. Asking for comments three times and there being none at 7:06 p.m., Mayor Hall closed the public hearing.

Council Member Nielson made a motion seconded by Council Member Ballard to approve the restaurant liquor license for Brother's Three dba Chinatown located at 937 Sheridan Ave. Vote was unanimous.

Council Member made a motion seconded by Council Member to rescind the award of Bid 2019-04 19th Street Overlay Project to Wild West Construction. Council Member Greer recused himself from the vote. Voting favor were Council Members Nielson, Rasmussen, Ballard and Mayor Hall. Voting opposed were Council Members Fritz and Baily. Motion carried.

Council Member Fritz made a motion seconded by Council Member Greer to approve the preliminary plat of the Overfield Minor Subdivision, a 5-lot infill subdivision. Vote was unanimous.

RESOLUTION 2019-07
A RESOLUTION AMENDING THE CITY OF CODY FINAL BUDGET FOR FISCAL YEAR 2018-2019. Council Member Rasmussen made a motion seconded by Council Member Baily to approve Resolution 2019-07. Vote was unanimous.

ORDINANCE 2019-03 – SECOND READING AS AMENDED
AN ORDINANCE AMENDING TITLE 9, CHAPTER 3 OF THE CITY OF CODY CODE. Council Member Rasmussen made a motion seconded by Council Member Fritz to table Ordinance 2019-03. Vote was unanimous.

ORDINANCE 2019-04 – SECOND READING
AN ORDINANCE AMENDING TITLE 9, CHAPTER 1 OF THE CITY OF CODY CODE. Council Member Rasmussen made a motion seconded by Council Member Fritz to table Ordinance 2019-04 on Second Reading. Vote was unanimous.

ORDINANCE 2019-05 – FIRST READING
AN ORDINANCE PROVIDING FOR THE AMOUNT OF TAX LEVY FOR THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30, 2020. Council Member Nielson made a motion seconded by Council Member Rasmussen to approve Ordinance 2019-05 on First Reading. Vote was unanimous.

ORDINANCE 2019-06 - FIRST READING

AN ORDINANCE PROVIDING FOR THE ANNUAL APPROPRIATION OF MONEY FOR THE MAINTENANCE OF THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30 2020. Council Member Fritz made a motion seconded by Council Member Ballard to approve Ordinance 2019-06 on First Reading. Voting in favor were Council Members Fritz, Greer, Baily, Ballard and Mayor Hall. Voting opposed were Council Members Neilson, and Rasmussen. Motion carried.

There being no further action Mayor Hall adjourned the meeting at 7:35 p.m.

_____	_____
Matt Hall, Mayor	Cindy Baker, Administrative Services Officer

Report Criteria:
Invoice Detail.Input date = 06/11/2019
Invoice.Batch = {NOT LIKE} "1"

Secondary Name	Invoice	Description	Invoice Date	Total Cost
ALTITUDE RECYCLING EQUIPMENT (131480)				
	A3714	BAILING WIRE	05/23/2019	2,400.00
Total :				2,400.00
Total ALTITUDE RECYCLING EQUIPMENT (131480):				2,400.00
AMERICAN FAMILY LIFE ASSUR (550)				
	713888	PREMIUM	06/06/2019	2,303.69
Total :				2,303.69
Total AMERICAN FAMILY LIFE ASSUR (550):				2,303.69
AMERICAN WELDING & GAS, INC. (128592)				
	6308655	OXYGEN/ACETYLENE/CYLINDER RENTAL	04/30/2019	65.80
	6308656	CARBON DIOXIDE	04/30/2019	31.00
	6375470	OXYGEN/ACETYLENE/CYLINDER RENTAL	05/31/2019	68.79
	6375471	CARBON DIOXIDE/CYLINDER RENTAL	05/31/2019	31.09
Total :				196.68
Total AMERICAN WELDING & GAS, INC. (128592):				196.68
B & B FLOOR SPECIALTIES (131869)				
OR BASH, BRYAN	17.0303.19	REFUND UTILITY DEPOSIT	05/31/2019	424.22
Total :				424.22
Total B & B FLOOR SPECIALTIES (131869):				424.22
BAILEY ENTERPRISES INCORPORATED (130546)				
	05/31/2019	Fuel	06/07/2019	146.28
	05/31/2019	Fuel	06/07/2019	1,275.07
	05/31/2019	Fuel	06/07/2019	173.30
	05/31/2019	Fuel	06/07/2019	57.77
	05/31/2019	Fuel	06/07/2019	2,397.26
	05/31/2019	Fuel	06/07/2019	173.30
	05/31/2019	Fuel	06/07/2019	86.65
	05/31/2019	Fuel	06/07/2019	76.78
	05/31/2019	Fuel	06/07/2019	842.27
	05/31/2019	Fuel	06/07/2019	452.11
	05/31/2019	Fuel	06/07/2019	226.84
	05/31/2019	Fuel	06/07/2019	129.93
	05/31/2019	Fuel	06/07/2019	126.31
	05/31/2019	Fuel	06/07/2019	145.85
	05/31/2019	Fuel	06/07/2019	37.03-
	05/31/2019	Fuel	06/07/2019	23.73
	05/31/2019	Fuel	06/07/2019	1,828.31
	05/31/2019	Fuel	06/07/2019	123.10
	05/31/2019	Fuel	06/07/2019	1,736.57
	05/31/2019	Fuel	06/07/2019	897.83
	05/31/2019	Fuel	06/07/2019	14.82
	05/31/2019	Fuel	06/07/2019	3.71

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	05/31/2019	Fuel	06/07/2019	7.41
	05/31/2019	Fuel	06/07/2019	11.12
	05/31/2019	Fuel	06/07/2019	11.87
	05/31/2019	Fuel	06/07/2019	2.04
	05/31/2019	Fuel	06/07/2019	20.73
	05/31/2019	Fuel	06/07/2019	4,121.63
	05/31/2019	Fuel	06/07/2019	1,346.95
	05/31/2019	Fuel	06/07/2019	403.17
	05/31/2019	Fuel	06/07/2019	151.05
	05/31/2019	Fuel	06/07/2019	26.39
	05/31/2019	Fuel	06/07/2019	20.73
	05/31/2019	Fuel	06/07/2019	463.45
	05/31/2019	Fuel	06/07/2019	362.39
	05/31/2019	Fuel	06/07/2019	20.73
	05/31/2019	Fuel	06/07/2019	752.04
	05/31/2019	Fuel	06/07/2019	88.71
	05/31/2019	Fuel	06/07/2019	364.16
	05/31/2019	Fuel	06/07/2019	28.02
	05/31/2019	Fuel	06/07/2019	1,112.31
Total :				20,215.66
Total BAILEY ENTERPRISES INCORPORATED (130546):				20,215.66
BATES, RICHARD D (131870)				
OR BATES, JANET L	15.1772.14	REFUND UTILITY DEPOSIT	05/30/2019	45.59
Total :				45.59
Total BATES, RICHARD D (131870):				45.59
BENTLEY SYSTEMS INC (126374)				
	48006819	WATERCARD LICENSE RENEWAL	06/05/2019	2,957.00
Total :				2,957.00
Total BENTLEY SYSTEMS INC (126374):				2,957.00
BIOLYNCEUS, LLC (126954)				
	7771	PROBIOTIC SCRUBBER II	05/14/2019	5,241.51
Total :				5,241.51
Total BIOLYNCEUS, LLC (126954):				5,241.51
BLUE CROSS BLUE SHIELD OF WYOMING (1360)				
	190606373360 2019	INSURANCE PREMIUM - JULY	06/01/2019	145,183.36
Total :	Adjustment (1,526.11			-1,526.11
Total BLUE CROSS BLUE SHIELD OF WYOMING (1360):				143,657.25
BORDER STATES INDUSTRIES, INC (1420)				
	917770044	OH LINE REBUILD MATERIAL	05/23/2019	409.50
Total :				409.50

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total BORDER STATES INDUSTRIES, INC (1420):				409.50
BRB PLUMBING AND HEATING INC. (129075)				
	2346	WATER HEATER AT SOFTBALL FIELD	05/22/2019	250.90
Total :				250.90
Total BRB PLUMBING AND HEATING INC. (129075):				250.90
CARQUEST AUTO PARTS (10200)				
	2874-IC-374563	credit battery G01	05/02/2019	27.00-
	2874-IC-374599	credit battery G01	05/03/2019	123.47-
	2874-IC-374603	credit battery G01	05/03/2019	22.00-
	2874-IC-374942	credit alternator A07	05/09/2019	84.96-
	2874-IC-374943	credit alternator A07	05/09/2019	35.00-
	2874-IC-375560	credit diaphram C06	05/17/2019	2.59-
	2874-IC-375647	credit battery F01	05/20/2019	54.00-
	2874-IC-375739	credit alternator F01	05/21/2019	175.75-
	2874-IC-375739	credit thermostat A09	05/21/2019	26.99-
	2874-ID-374448	filter B29	05/01/2019	2.66
	2874-ID-374449	oil B29	05/01/2019	35.82
	2874-ID-374462	fuel filter and pump B31	05/01/2019	140.89
	2874-ID-374519	filters A08	05/02/2019	9.45
	2874-ID-374561	paint for frame	05/02/2019	5.79
	2874-ID-374562	battery G01	05/02/2019	123.47
	2874-ID-374562	filter B42	05/02/2019	2.87
	2874-ID-374584	battery G01	05/03/2019	111.77
	2874-ID-374601	battery G01	05/03/2019	27.00
	2874-ID-374609	filters G01	05/03/2019	14.24
	2874-ID-374784	alternator A07	05/07/2019	299.95
	2874-ID-374799	belt A07	05/07/2019	22.44
	2874-ID-374941	filter B34	05/09/2019	3.04
	2874-ID-374960	connector B44	05/09/2019	10.82
	2874-ID-374979	bulb B44	05/09/2019	5.08
	2874-ID-375025	filter SC008	05/10/2019	4.55
	2874-ID-375025	filter C06	05/10/2019	19.77
	2874-ID-375033	light D10	05/10/2019	90.94
	2874-ID-375177	filter A11	05/13/2019	3.04
	2874-ID-375240	filter A10	05/14/2019	3.50
	2874-ID-375240	filter A14	05/14/2019	2.87
	2874-ID-375282	filter A14	05/14/2019	.17
	2874-ID-375336	fuse B13	05/15/2019	3.49
	2874-ID-375337	filter E01	05/15/2019	19.77
	2874-ID-375350	filter A05	05/15/2019	2.87
	2874-ID-375427	filter A06	05/16/2019	2.87
	2874-ID-375484	adapter A23	05/16/2019	18.99
	2874-ID-375484	thermostat A09	05/16/2019	26.99
	2874-ID-375553	diaphram C06	05/17/2019	2.59
	2874-ID-375553	bulb B08	05/17/2019	5.09
	2874-ID-375557	struts A05	05/17/2019	276.90
	2874-ID-375559	diaphram C06	05/17/2019	2.59
	2874-ID-375635	filter H04	05/20/2019	9.97
	2874-ID-375635	filter D14	05/20/2019	22.05
	2874-ID-375643	battery F01	05/20/2019	260.34
	2874-ID-375653	alternator F01	05/20/2019	175.75
	2874-ID-375724	filter B03	05/21/2019	3.04
	2874-ID-375766	filter B19	05/21/2019	3.04
	2874-ID-375766	coupler	05/21/2019	5.51

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	2874-ID-375774	filter H02	05/21/2019	24.50
	2874-ID-375832	wipers A05	05/22/2019	25.44
	2874-ID-375912	filter E02	05/23/2019	7.28
	2874-ID-375970	filters B38	05/24/2019	10.71
	2874-ID-376169	filter B18	05/29/2019	2.87
	2874-ID-376228	filter C03	05/29/2019	3.32
	2874-ID-376228	filters SC003	05/29/2019	12.56
	2874-ID-376348	seal I03	05/31/2019	19.66
Total :				1,336.56
Total CARQUEST AUTO PARTS (10200):				1,336.56
CASELLE, INC (1930)				
	95703	ANNUAL SUPPORT FEES	06/01/2019	33,630.00
Total :				33,630.00
Total CASELLE, INC (1930):				33,630.00
CENTURY LINK (10091)				
	60119	UTILITIES - CENTURY LINK	06/01/2019	38.61
Total :				38.61
Total CENTURY LINK (10091):				38.61
CHEYENNE, LIGHT, FUEL & POWER COMPANY (130509)				
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	410.82
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	539.90
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	619.12
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	399.92
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	2,184.70
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	2,031.77
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	183.59
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	48.18
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	444.08
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	179.82
BLACK HILLS ENERGY	060619	UTILITIES - BLACK HILLS ENERGY	06/06/2019	152.93
Total :				7,194.83
Total CHEYENNE, LIGHT, FUEL & POWER COMPANY (130509):				7,194.83
CHILDRESS, AIMEE (131753)				
	043019	FOOD FOR CPD AWARDS BANQUET	04/30/2019	153.81
Total :				153.81
Total CHILDRESS, AIMEE (131753):				153.81
COUTURE, PATRICK (131857)				
	060419	WITNESS FEES	06/04/2019	30.00
Total :				30.00
Total COUTURE, PATRICK (131857):				30.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
DAMELIO, SARAH (131666)				
	20.0300.15	REFUND UTILITY DEPOSIT	05/29/2019	260.79
Total :				260.79
Total DAMELIO, SARAH (131666):				260.79
ENGINEERING ASSOCIATES (4140)				
	3905054	SUNSHINE AVE WATERLINE PROJECT-CONSTRUCTION STAKING	05/23/2019	1,000.00
Total :				1,000.00
Total ENGINEERING ASSOCIATES (4140):				1,000.00
ENNIST III, ROBERT F (131798)				
BIG HORN FOOD SERVICES	35813	PARENT DAY TEA	05/06/2019	159.15
Total :				159.15
Total ENNIST III, ROBERT F (131798):				159.15
FIRE DISTRICT #2 (131409)				
	060319	FIRE DISTRICT PASS THROUGH FEE	06/03/2019	2,888.00
Total :				2,888.00
Total FIRE DISTRICT #2 (131409):				2,888.00
FORWARD CODY WYOMING, INC (127450)				
	053119	GUNWERKS MANUFACTURING FACILITY-CONSTRUCTION PHASE	05/31/2019	379,693.00
Total :				379,693.00
Total FORWARD CODY WYOMING, INC (127450):				379,693.00
GONZALES, JOELENE (131866)				
	14.5260.31	REFUND UTILITY DEPOSIT	05/29/2019	83.06
Total :				83.06
Total GONZALES, JOELENE (131866):				83.06
GOODYEAR, ROBERT W (125939)				
GOODYEAR PRINTING	13140	PAYROLL CHECKS	05/28/2019	388.00
Total :				388.00
Total GOODYEAR, ROBERT W (125939):				388.00
HARRIS TRUCKING AND CONSTRUCTION CO (7730)				
PARK COUNTY READY MIX	114130	CONCRETE / SAND SLURRY	05/25/2019	792.00
Total :				792.00
Total HARRIS TRUCKING AND CONSTRUCTION CO (7730):				792.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
HARRIS TRUCKING AND CONSTRUCTION CO. (4780)				
	132361	ASPHALT PATCHING CANYON & PARK AVE	05/19/2019	1,315.84
Total :				1,315.84
Total HARRIS TRUCKING AND CONSTRUCTION CO. (4780):				1,315.84
HARRISON, TIMOTHY BRUCE (131713)				
BLUE ASPEN ENTERPRISES LLC	100034	REC AIR HANDLER REPAIRS	06/04/2019	705.00
BLUE ASPEN ENTERPRISES LLC	100035	HEATER INSTALLATION	06/04/2019	300.00
Total :				1,005.00
Total HARRISON, TIMOTHY BRUCE (131713):				1,005.00
J & S CORPORATION (1160)				
BIG HORN GLASS	38636	DOOR REPAIR	05/28/2019	93.75
Total :				93.75
Total J & S CORPORATION (1160):				93.75
JENSEN, SEAN W (129455)				
JENSEN PLUMBING	7974	HOT WATER TANK REPAIR/SANITATION SHOP	05/17/2019	287.05
Total :				287.05
Total JENSEN, SEAN W (129455):				287.05
KITCHEN, SCOTT (129803)				
	053119	REIMBURSEMENT FOR MILEAGE	05/31/2019	39.67
Total :				39.67
Total KITCHEN, SCOTT (129803):				39.67
LUNDVALL, KEISHA (131871)				
	14.3122.14	REFUND CREDIT BALANCE	05/30/2019	98.75
Total :				98.75
Total LUNDVALL, KEISHA (131871):				98.75
MALLORY WURTSMITH, MATTHEW (131865)				
	11.1480.31	REFUND UTILITY DEPOSIT	05/28/2019	285.87
Total :				285.87
Total MALLORY WURTSMITH, MATTHEW (131865):				285.87
MARQUIS AWARDS & SPECIALTIES INC (6300)				
	27038	ENGRAVING FOR SGT'S CHOICE AWARD	04/27/2019	62.80
	27121	PUBLIC ART PLAQUES	05/28/2019	551.10
Total :				613.90
Total MARQUIS AWARDS & SPECIALTIES INC (6300):				613.90

Secondary Name	Invoice	Description	Invoice Date	Total Cost
MARTINES, DARRIN (131863)				
	20.0395.14	REFUND UTILITY DEPOSIT	05/24/2019	93.07
Total :				93.07
Total MARTINES, DARRIN (131863):				93.07
MAY, JUSTINE (130075)				
	3.1790.48	REFUND UTILITY DEPOSIT	05/31/2019	70.40
Total :				70.40
Total MAY, JUSTINE (130075):				70.40
MOUNTAIN STATES TACTICAL OFFICERS ASSOC (131873)				
	174	FEE FOR TACTICAL TEAM MEMBERS TO CONFERENCE	05/20/2019	2,200.00
Total :				2,200.00
Total MOUNTAIN STATES TACTICAL OFFICERS ASSOC (131873):				2,200.00
NCPERS GROUP LIFE INS (125412)				
C/O MEMBER BENEFITS	6619	PREMIUM	06/06/2019	448.00
Total :				448.00
Total NCPERS GROUP LIFE INS (125412):				448.00
NORCO, INC. (128948)				
	26616972	WELDING SUPPLIES	05/31/2019	24.30
Total :				24.30
Total NORCO, INC. (128948):				24.30
NORTHWEST PIPE (7400)				
	1135487	PUMP - 23RD ST	05/13/2019	1,501.00
	1148172	6' HYDRANT	05/28/2019	4,500.00
	CM1120853-A	1" COMBO AIR VALVE	05/09/2019	300.00-
Total :				5,701.00
Total NORTHWEST PIPE (7400):				5,701.00
ONE-CALL OF WYOMING (127665)				
	52160	ONE - CALL FEES	06/03/2019	35.25
	52160	ONE - CALL FEES	06/03/2019	35.25
	52160	ONE - CALL FEES	06/03/2019	35.25
	52160	ONE - CALL FEES	06/03/2019	35.25
Total :				141.00
Total ONE-CALL OF WYOMING (127665):				141.00
PARK COUNTY (7670)				
	4251	LEC CONTRACT - DISPATCH	06/01/2019	197.02
	4251	LEC CONTRACT - DISPATCH	06/01/2019	3,349.39
	4251	LEC CONTRACT - DISPATCH	06/01/2019	591.07

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	4251	LEC CONTRACT - DISPATCH	06/01/2019	15,564.81
	4251	LEC CONTRACT - CAPITOL EQUIPMENT	06/01/2019	4,500.00
	4251	LEC CONTRACT - MAINTENANCE	06/01/2019	2,298.67
	4251	LEC CONTRACT - CONSOLE	06/01/2019	38.47
	4251	LEC CONTRACT - CONSOLE	06/01/2019	653.93
	4251	LEC CONTRACT - CONSOLE	06/01/2019	115.40
	4251	LEC CONTRACT - CONSOLE	06/01/2019	3,038.83
	4251	LEC CONTRACT - UTILITIES	06/01/2019	979.15
Total :				31,326.74
Total PARK COUNTY (7670):				31,326.74
PARK COUNTY ANIMAL SHELTER (5120)				
	60119	ANIMAL SERVICE CONTRACT - JUNE 2019	06/01/2019	3,750.00
Total :				3,750.00
Total PARK COUNTY ANIMAL SHELTER (5120):				3,750.00
PARK COUNTY LANDFILL (129053)				
	053119	LANDFILL CHARGES - MAY 2019	05/31/2019	80,411.04
Total :				80,411.04
Total PARK COUNTY LANDFILL (129053):				80,411.04
PROVIDENT LIFE & ACCIDENT INS (128033)				
	6619	PREMIUMS	06/06/2019	109.20
Total :				109.20
Total PROVIDENT LIFE & ACCIDENT INS (128033):				109.20
RIVER OAKS COMMUINICATIONS CORP (131184)				
	052919	TCT FRANCHISE AGREEMENT	05/29/2019	1,572.50
Total :				1,572.50
Total RIVER OAKS COMMUINICATIONS CORP (131184):				1,572.50
SABER PEST CONTROLL LLC (131183)				
	AUD127	PEST CONTROL - AUDITORIUM	05/23/2019	80.00
	CH127	PEST CONTROL - CITY HALL	05/23/2019	60.00
	REC127	PEST CONTROL - REC CENTER	05/23/2019	90.00
	REC127	PEST CONTROL - REC CENTER	05/23/2019	90.00
Total :				320.00
Total SABER PEST CONTROLL LLC (131183):				320.00
SCHNACKENBERG, HAUNS (131867)				
	52919	Refund overdraft charge	05/29/2019	25.00
Total :				25.00
Total SCHNACKENBERG, HAUNS (131867):				25.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
SHOSHONE MUNICIPAL PIPELINE (9130)				
	060119	SMP WATER PURCHASE - MAY 2019	06/01/2019	130,302.90
Total :				130,302.90
Total SHOSHONE MUNICIPAL PIPELINE (9130):				130,302.90
STEVE DECKER CONSTRUCTION (131839)				
	1160	HARRY JACKSON STATUE PEDESTAL	06/04/2019	800.00
Total :				800.00
Total STEVE DECKER CONSTRUCTION (131839):				800.00
SYSTEMS GRAPHICS INC (129162)				
ADVANCED INFO SYSTEMS	14784	OUTSOURCE BILLS	05/28/2019	32.18
ADVANCED INFO SYSTEMS	14784	OUTSOURCE BILLS	05/28/2019	92.53
ADVANCED INFO SYSTEMS	14784	OUTSOURCE BILLS	05/28/2019	84.48
ADVANCED INFO SYSTEMS	14784	OUTSOURCE BILLS	05/28/2019	84.48
ADVANCED INFO SYSTEMS	14784	OUTSOURCE BILLS	05/28/2019	108.62
ADVANCED INFO SYSTEMS	14784	CYCLE 3 OUTSOURCE BILLS	05/28/2019	39.36
Total :				441.65
Total SYSTEMS GRAPHICS INC (129162):				441.65
THE OFFICE SHOP INC (7440)				
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	216.76
	111857	Copier Contract	05/28/2019	236.49
	111858	COPIER CONTRACT - COMMUNITY DEVELOPMENT	05/28/2019	59.62
	111858	COPIER CONTRACT - COMMUNITY DEVELOPMENT	05/28/2019	59.62
	111858	COPIER CONTRACT - COMMUNITY DEVELOPMENT	05/28/2019	61.43
	111859	COPIER AGREEMENT - AQUATIC/REC CENTER	05/28/2019	1,182.69
	111859	COPIER AGREEMENT - AQUATIC/REC CENTER	05/28/2019	636.84
	111860	COPIER CONTRACT - SHOP	05/28/2019	13.58
	111860	COPIER CONTRACT - SHOP	05/28/2019	13.58
	111860	COPIER CONTRACT - SHOP	05/28/2019	12.00
	111860	COPIER CONTRACT - SHOP	05/28/2019	13.58
	111860	COPIER CONTRACT - SHOP	05/28/2019	13.58
	111860	COPIER CONTRACT - SHOP	05/28/2019	13.58
Total :				4,050.67
Total THE OFFICE SHOP INC (7440):				4,050.67
TILLERY, RICHARD W (131868)				
	052719	SHIRTS & PANTS	05/27/2019	179.92
Total :				179.92

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total TILLERY, RICHARD W (131868):				179.92
T-O ENGINEERS INC (131708)				
	171133-9472	BEACON HILL WATER TANK	05/13/2019	11,573.41
	171133-9472	BEACON HILL WATER TANK	05/13/2019	5,700.34
Total :				17,273.75
Total T-O ENGINEERS INC (131708):				17,273.75
U S BANK PURCHASE CARD (129981)				
	060619	Annual investments subscription	06/06/2019	969.00
	060619	**Disputed charge**	06/06/2019	138.70
	060619	**Disputed Charge**	06/06/2019	83.87
	060619	**Disputed charge**	06/06/2019	71.23
	060619	Auction fees	06/06/2019	1,401.21
	060619	Fuel - Meeting Cost	06/06/2019	44.38
	060619	Fuel Meeting cost	06/06/2019	27.21
	060619	Meeting Expense	06/06/2019	31.20
	060619	meeting expenses	06/06/2019	33.87
	060619	meeting expenses	06/06/2019	4.12
	060619	Toner	06/06/2019	60.89
	060619	10-21 post it flags	06/06/2019	2.88
	060619	toner	06/06/2019	179.00
	060619	employee picnic	06/06/2019	26.80
	060619	employee picnic	06/06/2019	5.09
	060619	payroll warrant checks	06/06/2019	273.50
	060619	toner	06/06/2019	114.89
	060619	Ink - postage machine	06/06/2019	104.97
	060619	Risk assessments	06/06/2019	256.08
	060619	Verizon - Utilities - Cell Phone	06/06/2019	25.77
	060619	paper clips, dog treats, window wipes, armor all wipes	06/06/2019	73.69
	060619	GOSMA Conference	06/06/2019	205.16
	060619	Radio Ads - council agendas	06/06/2019	170.00
	060619	Verizon - Utilities - Cell Phone	06/06/2019	43.60
	060619	breakroom supplies - plastic forks	06/06/2019	20.48
Total General Government:				4,367.59
	060619	employee picnic	06/06/2019	8.24
	060619	employee picnic	06/06/2019	1.56
	060619	advertising vacancies - summer, aquatic, street and solid waste positions	06/06/2019	48.00
	060619	Random and Preemployment drug testing	06/06/2019	450.00
	060619	System Asset Preservation	06/06/2019	326.00
	060619	Utilities - TCT	06/06/2019	87.77
	060619	G01 switch	06/06/2019	22.71
	060619	K17 tires	06/06/2019	157.78
	060619	B19 Parts	06/06/2019	94.50
	060619	B19 switch	06/06/2019	184.48
	060619	B19 switch	06/06/2019	43.94
	060619	Credit parts return	06/06/2019	184.48-
	060619	I03 Seals	06/06/2019	31.55
	060619	Verizon - Utilities - Cell Phone	06/06/2019	110.12
	060619	Bell Plaza flowers	06/06/2019	512.71
	060619	Main street pots	06/06/2019	203.40
	060619	War Dog Limestone	06/06/2019	80.00
	060619	Memorial Park lock	06/06/2019	90.00
	060619	3/4"" Garden Valve, coupler - Glendale Park	06/06/2019	18.98

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	Gauge press liquid filled - Glendale Park	06/06/2019	9.99
	060619	Water tank hose	06/06/2019	8.99
	060619	Small equipment serviced	06/06/2019	190.86
	060619	Mower tires	06/06/2019	77.60
	060619	Rental	06/06/2019	55.86
	060619	Lease 4 wheeler for weed spraying	06/06/2019	750.00
	060619	Gloves	06/06/2019	14.49
	060619	Plunger for rest rooms	06/06/2019	8.99
	060619	Mop stick, mop head	06/06/2019	32.97
	060619	Buckets	06/06/2019	9.98
	060619	Buckets	06/06/2019	4.99
	060619	Conduit	06/06/2019	7.99
	060619	Nuts & Bolts	06/06/2019	1.64
	060619	Wire clip	06/06/2019	3.58
	060619	Key master - 250 pack	06/06/2019	5.37
	060619	Caution Tape	06/06/2019	11.99
	060619	Uniforms	06/06/2019	300.00
	060619	Uniforms	06/06/2019	59.99
	060619	Uniforms	06/06/2019	81.00
	060619	Flags	06/06/2019	1,097.97
	060619	Tow & Stow, locking pin	06/06/2019	295.41
	060619	Folding pruning saw	06/06/2019	21.99
	060619	Concrete bit	06/06/2019	75.50
	060619	Sprayer	06/06/2019	279.99
	060619	Garden cultivator	06/06/2019	16.99
	060619	Trash cans	06/06/2019	47.94
	060619	Field paint	06/06/2019	1,231.20
	060619	Topdressing sand	06/06/2019	423.00
	060619	Spring washers for Irrigation system	06/06/2019	36.82
	060619	shop towel - Irrigation	06/06/2019	11.99
	060619	Elbows, Tee's and couplers	06/06/2019	47.94
	060619	Bushing	06/06/2019	2.49
	060619	Mason line	06/06/2019	6.58
	060619	Brake Cleaner	06/06/2019	11.98
	060619	Thread seal tape	06/06/2019	3.98
	060619	Paint	06/06/2019	9.99
	060619	employee picnic	06/06/2019	8.24
	060619	employee picnic	06/06/2019	1.56
	060619	Pre-Employment and Random Drug Testing	06/06/2019	45.00
	060619	wheels for chair stand at Aud	06/06/2019	28.96
	060619	lights	06/06/2019	69.00
	060619	repair plumbing	06/06/2019	211.14
	060619	System Asset Preservation	06/06/2019	311.00
	060619	System Asset Preservation	06/06/2019	800.00
	060619	Rug Service	06/06/2019	90.86
	060619	Verizon - Utilities - Cell Phone	06/06/2019	94.99
	060619	Utilities - TCT	06/06/2019	1,032.24
	060619	10-42 break room trash can	06/06/2019	10.97
	060619	air freshner for City Hall, Rec Center and Aud.	06/06/2019	37.00
	060619	All staff meeting with Justin Baily and Barry	06/06/2019	14.98
	060619	staff meeting with Justin Baily and Barry	06/06/2019	163.99
	060619	shirts for maintenance	06/06/2019	44.00
	060619	Hose hanger for Rec Center	06/06/2019	24.48
	060619	chair carts for Aud	06/06/2019	34.99
	060619	B31 towed to the shop	06/06/2019	100.00
	060619	belt for swamp coolers at Aud	06/06/2019	19.08
	060619	cord and tape for swamp coolers at Aud	06/06/2019	24.95
	060619	nuts bolts for swamp coolers at Aud	06/06/2019	10.95

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	rope derby for swamp coolers at auditorium	06/06/2019	18.99
	060619	System Asset Prevention	06/06/2019	1,820.00
	060619	Rug service	06/06/2019	132.09
	060619	Utilities - TCT	06/06/2019	56.45
	060619	air freshner for City Hall, Rec Center and Aud.	06/06/2019	37.00
	060619	Bath tissue, hand wash, disinfectants & cleaners	06/06/2019	1,565.73
	060619	repairs to chamber of commerce	06/06/2019	466.27
Total Parks & Facilities:				14,820.21
	060619	employee picnic	06/06/2019	45.34
	060619	employee picnic	06/06/2019	8.59
	060619	Random and Preemployment drug testing	06/06/2019	97.50
	060619	Random Drug Testing	06/06/2019	94.50
	060619	Random Testing Program	06/06/2019	49.50
	060619	6 way plug - wide spaced cell phone power adapters	06/06/2019	14.99
	060619	adapters	06/06/2019	33.34
	060619	computer component - adapters	06/06/2019	12.48
	060619	software	06/06/2019	189.00
	060619	software - MS Office	06/06/2019	209.00
	060619	Utilities - TCT	06/06/2019	66.45
	060619	A09 Thermostat housing	06/06/2019	18.88
	060619	A11 key	06/06/2019	56.62
	060619	A14 tire	06/06/2019	84.53
	060619	A14 tires	06/06/2019	253.59
	060619	A17 windshield	06/06/2019	300.00
	060619	A05 alignment	06/06/2019	75.95
	060619	Verizon - Utilities - Cell Phone	06/06/2019	127.21
	060619	C31 Office supplies - receipt books	06/06/2019	27.00
	060619	C31 Office supplies - shredder bags	06/06/2019	34.56
	060619	C31 Stamps & Shipping Return	06/06/2019	233.65
	060619	C31 550-019 C16 Duty Pants	06/06/2019	99.98
	060619	C16 Uniform cleaning	06/06/2019	26.68
	060619	C11 Car wash	06/06/2019	10.00
	060619	C11 Car Wash	06/06/2019	10.00
	060619	C11 Car wash	06/06/2019	4.43
	060619	Verizon - Utilities - Cell Phone	06/06/2019	43.08
	060619	Verizon - Utilities - Cell Phone	06/06/2019	43.08
	060619	C31 Uniform & Clothing - C10 Duty Shirts	06/06/2019	97.79
	060619	C23 - Tactical Team Training/Conference - Groceries for meals	06/06/2019	399.13
	060619	C31 Car wash for C23	06/06/2019	9.00
	060619	C05 Car wash	06/06/2019	9.00
	060619	C05 Headlight bulb for patrol car	06/06/2019	31.19
	060619	C19 Car Wash	06/06/2019	9.00
	060619	C18 Car wash	06/06/2019	9.00
	060619	C06 Car Wash	06/06/2019	9.00
	060619	C06 Car wash	06/06/2019	9.00
	060619	C23 Car wash	06/06/2019	9.00
	060619	C22 Car wash	06/06/2019	4.73
	060619	Car wash	06/06/2019	9.00
	060619	Car wash	06/06/2019	9.00
	060619	C30 Medical Services - Service charge	06/06/2019	.90
	060619	Verizon - Utilities - Cell Phone	06/06/2019	619.99
	060619	C31 Ammo	06/06/2019	4,498.45
	060619	C30 Gunsmithing	06/06/2019	778.10
	060619	C31 -Drug test kits	06/06/2019	246.60
	060619	C31 -Drug test kits	06/06/2019	332.71
	060619	C31 550-013 Office supplies - patrol	06/06/2019	349.31

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	C31 Office Supplies - Markers	06/06/2019	38.14
	060619	C31 Office Supplies - Writing pads, pens, envelopes, memo pads	06/06/2019	171.10
	060619	C30 Postage & SHipping - Badges to be refurbished	06/06/2019	17.22
	060619	C03 Postage & Shipping - UA to Lab	06/06/2019	11.14
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	C31 Uniform & Clothing - C04 Duty Coat	06/06/2019	207.99
	060619	C31 Uniform Embroidery C04	06/06/2019	60.00
	060619	C31 C24 Embroidery & Patches	06/06/2019	96.00
	060619	C31 Uniform & CLothing - Misc Duty Gear	06/06/2019	112.40
	060619	C23 -019 Bike patrol - shorts	06/06/2019	197.34
	060619	Uniform Embroidery	06/06/2019	48.00
	060619	C05 - Tactical Team Training/Conference - Meal	06/06/2019	21.57
	060619	C05 - Tactical Team Training/Conference - Meal	06/06/2019	160.50
	060619	C05 - Tactical Team Training/Conference - Meal	06/06/2019	145.25
	060619	C05 - Tactical Team Training/Conference - Gas	06/06/2019	45.99
	060619	C05 - Tactical Team Training/Conference - Gas	06/06/2019	39.70
	060619	C05 - Tactical Team Training/Conference - Gas	06/06/2019	23.33
	060619	C05 - Tactical Team Training/Conference - Gas	06/06/2019	68.02
	060619	C19 Fuel - Gas to/from WLEA Bike Patrol School	06/06/2019	36.01
	060619	C06 - Tactical Team Training/Conference - Meal	06/06/2019	139.24
	060619	C22 - Tactical Team Training/Conference - Meal	06/06/2019	75.50
	060619	C21 - Tactical Team Training/Conference - Meal	06/06/2019	35.10
	060619	C15 - Tactical Team Training/Conference - GAS	06/06/2019	42.81
	060619	C15 - Tactical Team Training/Conference - GAS	06/06/2019	71.88
	060619	Tactical Team Training/Conference	06/06/2019	38.75
	060619	Tactical Team Training/Conference	06/06/2019	5.99
	060619	C19 Accessories for new bike - Bike Patrol	06/06/2019	85.93
	060619	C23 -019 Bike patrol - shorts	06/06/2019	82.16
	060619	Tactical Team Training/Conference	06/06/2019	17.03
	060619	Tactical Team Training/Conference	06/06/2019	33.19
	060619	Tactical Team Training/Conference	06/06/2019	8.68
	060619	Tactical Team Training/Conference	06/06/2019	8.79
	060619	Tactical Team Training/Conference	06/06/2019	22.97
	060619	Tactical Team Training/Conference	06/06/2019	9.43
	060619	Tactical Team Training/Conference	06/06/2019	217.80
	060619	Tactical Team Training/Conference	06/06/2019	19.59
	060619	Verizon - Utilities - Cell Phone	06/06/2019	174.40
	060619	computer battery	06/06/2019	64.82
	060619	C31 Evidence Supplies tubes, scales, gun box's	06/06/2019	340.99
	060619	Postage - UA to lab	06/06/2019	21.06
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	Postage - UA to lab	06/06/2019	21.06
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	Postage - UA to lab	06/06/2019	10.53
	060619	C31 -Boots	06/06/2019	100.00
	060619	C25 Duty belt, pant, shirt, sock	06/06/2019	163.13
	060619	Green insoles	06/06/2019	49.95
	060619	Safety Conference	06/06/2019	206.00
	060619	Car wash	06/06/2019	9.00
	060619	Verizon - Utilities - Cell Phone	06/06/2019	34.08
Total Police:				13,382.57
	060619	employee picnic	06/06/2019	10.30
	060619	employee picnic	06/06/2019	1.95

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	computer	06/06/2019	330.00
	060619	computer monitor	06/06/2019	151.99
	060619	APWA Snow Conference	06/06/2019	5.00
	060619	APWA Snow Conference	06/06/2019	71.47
	060619	APWA Snow Conference	06/06/2019	71.47
	060619	APWA Snow Conference	06/06/2019	40.90
	060619	Verizon - Utilities - Cell Phone	06/06/2019	43.60
	060619	Verizon - Utilities - Cell Phone	06/06/2019	40.01
	060619	Building code computer based exam	06/06/2019	139.00
	060619	Portable air cleaner filter	06/06/2019	73.95
	060619	Verizon - Utilities - Cell Phone	06/06/2019	167.22
	060619	Mouse and keyboard wrist rest pads	06/06/2019	19.47
	060619	Printer Toner	06/06/2019	31.90
	060619	employee picnic	06/06/2019	18.55
	060619	employee picnic	06/06/2019	3.51
	060619	advertising vacancies - summer, aquatic, street and solid waste positions	06/06/2019	135.00
	060619	Random Drug Testing	06/06/2019	40.50
	060619	Random Testing Program	06/06/2019	40.50
	060619	System Asset Preservation	06/06/2019	208.00
	060619	Utilities - TCT	06/06/2019	98.21
	060619	D12 seat belt	06/06/2019	147.32
	060619	F07 Nozzle	06/06/2019	170.77
	060619	H02 Parts	06/06/2019	233.25
	060619	H04 Fuel filters	06/06/2019	73.73
	060619	Grader parts	06/06/2019	187.60
	060619	D14 mudflap	06/06/2019	36.84
	060619	alarm, gloves	06/06/2019	73.38
	060619	card stock, sharpies, micro covers	06/06/2019	22.62
	060619	asphalt patch	06/06/2019	1,039.20
	060619	sprinkler parts	06/06/2019	1.78
	060619	sprinkler parts	06/06/2019	4.90
	060619	Mini excavator rental	06/06/2019	232.12
	060619	Excavator rental	06/06/2019	1,690.00
	060619	Verizon - Utilities - Cell Phone	06/06/2019	160.92
	060619	sanitizer	06/06/2019	29.88
	060619	Propane	06/06/2019	16.44
	060619	Buckets	06/06/2019	35.52
	060619	Gloves and slow emblem	06/06/2019	26.98
Total Public Works:				5,925.75
	060619	employee picnic	06/06/2019	26.79
	060619	employee picnic	06/06/2019	5.08
	060619	advertising vacancies - summer, aquatic, street and solid waste positions	06/06/2019	48.00
	060619	Locks for Rec Center/ Aquatics office	06/06/2019	215.50
	060619	Rec Center-Front Door Repair	06/06/2019	3.16
	060619	steam room repairs	06/06/2019	703.09
	060619	ceiling lights	06/06/2019	115.36
	060619	lights for Rec Center racquetball courts	06/06/2019	115.36
	060619	System Asset Preservation	06/06/2019	2,390.00
	060619	Bath Towels, Mat & Rags	06/06/2019	55.27
	060619	Utilities - TCT	06/06/2019	265.83
	060619	air freshner for City Hall, Rec Center and Aud.	06/06/2019	38.00
	060619	Supplies for urinals	06/06/2019	21.36
	060619	cleaning supplies	06/06/2019	18.30
	060619	trash cans for rec center	06/06/2019	75.96
	060619	K25 bearing	06/06/2019	32.90

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	K25 seals	06/06/2019	37.11
	060619	Verizon - Utilities - Cell Phone	06/06/2019	112.97
	060619	Batteries	06/06/2019	29.99
	060619	Batteries	06/06/2019	11.78
	060619	Facial tissue	06/06/2019	15.76
	060619	Envelopes, sorter	06/06/2019	11.89
	060619	office supplies - desk calendar	06/06/2019	18.88
	060619	Laminating pouches	06/06/2019	16.99
	060619	Radio Ads - rec programs	06/06/2019	176.00
	060619	Random Drug Testing	06/06/2019	4.50
	060619	Random Drug Testing	06/06/2019	4.50
	060619	ASAP supplies	06/06/2019	28.12
	060619	ASAP supplies	06/06/2019	13.92
	060619	license for KOM camp	06/06/2019	42.50
	060619	scholastic book for tiny tots	06/06/2019	45.37
	060619	snack for tiny tots	06/06/2019	36.99
	060619	tiny tots	06/06/2019	12.94
	060619	tiny tots sncks	06/06/2019	20.31
	060619	ASAP supplies	06/06/2019	51.26
	060619	first aid supplies	06/06/2019	31.30
	060619	KOM 1st aid supplies	06/06/2019	31.15
	060619	Radio Ads - rec program	06/06/2019	209.00
	060619	paddle board pilates fitness class rental	06/06/2019	200.00
	060619	fitness challenge shirts	06/06/2019	318.50
	060619	music for fitness classes	06/06/2019	9.99
	060619	Financial management policy binding	06/06/2019	3.00
	060619	Pitch Hit and Run program	06/06/2019	263.38
	060619	fit for fun event	06/06/2019	104.12
	060619	Parent day tea	06/06/2019	212.81
	060619	exercise equipment repair	06/06/2019	15.00
	060619	fitness equipment repair	06/06/2019	127.50
	060619	repairs to fitness equipment	06/06/2019	320.00
	060619	Radio Ads - rec programs	06/06/2019	165.00
	060619	employee picnic	06/06/2019	8.24
	060619	employee picnic	06/06/2019	1.56
	060619	advertising vacancies - summer, aquatic, street and solid waste positions	06/06/2019	106.50
	060619	expenses - aquatic assessment center	06/06/2019	75.90
	060619	expenses - aquatic assessment center	06/06/2019	23.45
	060619	System Asset Preservation	06/06/2019	2,390.00
	060619	Bath Towels, Mat & Rags	06/06/2019	55.27
	060619	Utilities - TCT	06/06/2019	228.61
	060619	Refund on Taxes charged for Hotel	06/06/2019	37.60-
	060619	Dust Mask for personal protection in pump room	06/06/2019	44.99
	060619	Ceramic Thin -set for fixing tile on spa	06/06/2019	9.99
	060619	Cleaner for electrical equipment	06/06/2019	6.99
	060619	hose coupling repair	06/06/2019	5.99
	060619	Shipping costs for Chemical delivery	06/06/2019	137.00
	060619	Community CPR class	06/06/2019	120.00
	060619	Lifeguard instructor Re-certifications	06/06/2019	70.00
	060619	birthday party	06/06/2019	23.97
	060619	birthday party	06/06/2019	47.07
	060619	birthday party	06/06/2019	38.96
	060619	pizza for birthday party	06/06/2019	103.97
	060619	Gas monitor service	06/06/2019	44.00
	060619	CO2	06/06/2019	712.50
	060619	Utilities - TCT	06/06/2019	37.22
	060619	shirts for basketball program	06/06/2019	1,414.75
	060619	Pictures for champions wall	06/06/2019	2.88

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	softball program	06/06/2019	666.57
	060619	softball program	06/06/2019	55.38
	060619	softball stuff	06/06/2019	362.62
	060619	SOFTBALL STUFF	06/06/2019	686.34
Total Recreation Center:				14,275.61
	060619	employee picnic	06/06/2019	16.49
	060619	employee picnic	06/06/2019	3.12
	060619	advertising vacancies - summer, aquatic, street and solid waste positions	06/06/2019	184.50
	060619	Pre-Employment and Random Drug Testing	06/06/2019	32.50
	060619	Random Drug Testing	06/06/2019	40.50
	060619	Random Testing Program	06/06/2019	40.50
	060619	outdoor bulbs	06/06/2019	79.88
	060619	elect shop water hose	06/06/2019	6.99
	060619	System Asset Preservation	06/06/2019	415.00
	060619	Utilities - TCT	06/06/2019	86.15
	060619	C01 Headlamp	06/06/2019	162.46
	060619	C02 packer cylinder	06/06/2019	6,172.59
	060619	C06 repairs	06/06/2019	251.22
	060619	C06 sensor	06/06/2019	115.47
	060619	C03 transmission	06/06/2019	1,325.86
	060619	C05 packer stinger	06/06/2019	8,100.00
	060619	Verizon - Utilities - Cell Phone	06/06/2019	14.31
	060619	drinking water	06/06/2019	10.00
	060619	card stock, sanitizer, sharpies, micro covers	06/06/2019	15.35
	060619	Verizon - Utilities - Cell Phone	06/06/2019	34.88
	060619	propane	06/06/2019	1.29
	060619	propane	06/06/2019	2.14
	060619	propane	06/06/2019	1.68
	060619	nuts and bolts	06/06/2019	38.97
	060619	drill	06/06/2019	99.99
	060619	Verizon - Utilities - Cell Phone	06/06/2019	8.72
	060619	propane	06/06/2019	23.70
	060619	propane	06/06/2019	24.44
	060619	propane	06/06/2019	40.74
	060619	propane	06/06/2019	31.92
	060619	stacking timbers for cardboard	06/06/2019	233.24
	060619	tape and markers	06/06/2019	18.97
	060619	employee picnic	06/06/2019	10.30
	060619	employee picnic	06/06/2019	1.95
	060619	Random Drug Testing	06/06/2019	22.50
	060619	Random Testing Program	06/06/2019	22.50
	060619	Utilities - TCT	06/06/2019	98.21
	060619	B36 tires	06/06/2019	805.92
	060619	Verizon - Utilities - Cell Phone	06/06/2019	34.39
	060619	micro covers	06/06/2019	5.97
	060619	CO2 for freezes, gloves	06/06/2019	24.55
	060619	hard hats	06/06/2019	37.98
	060619	WWDC Meeting	06/06/2019	85.39
	060619	WWDC Meeting	06/06/2019	83.59
	060619	WWDC Meeting	06/06/2019	66.49
	060619	WWDC Meeting	06/06/2019	97.54
	060619	large brass order	06/06/2019	1,761.73
	060619	pvc repair parts	06/06/2019	29.04
	060619	Verizon - Utilities - Cell Phone	06/06/2019	38.66
	060619	propane refil	06/06/2019	4.41
	060619	CO2 for freezes, gloves	06/06/2019	54.37

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	water sample shipping	06/06/2019	52.59
	060619	water sample shipping	06/06/2019	55.09
	060619	freight tool repair	06/06/2019	23.84
	060619	adapter, pvc parts etc	06/06/2019	18.80
	060619	bushing, pvc parts, brass fitting	06/06/2019	39.13
	060619	pvc and brass fittings	06/06/2019	35.54
	060619	PVC fittings	06/06/2019	4.77
	060619	pvc fittings	06/06/2019	36.62
	060619	pvc parts	06/06/2019	14.13
	060619	pvc parts	06/06/2019	36.72
	060619	rw service valve	06/06/2019	27.99
	060619	Brass fitting	06/06/2019	25.84
	060619	heater mounting bracket	06/06/2019	11.18
	060619	large brass order	06/06/2019	915.84
	060619	Iron pipe	06/06/2019	99.85-
	060619	RW repair parts	06/06/2019	14.56
	060619	2"" drain valve	06/06/2019	62.70
	060619	Bushings, PVC pipe	06/06/2019	176.48
	060619	pvc parts	06/06/2019	12.03
	060619	pvc repair parts	06/06/2019	136.07
	060619	galvanized rw parts	06/06/2019	30.45
	060619	Galvanized Pipe	06/06/2019	4.91-
	060619	Radio Ads -RW on	06/06/2019	176.00
	060619	long reach for silt trap	06/06/2019	1,809.00
	060619	mini ex for raw water repairs	06/06/2019	301.51
	060619	mini ex for rw reapirs	06/06/2019	147.10
	060619	Verizon - Utilities - Cell Phone	06/06/2019	12.88
	060619	Batteries	06/06/2019	17.98
	060619	PVC cleaner and cement	06/06/2019	11.48
	060619	batteries, thread sealant, flagging	06/06/2019	44.95
	060619	CO2	06/06/2019	54.37
	060619	CO2	06/06/2019	54.37
	060619	CO2 for freezes	06/06/2019	54.37
	060619	CO2 for freezes	06/06/2019	54.37
	060619	CO2 for freezes	06/06/2019	54.37
	060619	Duct tape, PVC primer and cement	06/06/2019	18.39
	060619	pipe fitting tool	06/06/2019	292.09
	060619	Hand pump	06/06/2019	39.37
	060619	heater for pump house building	06/06/2019	1,930.11
	060619	Pipe saw	06/06/2019	11.53
	060619	sack-crete	06/06/2019	8.18
	060619	employee picnic	06/06/2019	6.18
	060619	employee picnic	06/06/2019	1.17
	060619	Random Drug Testing	06/06/2019	13.50
	060619	Random Testing Program	06/06/2019	13.50
	060619	Utilities - TCT	06/06/2019	101.18
	060619	D10 grab handle	06/06/2019	83.20
	060619	hydroexcavation wand and nozzle	06/06/2019	216.76
	060619	Verizon - Utilities - Cell Phone	06/06/2019	73.49
	060619	lift station deodorizer	06/06/2019	497.00
	060619	Verizon - Utilities - Cell Phone	06/06/2019	38.66
	060619	hard hats	06/06/2019	18.99
	060619	employee picnic	06/06/2019	20.61
	060619	employee picnic	06/06/2019	3.90
	060619	Pre-Employment and Random Drug Testing	06/06/2019	32.50
	060619	Random and Preemployment drug testing	06/06/2019	32.50
	060619	Random Drug Testing	06/06/2019	36.00
	060619	Random Testing Program	06/06/2019	36.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060619	System Asset Preservation	06/06/2019	390.00
	060619	Utilities - TCT	06/06/2019	87.65
	060619	tp, buckets	06/06/2019	39.84
	060619	E05 door check	06/06/2019	25.18
	060619	E05 door repair	06/06/2019	150.00
	060619	E06 seat belt	06/06/2019	285.75
	060619	valves	06/06/2019	38.99
	060619	Card stock	06/06/2019	4.57
	060619	Car wash	06/06/2019	6.67
	060619	Line Mtce Supplies	06/06/2019	113.10
	060619	System Maintenance Supplies	06/06/2019	36.97
	060619	Verizon - Utilities - Cell Phone	06/06/2019	184.54
	060619	Welding Supplies	06/06/2019	53.08
	060619	Tape refill, markers	06/06/2019	67.35
	060619	Hand Tools	06/06/2019	51.47
	060619	tool	06/06/2019	4.99
	060619	PVC conduit, elbows-Alpine/Stampede Alley project	06/06/2019	7.93
	060619	PVC conduit, elbows-Alpine/Stampede Alley project	06/06/2019	19.57
	060619	Substation Bolted Connector Replacement Material	06/06/2019	26.28
	060619	Substation Replacement Hardware	06/06/2019	658.68
	060619	Replacement Batteries for Pendley Substation	06/06/2019	1,567.57
	060619	Verizon - Utilities - Cell Phone	06/06/2019	184.54
Total Utilities:				32,866.95
Total U S BANK PURCHASE CARD (129981):				85,638.68
UNUM LIFE INSURANCE - LIFE (127935)				
	6619	PREMIUM	06/06/2019	1,722.59
Total :				1,722.59
Total UNUM LIFE INSURANCE - LIFE (127935):				1,722.59
WEST PARK HOSPITAL (10500)				
DBA CODY REGIONAL HEALTH	A03590197	DUI BLOOD DRAW	05/31/2019	206.00
Total :				206.00
Total WEST PARK HOSPITAL (10500):				206.00
WESTERN UNITED ELECTRIC SUPPLY (10605)				
	4135111	Vault, 3 phase transf	05/31/2019	1,479.30
Total :				1,479.30
Total WESTERN UNITED ELECTRIC SUPPLY (10605):				1,479.30
WOOD, LISA (131872)				
	060419	WITNESS FEES	06/04/2019	30.00
Total :				30.00
Total WOOD, LISA (131872):				30.00
WYOMING DEPARTMENT OF TRANSPORTATION (130279)				
WYDOT FINANCIAL SERVICES	109023	COST SHARE - IMPROVEMENTS ALONG BIG HORN AVE	05/02/2019	99.13

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				99.13
Total WYOMING DEPARTMENT OF TRANSPORTATION (130279):				99.13
WYOMING DEPARTMENT OF WORKFORCE SERVICES (10670)				
WORKERS COMPENSATION DIV	6619	Contributions	06/06/2019	22,940.20
WORKERS COMPENSATION DIV	6619	Contributions PD	06/06/2019	20.14
WORKERS COMPENSATION DIV	6619	Contributions REC	06/06/2019	80.57
Total :				23,040.91
Total WYOMING DEPARTMENT OF WORKFORCE SERVICES (10670):				23,040.91
WYOMING MUNICIPAL POWER AGENCY (10920)				
	062519	POWER PURCHASE - MAY 2019	06/01/2019	681,849.81
	062519	POWER PURCHASE - MAY 2019	06/01/2019	35,886.83
Total :				717,736.64
Total WYOMING MUNICIPAL POWER AGENCY (10920):				717,736.64
WYOMING RETIREMENT SYSTEM (10950)				
	175742	CONTRIBUTIONS -	06/10/2019	26,545.53
	175743	CONTRIBUTIONS -	06/10/2019	52,388.61
	175744	CONTRIBUTIONS -	06/10/2019	33,417.39
Total :				112,351.53
Total WYOMING RETIREMENT SYSTEM (10950):				112,351.53
YELLOWSTONE REGIONAL AIRPORT (11150)				
	60119	AIRPORT FUNDING - JUNE 2019	06/01/2019	14,530.42
Total :				14,530.42
Total YELLOWSTONE REGIONAL AIRPORT (11150):				14,530.42
ZIVARO INC (131755)				
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	212.94
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	212.94
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	49.14
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	49.14
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	49.14
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	49.14
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	65.52
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	98.28
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	212.94
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	212.94
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	212.94
	IS043869	EVAULT CLOUD DATA STORAGE	05/29/2019	212.94
Total :				1,638.00
Total ZIVARO INC (131755):				1,638.00
Grand Totals:				1,848,730.09

GL Period	Amount

GL Period	Amount
06/19	
Grand Totals:	

Vendor number hash:	6934860
Vendor number hash - split:	76053889
Total number of invoices:	124
Total number of transactions:	691

Terms Description	Invoice Amount	Discount Amount	Net Invoice Amount
Open Terms		.00	
Grand Totals:		.00	1,847,203.98
		Payroll 06/09/19	257,232.99
			2,104,436.97

Report Criteria:
Invoice Detail.Input date = 06/11/2019
Invoice.Batch = {NOT LIKE} "1"

MEETING DATE: JUNE 18, 2019
DEPARTMENT: ADMINISTRATIVE SERVICES
PREPARED BY: CINDY BAKER,
ADMINISTRATIVE SERVICES OFFICER
PRESENTED BY: CINDY BAKER,
ADMINISTRATIVE SERVICES OFFICER

AGENDA ITEM SUMMARY REPORT

Request for Renewal of Retail, Restaurant, Bar & Grill, Limited Retail Licenses and Microbrewery Permit

ACTION TO BE TAKEN:

Approve the renewal of 6 Bar & Grill Licenses, 3 Limited Retail Licenses, 3 Microbrewery Permits, 13 Restaurant Licenses, 21 Retail Licenses.

SUMMARY OF INFORMATION:

The City of Cody currently has issued 6 Bar & Grill Licenses, 3 Limited Retail Licenses, 3 Microbrewery Permits, 13 Restaurant Licenses, and 21 Retail Licenses. The changes for the upcoming renewal period is the addition of 1 Bar & Grill Licenses and 1 Restaurant License. All businesses renewing their license have provided all required documentation, addressed any issues brought forth from the State Liquor Division or the City of Cody's Clerk and have paid the advertising fee. If the renewals are approved, payment of the renewal fee is due by July 31, 2019. Approval of the license renewals also includes the current outdoor serving areas previously approved. The City has advertised for a public hearing and the renewal process per State Statutes.

FISCAL IMPACT

If all liquor license renewal applications are approved, the City will receive renewal fees in the amount of $56,800.

ALTERNATIVES

The City may deny any or all of the applications for renewal under Wyoming State Statutes Title 12. If the City denies a renewal application, the applicant may appeal to the District Court.

ATTACHMENTS

1. List of liquor license renewal applicants
2. Applications for renewal of liquor licenses

.

AGENDA & SUMMARY REPORT TO:
See attached list.

AGENDA ITEM NO. _____

WLD-31 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:		
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $_____.____

Prorated Fee: $_____.____

Transfer Fee: $_____.____

Publishing Fee: $_____.____

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks)

_____ & _____

Hearing Date: ____/____/____

License Term: ____/____/____ (Month Day Year) Through ____/____/____ (Month Day Year)

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: Albertsons LLC

Trade/Business Name (dba): Albertsons Store #2061

Building to be licensed/Building Address: 1801 17th St (Number & Street)

Cody (City) WY (State) 82414 (Zip) Park (County)

Mailing Address: PO BOX 29096 MS# 6531 (Number & Street or P.O. Box)

Phoenix (City) AZ (State) 85038-9096 (Zip)

Business Telephone Number: (623) 869-4547 Fax Number: (623) 869-1329

E-Mail Address: nasc.tax@safeway.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vii)

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO

Please submit invoices to clerk

FILING IN (CHOOSE ONLY ONE)

☒ CITY OF: Cody

☐ COUNTY OF: _____

FILING AS (CHOOSE ONLY ONE)

☐ INDIVIDUAL
☐ PARTNERSHIP
☐ LP/LLP
☒ LLC
☐ CORPORATION
☐ LTD PARTNERSHIP
☐ ORGANIZATION
☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
☐ ON-PREMISE ONLY (BAR)
☒ OFF-PREMISE ONLY (PACKAGE STORE)
☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

☐ RESTAURANT LIQUOR LICENSE
☐ RESORT LIQUOR LICENSE
☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
☐ VETERANS CLUB
☐ FRATERNAL CLUB
☐ GOLF CLUB
☐ SOCIAL CLUB

☐ MICROBREWERY
☐ WINERY
☐ DISTILLERY SATELLITE
☐ WINERY SATELLITE
☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS
☐ CONVENTION FACILITY
☐ CIVIC CENTER/EVENT CENTER/ PUBLIC AUDITORIUM
☐ GOLF CLUB
☐ GUEST RANCH
☐ RESORT

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) (specify months of operation) from Jan to Dec

☐ SEASONAL/PART-TIME DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

☐ NON-OPERATIONAL/PARKED HOURS OF OPERATION (e.g. 10a - 2a) from 8am to 10pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(1) **OWN** the licensed building? ☐ YES (own)

(2) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(3) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(A) When the **lease expires**, located on page_____paragraph_____of lease document.

(B) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
See attached						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____ (_____%)
(Line 2) Food Sales: $_____ (_____%)
(Line 3) Gross Sales: $_____ (_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: _____

2nd Room: _____

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

*STATE OF ~~WYOMING~~ IDAHO)
) SS.
COUNTY OF ADA)

CANDACE COOPER
Comm. 34010
NOTARY PUBLIC
Expires: 12/14/2022
STATE OF IDAHO

Signed and sworn to before me on this 8th day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Ronald Gordon	Robert Gordon	EVP & Legal counsel
2)	Robert D'Simone	Robert D'Simone	EVP & CFO
3)			
4)			

Witness my hand and official seal:

Candace Cooper
Signature of Notary Public

(SEAL)

My commission expires: 12-14-22

True and Correct Name	Residence	No. of years in Corp or LLC	% of stock held	Have you been convicted of a felony	Have you been convicted of a violation relating to alcoholic liquor or Malt Beverages?
Robert Gordon	[redacted]	4	0	No	No
Robert Dimond	[redacted]	4	0	No	No

WED-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	A 42	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 401

License Fees Annual Fee: $1,500.00

Prorated Fee: $____

Transfer Fee: $____

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: __/__/__

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ALEM LLC**

Trade/Business Name (dba): **LIBATIONS**

Building Address: (Building to be licensed) **1503 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1503 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 527-6849 Fax Number: (307) 527-5959

E-Mail Address: ~~libations@ven.com~~ libationscody@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 17-21, BLOCK 7, OLD TOWN, D-3E

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☑ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 9am to 11pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page 1 paragraph 3 of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 2 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Michael S. Schnell	[redacted]			9	25	YES ☐ NO ☑	YES ☐ NO ☑
Linda L. Schnell				9	25	YES ☐ NO ☑	YES ☐ NO ☑
Juli D. Hinze				7	50	YES ☐ NO ☑	YES ☐ NO ☑

(If more [redacted] f paper and attach to this application.)

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 8 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) Juli Hinze — Juli Hinze — Owner
(Signature) (Printed Name) Title

2) _____ (Signature) _____ (Printed Name) _____ Title

3) _____ (Signature) _____ (Printed Name) _____ Title

4) _____ (Signature) _____ (Printed Name) _____ Title

Witness my hand and official seal: Kimberly A Heath
Signature of Notary Public

KIMBERLY A. HEATH NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES MARCH 24, 2021
(SEAL)

My commission expires: March 24, 2021

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: ALEM, LLC DBA Libations

✓ Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 2734	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 1114

License Fees
Annual Fee: $ 1,000 . 00
Prorated Fee: $ _____ . ____
Transfer Fee: $ _____ . ____
Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 4 / 18 / 2019

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ANA ISLAS**

Trade/Business Name (dba): **EL VAQUERO**

Building Address: (Building to be licensed) **2425 BIG HORN AVE**
CODY, WY 82414 PARK

Mailing Address: **882 E 7TH ST LOT 7**
POWELL, WY 82435

Business Telephone Number: (307) 250-2058 Fax Number:

E-Mail Address:

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
W1/2, E1/2, SE1/4, SW1/4, SEC 28, T53N, R101W, 6TH P.M., PARK COUNTY WYOMING, ZONED D-3

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☑ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☑ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☐ FULL TIME (e.g. Jan through Dec) ☒ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from March to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 11am to 3pm
5pm - 9pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☑ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____ paragraph_____ of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____ paragraph_____ of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Ana M. Eslos	[redacted]			YES ☑ NO ☐	YES ☐ NO ☑	YES ☐ NO ☑
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $9,972.25 (10 %)
(Line 2) Food Sales: $96,381.13 (90 %)
(Line 3) Gross Sales: $106,353.38 100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☑ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 7' X 8' ROOM ON EAST SIDE OF BLDG**

2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 18 day of April, 20 19 that the facts alleged in the foregoing instrument are true by the following:

1) Ana M. Eslos — Ana Eslos — Owner
(Signature) (Printed Name) Title

2) _____ (Signature) _____ (Printed Name) _____ Title

3) _____ (Signature) _____ (Printed Name) _____ Title

4) _____ (Signature) _____ (Printed Name) _____ Title

Witness my hand and official seal: Cynthia Baker

Signature of Notary Public

(SEAL) CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 264	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,000 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____ / ____ / ____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ANCHOS LLC**

Trade/Business Name (dba): **MORE BURGERS & SHAKES**

Building Address: (Building to be licensed) **1803 17TH ST**

CODY, WY 82414 PARK

Mailing Address: **1057 SHERIDAN AVE**

CODY, WY 82414

Business Telephone Number: (951) 202-4708 Fax Number:

E-Mail Address: garsherjohnston@aol.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 1 OF EASTGATE CENTER ADDITION TO THE CITY OF CODY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☑ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan 1 to Dec 31

DAYS OF WEEK (e.g. Mon through Sat) from mon to Sun.

HOURS OF OPERATION (e.g. 10a - 2a) from 11 am to 10 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 2 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 1 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Gary Johnston		[redacted]		2	100%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: 4452 (1 %)
(Line 2) Food Sales: $379,601.29 (99 %)
(Line 3) Gross Sales: $384,113.29 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☑ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 6' X 12' ROOM IN SW PORTION OF BLDG**
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF _____)

Signed and sworn to before me on this 3rd day of May, 2019 that the facts alleged in the foregoing instrument are ~~true by~~ the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Gary Johnston	owner
2)			
3)			
4)			

SHENE'A ALLRED NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES JUNE 13, 2020
(SEAL)

Witness my hand and official seal: [signature]
Signature of Notary Public

My commission expires: June 13, 2020

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: ANCHO'S, LLC

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 2620	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,000 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____ / ____ / ____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **BARBARA & HERBERT HOY**

Trade/Business Name (dba): **H & B WILDHORSE CAFÉ & GIFTS**

Building Address: (Building to be licensed) **440 YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **220 F ST**
CODY, WY 82414

Business Telephone Number: (307) 527-8903 Fax Number:

E-Mail Address: barbarahoy@msn.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
ALLEN SUBDIVISION, 2ND FILLING, LOT 1, ZONE D-3

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☒ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☒ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan-1 to Dec. 31

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 6am to 10pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Herbert A Hoy	[redacted]			YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
Barbara A. Hoy				YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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 ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 3,821.00 (3 %)
(Line 2) Food Sales: $ 123,559. (97 %)
(Line 3) Gross Sales: $ 127,380. (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☒ NO

(c) Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 24' X 14' ROOM ON SOUTH SIDE OF KITCHEN**
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 7th day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Barbara Hoy	Barbara Hoy	Owner
2)	Herbert A. Hoy	Herbert A Hoy	Owner
3)			
4)			

M LUANA GOVIN NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES MAY 16, 2022

Witness my hand and official seal: M Luana Govin
Signature of Notary Public

My commission expires: 5/16/22

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B 685	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 398

License Fees
Annual Fee: $ 1,500 .00
Prorated Fee: $ _____ .____
Transfer Fee: $ _____ .____
Publishing Fee: $ 25 .00

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **BREWGARDS LOUNGE LLC**

Trade/Business Name (dba): **BREWGARDS LOUNGE**

Building Address: (Building to be licensed) **2357 MOUNTAIN VIEW DR**
CODY, WY 82414 PARK

Mailing Address: **PO BOX 275**
CODY, WY 824140275

Business Telephone Number: (307) 587-4431 Fax Number: (307) 587-4922

E-Mail Address: ~~cpb@bresnan.net~~ cpbd tctwest.net

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 12, HOGG SUBDIVISION, ZONED COMMERCIAL

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Sunday to Saturday

HOURS OF OPERATION (e.g. 10a - 2a) from 10 Am to Close 2 Am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 2 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 4 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Frank W. Kraut	[redacted]			12	100	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 18th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature)	Frank W Kraut (Printed Name)	Owner Title
2) (Signature)	(Printed Name)	Title
3) (Signature)	(Printed Name)	Title
4) (Signature)	(Printed Name)	Title

Witness my hand and official seal: [signature]
Signature of Notary Public

BARBARA J. CURLESS NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES NOVEMBER 5, 2021

(SEAL)

My commission expires: 11/05/2021

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Brewgards Lounge, LLC

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 3489	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1000 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 6 / 4 / 19

Advertising Dates: (2 Weeks)

6/4/19 & 6/11/19

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **BROTHER S THREE**

Trade/Business Name (dba): **CHINATOWN**

Building Address: (Building to be licensed) **937 SHERIDAN AVE**

CODY, WY 82414 PARK

Mailing Address: **937 SHERIDAN AVE**

CODY, WY 82414

Business Telephone Number: (307) 586-9798 Fax Number:

E-Mail Address: guangcel983@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 15 & 16, BLOCK 53, ORIGINAL TOWN OF CODY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec)

(specify months of operation) from Jan to Dec

☐ SEASONAL/PART-TIME

DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

☐ NON-OPERATIONAL/PARKED

HOURS OF OPERATION (e.g. 10a - 2a) from 11 am to 9 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 2 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 4 paragraph 11 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Guang Ce Zhang	1[redacted]				65%	YES ☐ NO ☒	YES ☐ NO ☒
Guang Zuo Zhang	8[redacted]				35%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ n/a new license issued (%)
(Line 2) Food Sales: $ 6/4/19 (_____%)
(Line 3) Gross Sales: $_____ (_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 8' X 9' ROOM IN CENTER OF BLDG**
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 4 day of June, 20 19 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Guang Ce Zhang	Caung Ce Zhang	Owner
2)	Guang Zuo Zhang	Caung Zuo Zhang	Owner
3)			
4)			

Witness my hand and official seal:

CYNTHIA BAKER NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
(SEAL)
MY COMMISION EXPIRES JUNE 17, 2021

Signature of Notary Public

My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 788	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,500.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **BUFFALO BILL MEMORIAL ASSOCIATION**

Trade/Business Name (dba): **BUFFALO BILL CENTER OF THE WEST**

Building Address: (Building to be licensed) **720 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **720 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 587-4771 Fax Number: (307) 587-5714

E-Mail Address: bruces@centerofthewest.org

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
ALL OF LOT 82C LESS S60', NE1/4 SE1/4 OF SEC 31, T53N, R1010W, 6TH P.M., ORIGINAL SURVEY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN to DEC

DAYS OF WEEK (e.g. Mon through Sat) from MON to SUN

HOURS OF OPERATION (e.g. 10a - 2a) from 10:00 to 5pm varied

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☒ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
		Attachment A				YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 140,000 (19 %)
(Line 2) Food Sales: $ 600,000 (81 %)
(Line 3) Gross Sales: $ 740,000 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 25th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Peter S. Seibert	EO/CEO
2)	Lynn Rodgers	Lynn Rodgers	COO/CFO
3)			
4)			

Witness my hand and official seal: Diana M. Jensen
Signature of Notary Public

(SEAL) DIANA M. JENSEN - NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES - October 15, 2021

My commission expires: 15 October 2021

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B 973	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 400

License Fees Annual Fee: $ 1,500 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 5 / 3 / 19

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **CASSIES SPIRITS INC**

Trade/Business Name (dba): **CASSIES SUPPER CLUB**

Building Address: (Building to be licensed) **214 YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **214 YELLOWSTONE AVE**
CODY, WY 82414

Business Telephone Number: (307) 527-5500 Fax Number:

E-Mail Address: mamoosinger@hotmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PARTS OF LOTS 69 & 70, T52N, COMMERCIAL

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 10am to 2pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
[redacted]				YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Steven R Singer	[redacted]			25	51	YES ☐ NO ☒	YES ☐ NO ☒
Ronald G Singer	[redacted]			1	49	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 1st day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Steven R Singer	owner
2)			
3)			
4)			

SCOTT M. REIMERS
Notary Public
State of Wyoming
County of Park
My Commission Expires
January 29, 2022

(SEAL)

Witness my hand and official seal:

[signature]
Signature of Notary Public

My commission expires: Jan 29 2022

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Cassies Spirits Inc

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 833	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 388

License Fees Annual Fee: $ 1,500.00

Prorated Fee: $ _____.____

Transfer Fee: $ _____.____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 5 / 3 / 19

Advertising Dates: (2 Weeks)

_____ & _____

Hearing Date: _____/_____/_____

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **C I H INC**

Trade/Business Name (dba): **IRMA HOTEL**

Building Address: (Building to be licensed) **1192 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1192 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 587-4221 Fax Number: (307) 587-1775

E-Mail Address: irmahotel@irmahotel.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 1-9, BLOCK 56, ORIGINAL TOWN, CITY OF CODY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☒ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from January to December

DAYS OF WEEK (e.g. Mon through Sat) from Monday to Sunday

HOURS OF OPERATION (e.g. 10a - 2a) from 11a to 2a

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
JOHN C. DARBY	[redacted]			28	50	YES ☐ NO ☒	YES ☐ NO ☒
JOHN SCOTT DARBY	[redacted]			28	25	YES ☐ NO ☒	YES ☐ NO ☒
MICHAEL S. DARBY	[redacted]			28	25	YES ☐ NO ☒	YES ☐ NO ☒

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 1 day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	John C. Darby	John C. Darby	owner
2)	J. Scott Darby	J. Scott Darby	owner
3)			
4)			

BAYLEE COLTON
Notary Public - Wyoming
Park County
My Commission Expires Jan 24, 2023
(SEAL)

Witness my hand and official seal: Baylee Colton
Signature of Notary Public

My commission expires: Jan 24, 2023

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

R LIQUOR DIVISION USE ONLY		
Customer #:	A 6501	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1500 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks) 6/4 & 6/11

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **CODY STEAK HOUSE LLC**

Trade/Business Name (dba): **CODY STEAK HOUSE**

Building Address: (Building to be licensed) **1361 & 1367 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1367 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 899-3468 Fax Number:

E-Mail Address: jcocchia@mac.com - codysteakhouse@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT28 BLK 9 & LOT 27 BLK 9 ORIGINAL TOWN OF CODY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☒ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from January to December

DAYS OF WEEK (e.g. Mon through Sat) from MONDAY to SUNDAY

HOURS OF OPERATION (e.g. 10a - 2a) from 11 AM to 10 PM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 12 paragraph 5 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 2 paragraph 3 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Francis A Cocchia	[redacted]			3 MTHS	50	YES ☐ NO ☒	YES ☐ NO ☒
Julie K Cocchia	[redacted]			3 MTHS	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ -0- (0 %)
(Line 2) Food Sales: $ -0- (0 %)
(Line 3) Gross Sales: $ -0- (0 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 3 day of May, 20 19 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)		Francis A Cocchia	OWNER
2)	Julie K Cocchia	Julie K Cocchia	OWNER
3)	Francis A Cocchia		
4)			

Witness my hand and official seal:

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

Signature of Notary Public

(SEAL) My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 6579	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,500.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: ___/___/___

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **CULINARY CREATIONS INC**

Trade/Business Name (dba): **IL PADRINO**

Building Address: (Building to be licensed) **1244 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1108 14TH ST #252**
CODY, WY 82414

Business Telephone Number: (307) 527-7320 Fax Number:

E-Mail Address: eyad.joseph@outlook.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 9, BLOCK 29, ORIGINAL TOWN

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☑ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☑ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☑ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 11am to 10pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

   If lease is not current, please submit a copy of the lease and indicate:
   - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
   - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

WLD-28 (5/17)

2. If the applicant is filing as an In[illegible]dual or Partnership or as a Club: W.S. 12-4-102 (a) [illegible] (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, and every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Eyad Joseph	[redacted]			1	100	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $168,000 25%)
(Line 2) Food Sales: $504,000 75%)
(Line 3) Gross Sales: $672,000 100%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 6' X 15' ROOM ON WEST SIDE OF BLDG**

2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 7th day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature) — EYAD Joseph (Printed Name) — owner (Title)

2) (Signature) — (Printed Name) — (Title)

3) (Signature) — (Printed Name) — (Title)

4) (Signature) — (Printed Name) — (Title)

Witness my hand and official seal: M Luana Govin

Signature of Notary Public

My commission expires: 5-16-22

M LUANA GOVIN
COUNTY OF PARK
NOTARY PUBLIC
STATE OF WYOMING
MY COMMISSION EXPIRES MAY 16, 2022

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 1488	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 679

License Fees Annual Fee: $1,500.00

Date filed with clerk: 4/29/19

Prorated Fee: $____.__

Advertising Dates: (2 Weeks) June 4th & June 11th

Transfer Fee: $____.__

Publishing Fee: $25.00

Hearing Date: 6/18/19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **DIEHL ENTERPRISES INC**

Trade/Business Name (dba): **CHAMBERLIN INN**

Building Address: (Building to be licensed) **1032 12TH ST**

CODY, WY 82414 PARK

Mailing Address: **PO BOX 1598**

CODY, WY 82414

Business Telephone Number: (307) 587-0202 Fax Number: (307) 587-3048

E-Mail Address: er@chamberlininn.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 9-11, BLOCK 50

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☒ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 9am to 2pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Everett G. Diehl	[redacted]			13	50	YES ☐ NO ☒	YES ☐ NO ☒
Susan Diehl				13	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 10th day of April, 20____ that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Everett G. Diehl	President
2)	[signature]	Susan Diehl	Vice President
3)			
4)			

Witness my hand and official seal: [signature]
Signature of Notary Public

CASSIE L. TROYER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JANUARY 12, 2022

SEAL

My commission expires: 1/12/22

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: DIEHL ENTERPRISES, INC.

✓ Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 1787	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 243

License Fees Annual Fee: $ 1,500 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 5 / 3 / 19

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ECHO ELELSEE LLC**

Trade/Business Name (dba): **SILVER DOLLAR BAR**

Building Address: (Building to be licensed) **1313 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1313 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 527-7666 Fax Number:

E-Mail Address: nacegail@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PN OF LOTS 17 & 18 AND ALL OF LOTS 19-22, BLOCK 9,ORIGINAL TOWN OF CODY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☑ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 9am to 2pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☑ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Gail M Nace	[redacted]			16	50%	YES ☐ NO ☑	YES ☐ NO ☑
John A Nace				16	50%	YES ☐ NO ☑	YES ☐ NO ☑
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) SS.
COUNTY OF Park *)*

Signed and sworn to before me on this 30th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Gail M Nace	Owner/Mgr.
2)			
3)			
4)			

Witness my hand and official seal:

(SEAL) HOLLY S. MOEN Notary Public County of Park State of Wyoming My Commission Expires 09-30-22

Holly S. Moen
Signature of Notary Public

My commission expires: Sept. 30, 2022

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Silver Dollar Bar

✓ Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	L 1840	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 600.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ELKS BPO 1611**

Trade/Business Name (dba): **CODY ELKS CLUB**

Building Address: (Building to be licensed) **1202 BECK AVE**
CODY, WY 82414 PARK

Mailing Address: **1202 BECK AVE**
CODY, WY 82414

Business Telephone Number: (307) 587-2533 Fax Number: (307) 587-2533

E-Mail Address: ~~codyelksbpoekell@gmail.com~~ codyelksbpo1611@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 7 & 8, BLOCK 28, CITY OF CODY

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☒ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☒ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN 1 to DEC 31

DAYS OF WEEK (e.g. Mon through Sat) from Mon Through to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 11:00 AM to 10:00 PM min 1:30 AM MAX

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☒ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page NA paragraph NA of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page NA paragraph NA of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Jerry Fritz	[redacted]			20	-NA-	YES ☐ NO ☒	YES ☐ NO ☒
Dorothy DeBerg				12	-NA-	YES ☐ NO ☒	YES ☐ NO ☒
Greg Beerline				17	-NA-	YES ☐ NO ☒	YES ☐ NO ☒

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 2nd day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Greg Beerline	Club manager
2) X	[signature]	Jerry Fritz	Lodge Secretary
3) X	[signature]	Dorothy DeBerg	Trustee
4)			

Witness my hand and official seal:

R. L. SENITTE
COUNTY OF PARK
STATE OF WYOMING
MY COMMISSION EXPIRES APRIL 8, 2020

X [signature]
Signature of Notary Public

(SEAL)

My commission expires: 4/8/2020

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Cody Elks Lodge #1611 dba Cody Elks Club

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	L 1670	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 413

License Fees Annual Fee: $ 600.00

Date filed with clerk: 4/23/19

Prorated Fee: $

Advertising Dates: (2 Weeks)

Transfer Fee: $

June 4th & June 11th

Publishing Fee: $ 25.00

Hearing Date: 6/18/19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **FRATERNAL ORDER OF EAGLES AERIE #818**

Trade/Business Name (dba): **FRATERNAL ORDER OF EAGLES**

Building Address: (Building to be licensed) **1001 13TH ST**

CODY, WY 82414 PARK

Mailing Address: **PO BOX 667**

CODY, WY 82414

Business Telephone Number: (307) 587-4573 Fax Number: (307) 527-6168

E-Mail Address: foecody818@bresnan.net

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTA 1-3, BLOCK 50, ORIGINAL TOWN

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☒ ORGANIZATION
- ☒ OTHER Limited Retail

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☒ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN to DEC

DAYS OF WEEK (e.g. Mon through Sat) from SUN to SAT

HOURS OF OPERATION (e.g. 10a - 2a) from 9am to 2am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
CLIFTON HALES	[redacted]			YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
ARTHUR S. Gand				YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☒ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 22nd day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Clifton Hales	CLIFTON HALES	TRUSTEE
2)	Paul E Rankin	PAUL E. RANKIN	TRUSTEE
3)			
4)			

Witness my hand and official seal: Barbara J Curless

Signature of Notary Public

BARBARA J. CURLESS NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES NOVEMBER 5, 2021

(SEAL)

My commission expires: 11/05/2021

Home Local Membership Reports Help MMS Admin Sign Off Aerie 818 Fraternal Order Of Eagles

Current Officers - 818 CODY, WY

Term Ending: 5/31/2019

Office	Member	Name		
JR PAST WORTHY PRESIDENT			Assign Officer	View History
WORTHY PRESIDENT	4782110	HENRY "HANK" B. PULLIAM	Remove from Office	View History
WORTHY VICE-PRESIDENT	4957968	PAT L ROEHM	Remove from Office	View History
WORTHY CHAPLAIN			Assign Officer	View History
WORTHY SECRETARY	751172	ARTHUR S. GUNDERSON	Remove from Office	View History
TREASURER	1610820	MARSHALL "BUTCH" D WILLIAMS	Remove from Office	View History
WORTHY CONDUCTOR			Assign Officer	View History
INSIDE GUARD			Assign Officer	View History
OUTSIDE GUARD				View History
TRUSTEE CHAIRMAN	4567872	CLIFTON "CLIFF" L HALES	Remove from Office	View History
TRUSTEE			Assign Officer	View History
TRUSTEE	4848140	TERRY B. WILLIAMS	Remove from Office	View History
TRUSTEE	1009498	GREG KINCHELOE	Remove from Office	View History
TRUSTEE	1969446	DOUGLAS JONES	Remove from Office	View History
TRUSTEE	3101305	RONALD WILLIAMS	Remove from Office	View History

Committee/Appointment	Member	Name		
AERIE AUDITOR	Edit	RODNEY LAIB	Remove	View History
MEMBERSHIP			Assign	View History
AERIE BULLETIN EDITOR			Assign	View History
TRIAL COMMITTEE CHAIR			Assign	View History
TRIAL COMMITTEE MEMBER			Assign	View History
TRIAL COMMITTEE ALTERNATE			Assign	View History
AERIE WEB MASTER			Assign	View History
GOVERNMENT RELATIONS			Assign	View History
FINANCE COMMITTEE			Assign	View History
SUB LOCAL OFFICER			Assign	View History

All Officer History

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WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	A 2264	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 817

License Fees
Annual Fee: $1,500.00
Prorated Fee: $_____.____
Transfer Fee: $_____.____
Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **GOOD 2 GO STORES LLC**

Trade/Business Name (dba): **GOOD 2 GO STORES #202**

Building Address: (Building to be licensed) **221 YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **PO BOX ~~50620~~** 50430
IDAHO FALLS, ID 83405

Business Telephone Number: (307) 587-9331 Fax Number: (208) 528-8929

E-Mail Address: ~~store202@good2gostores.com~~ Licensing@good2go Stores.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 70, K GRANDVIEW ESTATES

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☒ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Monday to Sunday

HOURS OF OPERATION (e.g. 10a - 2a) from 5 Am to 11pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page 2-3 paragraph 7.1-7.3 of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 6 paragraph 5.1 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

RYAN B MEHLE
COMMISSION NO 35515
NOTARY PUBLIC
STATE OF IDAHO
MY COMMISSION EXPIRES

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
N/A				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
See Attached						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF ~~*WYOMING*~~ IDAHO)
) *SS.*
COUNTY OF Bonneville)

Signed and sworn to before me on this 10 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	LOGAN HALL	MANAGER
2)			
3)			
4)			

RYAN B. MEIKLE
COMMISSION NO. 55518
NOTARY PUBLIC
STATE OF IDAHO
MY COMMISSION EXPIRES 12/21/21

(SEAL)

Witness my hand and official seal: [signature]
Signature of Notary Public

My commission expires: 12/21/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B 426	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 410

License Fees Annual Fee: $ 1,500 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 4 / 20 / 18

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **JAMES L BASSETT 2008 REV LIV TRUST**

Trade/Business Name (dba): **3 H LIQUORS**

Building Address: (Building to be licensed) **1907 BIG HORN AVE**
CODY, WY 82414 PARK

Mailing Address: **1907 BIG HORN AVE**
CODY, WY 82414

Business Telephone Number: (307) 587-3661 Fax Number:

E-Mail Address:

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 6, YTEX ADDITION, TRACTS 40 & 41, T53N, R101W, 6TH P.M., PARK COUNTY, WY, COMMERCIAL D3

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☒ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN through to DEC

DAYS OF WEEK (e.g. Mon through Sat) from Mon through to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 6 AM to 2 AM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
James LaMonte Bassett	[redacted]			YES ☒ NO ☐	YES ☐ NO ☒	YES ☒ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) SS.
COUNTY OF Park *)*

Signed and sworn to before me on this 11th day of April, 20 19 that the facts alleged in the foregoing instrument are true by the following:

1) James L. Bassett (Signature)	JAMES L. BASSETT (Printed Name)	OWNER Title
2) (Signature)	(Printed Name)	Title
3) (Signature)	(Printed Name)	Title
4) (Signature)	(Printed Name)	Title

BARBARA J. CURLESS NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES NOVEMBER 5, 2021 (SEAL)

Witness my hand and official seal: Barbara J. Curless
Signature of Notary Public

My commission expires: 11/05/2021

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 2895	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 567

License Fees Annual Fee: $1,000.00

Prorated Fee: $_____

Transfer Fee: $_____

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **JUNE BUG LLC**

Trade/Business Name (dba): **BUBBAS BAR B QUE RESTAURANT**

Building Address: (Building to be licensed) **512 YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **1325 MEADOWLANE AVE**
CODY, WY 82414

Business Telephone Number: (307) 578-8542 Fax Number:

E-Mail Address: dbwiegand@bresnan.net

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PARCEL IN NW1/4, LOT 4 OF SEC 1, T52N, R102W, 6TH P.M., PARK COUNTY, WY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec)

(specify months of operation) from Jan to Dec

☐ SEASONAL/PART-TIME

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

☐ NON-OPERATIONAL/PARKED

HOURS OF OPERATION (e.g. 10a - 2a) from 7am to 8/9/10 Varies

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Denise Wiegand	7/	[redacted]	[redacted]	7+	50%	YES ☐ NO ☒	YES ☐ NO ☒
Brian Wiegand	4/	[redacted]	[redacted]	7+	50%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

1640137 (Line 1) Liquor Sales: $ 6748.41 %)
(Line 2) Food Sales: $ ~~[illegible]~~ 99.59 %)
(Line 3) Gross Sales: $ 1,646,885 (100.00%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 5' X 8' ROOM IN SOUTH PORTION OF BLDG**

2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 16th day of April, 2019 that the facts alleged in the foregoing instrument ~~are true~~ by the following:

1) (Signature)	Denise D. Wiegand (Printed Name)	Owner (Title)
2) (Signature)	Brian A. Wiegand (Printed Name)	Owner (Title)
3) (Signature)	(Printed Name)	(Title)
4) (Signature)	(Printed Name)	(Title)

JAMIE ADAMS NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES MARCH 27, 2021

Witness my hand and official seal:

Jamie Adams
Signature of Notary Public

(SEAL)

My commission expires: 3-27-21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 2928	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

License Fees
Annual Fee: $ 1,000 . 00
Prorated Fee: $ _____ . ____
Transfer Fee: $ _____ . ____
Publishing Fee: $ 25 . 00
Publishing Fee Direct Billed to Applicant: ☐

Local License #: 1159
Date filed with clerk: 5 / 3 / 19
Advertising Dates: (2 Weeks) June 4th & June 11th
Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **KABISA ENTERPRISES LLC**

Trade/Business Name (dba): **LOCAL (THE)**

Building Address: (Building to be licensed) **1134 13TH ST**
CODY, WY 82414 PARK

Mailing Address: **PO BOX 427**
CODY, WY 82414

Business Telephone Number: (307) 587-3213 Fax Number:

E-Mail Address: faithmodel@yahoo.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
O.T. N 40' OF LOTS 17-20 & N 55' OF LOTS 21 & 22, BLK 10

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from TUES to SAT

HOURS OF OPERATION (e.g. 10a - 2a) from 8:30a to 9 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Faith Model	[redacted]			5 years	50 %	YES ☐ NO ☒	YES ☐ NO ☒
Peter Mallamo				5 years	50 %	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 96,063.37 (20 %)
(Line 2) Food Sales: $ 455,701.91 (80 %)
(Line 3) Gross Sales: $ 551,765.28 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 9' X 13' ROOM IN SW CORNER OF BLDG**
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 1 day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Faith Model (Printed Name) Owner Title

2) _____ (Signature) _____ (Printed Name) _____ Title

3) _____ (Signature) _____ (Printed Name) _____ Title

4) _____ (Signature) _____ (Printed Name) _____ Title

Witness my hand and official seal:

COURTNEY LOTSPEICH NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES AUGUST 20, 2022

(SEAL)

Signature of Notary Public

My commission expires: August 20, 2022.

Date: 04/24/2019

To: The City of Cody

This letter from LUZH S CO, DBA at Chinatown, Cody, WY, is to inform the City of Cody that we will not renew our liquor license as the business is planned to be sold to some different owner at end of May, 2019.

Thank you!

From: Xiren Zhang & Yi Lu

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	A 3645	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 1,500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25
Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **MAVERIK INC**

Trade/Business Name (dba): **MAVERIK #363**

Building Address: (Building to be licensed) **2321 BIG HORN AVE**
CODY, WY 82414 PARK

Mailing Address: **185 S STATE ST STE 800**
SALT LAKE CITY, UT 84111

Business Telephone Number: (307) 885-5139 Fax Number: (307) 885-3832

E-Mail Address: utahna.archuleta@maverik.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
W1/2 E1/2 W1/2 SE1/4 SW1/4, T53N, R101W, 6TH P.M., PORTION OF TRACT 40, RESURVEY

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☒ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan. to Dec.

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 6A to 2A

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☒ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
		Please See attached				YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF ~~WYOMING~~ UTAH)
) ***SS.***
COUNTY OF SALT LAKE)

Signed and sworn to before me on this 8 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Aaron Simpson (Printed Name) VP Title
2) _____ (Signature) Andre' M. Lortz (Printed Name) EVP/CFO Title
3) _____ (Signature) _____ (Printed Name) _____ Title
4) _____ (Signature) _____ (Printed Name) _____ Title

UTAHNA M. ARCHULETA
Notary Public
State of Utah
My Commission Expires 01/28/2020
Commission Number 692166
(SEAL)

Witness my hand and official seal:
Signature of Notary Public
My commission expires: 01/28/20

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 3835	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 1565

License Fees Annual Fee: $1,000.00

Prorated Fee: $

Transfer Fee: $

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: / /

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **MICHAELS TACOS LLC**

Trade/Business Name (dba): **MICHAELS TACOS**

Building Address: (Building to be licensed) **702 YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **PO BOX 956**
CODY, WY 82414

Business Telephone Number: (307) 587-5527 Fax Number:

E-Mail Address: michaelstacos2@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 68, RS BFG 352, N 47' OF THE SW CORNER OF NW1/4 NE1/4, SEC 76, T52N, R102W

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from January to December

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 11Am to 9pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 1 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 4 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO	YES ☐ NO	YES ☐ NO
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Vanessa Sandoval	[redacted]			yr.	34%	YES ☐ NO ☒	YES ☐ NO ☒
Telesforo Sandoval				"	33%	YES ☐ NO ☒	YES ☐ NO ☒
Cynthia Sandoval				"	33%	YES ☐ NO ☒	YES ☐ NO ☒

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 3,479.67 (19 %)
(Line 2) Food Sales: $ 18,273.98 (81 %)
(Line 3) Gross Sales: $ 21,753.65 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 8' X 11' ROOM ON EAST SIDE OF BLDG**

2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 1 day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature) — Vanessa Sandoval (Printed Name) — owner (Title)

2) _____ (Signature) — _____ (Printed Name) — _____ (Title)

3) _____ (Signature) — _____ (Printed Name) — _____ (Title)

4) _____ (Signature) — _____ (Printed Name) — _____ (Title)

Witness my hand and official seal: [signature]

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

Signature of Notary Public

(SEAL) My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B 4701	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 364

License Fees Annual Fee: $1,500.00

Date filed with clerk: 5/3/19

Prorated Fee: $_____

Advertising Dates: (2 Weeks) June 4th & June 11th

Transfer Fee: $_____

Publishing Fee: $25.00

Hearing Date: 6/18/19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **MICHELE PREVOST**

Trade/Business Name (dba): **JUNIPER BAR & MARKET & BISTRO**

Building Address: (Building to be licensed) **1128 12TH ST**

CODY, WY 82414 PARK

Mailing Address: **104 BEAR CREEK RD**

CODY, WY 82414

Business Telephone Number: (307) 587-4472 Fax Number: (307) 222-6342

E-Mail Address: juniperevent@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 6-8, RAILROAD SUBDIVISION, ZONED INDUSTRIAL

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☑ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☑ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from ~~12:00 pm~~ Jan to ~~11:00 pm~~ Dec

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 12pm to 11 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 3 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Michele Prevost	12	[redacted]	323	YES ☑ NO ☐	YES ☐ NO ☑	YES ☐ NO ☑
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF PARK)

Signed and sworn to before me on this 2nd day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature]	Michele Prevost	owner
(Signature)	(Printed Name)	Title
2)		
(Signature)	(Printed Name)	Title
3)		
(Signature)	(Printed Name)	Title
4)		
(Signature)	(Printed Name)	Title

Witness my hand and official seal: Stacie A. Libby

Signature of Notary Public

STACIE A. LIBBY NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JANUARY 22, 2022

(SEAL)

My commission expires: 1-22-2022

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Michele Prevost - Sunset

✓ Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	D 3921	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

License Fees
Annual Fee: $ 1,500 . 00
Prorated Fee: $ _____ . ____
Transfer Fee: $ _____ . ____
Publishing Fee: $ 25 . 00
Publishing Fee Direct Billed to Applicant: ☐

Local License #: _____
Date filed with clerk: ____ / ____ / ____
Advertising Dates: (2 Weeks) June 4th & June 11th
Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **MILLSTONE PIZZA LLC**

Trade/Business Name (dba): **MILLSTONE PIZZA COMPANY & BREWERY**

Building Address: (Building to be licensed) **1057 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1057 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 586-4131 Fax Number:

E-Mail Address: garsherjohnston@aol.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
O.T. LOTS 21-24, BLOCK 52, ZONE D2

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ LP/LLP
☑ LLC
☐ CORPORATION
☐ LTD PARTNERSHIP
☐ ORGANIZATION
☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
☐ ON-PREMISE ONLY (BAR)
☐ OFF-PREMISE ONLY (PACKAGE STORE)
☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

☐ RESTAURANT LIQUOR LICENSE
☐ RESORT LIQUOR LICENSE
☒ BAR AND GRILL

LIMITED RETAIL (CLUB)
☐ VETERANS CLUB
☐ FRATERNAL CLUB
☐ GOLF CLUB
☐ SOCIAL CLUB

☐ MICROBREWERY
☐ WINERY
☐ DISTILLERY SATELLITE
☐ WINERY SATELLITE
☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec)
(specify months of operation)
from Jan 1 to Dec - 31

☐ SEASONAL/PART-TIME
DAYS OF WEEK (e.g. Mon through Sat)
from mon to Sun

☐ NON-OPERATIONAL/PARKED
HOURS OF OPERATION (e.g. 10a - 2a)
from 11am to 11pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 2 paragraph 3 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 1 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Gary Johnston	[redacted]			6	100%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 381,931 (25 %)
(Line 2) Food Sales: $ 1,176,116 (75 %)
(Line 3) Gross Sales: $ 1,558,047 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF _____)

Signed and sworn to before me on this 3rd day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)		Gary Johnston	owner
2)			
3)			
4)			

Witness my hand and official seal:

SHENE'A ALLRED NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JUNE 13, 2020

(SEAL)

Shenea Allred
Signature of Notary Public

My commission expires: June 13 2020

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Millstone Pizza Company & Brewery
Millstone Pizza, LLC

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	V 403680	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 500.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6/18/19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **MILLSTONE PIZZA LLC**

Trade/Business Name (dba): **MILLSTONE PIZZA COMPANY & BREWERY**

Building Address: (Building to be licensed) **1057 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1057 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 586-4131 Fax Number:

E-Mail Address: garsherjohnston@aol.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 21-24, BLOCK 52, ZONE D2

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☒ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan 1st to Dec 31st

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 11 am to 11 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page 2 paragraph 3 of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 1 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Gary Johnston	[redacted]			6	100 %	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☒ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☒ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☒ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF _____)

Signed and sworn to before me on this 3rd day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature)	Gary Johnston (Printed Name)	owner Title
2) (Signature)	(Printed Name)	Title
3) (Signature)	(Printed Name)	Title
4) (Signature)	(Printed Name)	Title

Witness my hand and official seal: Shenea Allred
Signature of Notary Public

SHENE'A ALLRED NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JUNE 13, 2020

(SEAL) My commission expires: June 13, 2020

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 3930	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 1,000 . 00
Prorated Fee: $ _____ . ____
Transfer Fee: $ _____ . ____
Publishing Fee: $ 25 . 00

Date filed with clerk: ____ / ____ / ____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **MIURA INC**

Trade/Business Name (dba): **SHIKI JAPANESE RESTAURANT**

Building Address: (Building to be licensed) **1420 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1420 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 527-7116 Fax Number: (307) 527-7122

E-Mail Address: shiki_cody@hotmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 13, BLOCK 11, ORIGINAL TOWN

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN to DEC

DAYS OF WEEK (e.g. Mon through Sat) from Mon. to Sat.

HOURS OF OPERATION (e.g. 10a - 2a) from Mon - Fri 10 am - 2 / 4 pm - 9 pm to Sat. 12 - 2 pm / 4 pm - 9 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 2 of lease document. 6/30/2021

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph ____ of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Yuji Miura	[redacted]			3yrs	50%	YES ☐ NO ☒	YES ☐ NO ☒
Ikuko Miura	[redacted]			"	50 %	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 32556.99 (6.6 %)
(Line 2) Food Sales: $ 463081.93 (93.4 %)
(Line 3) Gross Sales: $ 495637.93 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 6' X 6' ROOM IN SW CORNER OF BLDG**

2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 18th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Yuji Miura	President owner
2)	[signature]	IKUKO MIURA	owner/vice president
3)			
4)			

M LUANA GOVIN NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES MAY 16, 2022 (SEAL)

Witness my hand and official seal: M Luana Govin
Signature of Notary Public

My commission expires: 5-16-22

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	D 4489	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $1,500.00

Prorated Fee: $_____

Transfer Fee: $_____

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6/18/19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **PAT O HARA BREWING COMPANY LLC**

Trade/Business Name (dba): **PAT O HARA BREWING COMPANY**

Building Address: (Building to be licensed) **1019 15TH ST**
CODY, WY 82414 PARK

Mailing Address: **1019 15TH ST**
CODY, WY 82414

Business Telephone Number: (307) 586-5410 Fax Number:

E-Mail Address: patoharabrewing@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
N 50' OF LOTS 31 & 32, BLK 8, ZONE D-2

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☒ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Wed to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 11:00 AM to 12:1 AM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page 2 paragraph 4 of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 3 paragraph 8 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Leonard R. Moore	[redacted]			6	90%	YES ☐ NO ☒	YES ☒ NO ☐ DUI 1980 Cal.
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
(Line 1) Liquor Sales: $ 41 380 (7.2 %)
(Line 2) Food Sales: $ 530 720 (92.8 %)
(Line 3) Gross Sales: $ ~~[illegible]~~ 572 100 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 26 day of April, 20 19 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature) Leonard Moore (Printed Name) Manager (Title)
2) _____ (Signature) _____ (Printed Name) _____ (Title)
3) _____ (Signature) _____ (Printed Name) _____ (Title)
4) _____ (Signature) _____ (Printed Name) _____ (Title)

Witness my hand and official seal: [signature]
Signature of Notary Public

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

My commission expires: 6/17/21

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

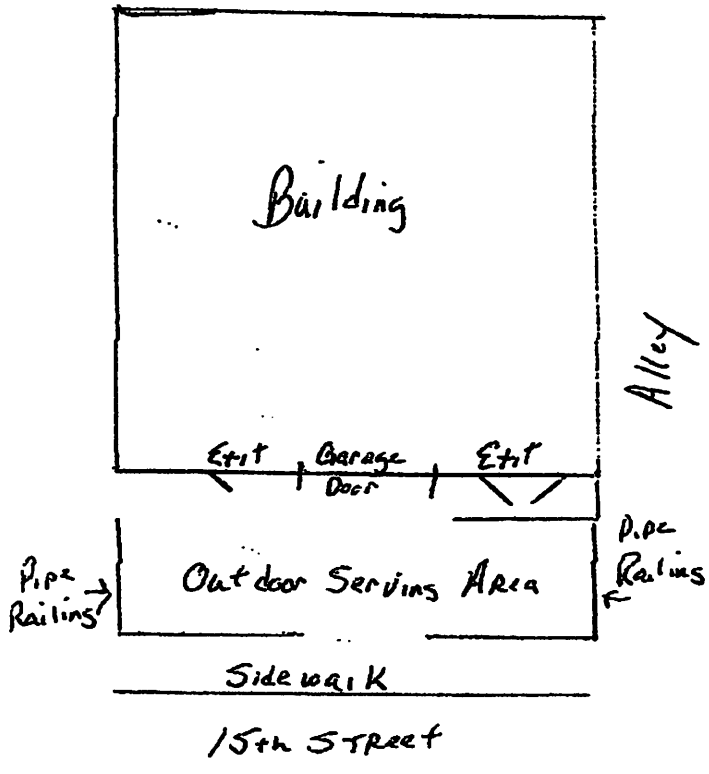
If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Pat O'Hara Brewing Co LLC

✓ Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:



WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	R 403710	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 500.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **PAT OHARA BREWING COMPANY LLC**

Trade/Business Name (dba): **PAT OHARA BREWING COMPANY**

Building Address: (Building to be licensed) **1019 15TH ST**
CODY, WY 82414 PARK

Mailing Address: **1019 15TH ST**
CODY, WY 82414

Business Telephone Number: (307) 586-5410 Fax Number:

E-Mail Address: patoharabrewing@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
N 50' OF LOTS 31 & 32, BLK 8, ZONE D-2

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☒ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Wed to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 11:AM to 12:AM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page 2 paragraph 4 of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 3 paragraph 8 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Leonard R Moore	[redacted]			6	90%	YES ☐ NO ☒	YES ☒ NO ☐ DUI 1980 Cal.S
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☒ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☒ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☒ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 26 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) LR Moore (Signature) — Leonard Moore (Printed Name) — Manager (Title)
2) _____ (Signature) — _____ (Printed Name) — _____ (Title)
3) _____ (Signature) — _____ (Printed Name) — _____ (Title)
4) _____ (Signature) — _____ (Printed Name) — _____ (Title)

Witness my hand and official seal:

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JUNE 17, 2021 (SEAL)

Signature of Notary Public

My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 4631	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 411

License Fees Annual Fee: $1,000.00

Prorated Fee: $_____

Transfer Fee: $_____

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 4 / 22 / 2019

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **PIZZA HUT OF CODY INC**

Trade/Business Name (dba): **PIZZA HUT**

Building Address: (Building to be licensed) **736 YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **7700 E POLO DR**
WICHITA, KS 67201

Business Telephone Number: (307) 527-7819 Fax Number: (316) 634-1662

E-Mail Address: debbieb@restmgmt.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOCATION EAST OF THE SUPER 8 MOTEL, WEST US HWY 14/20, ZONED COMMERCIAL

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan 11a to Dec 10p

DAYS OF WEEK (e.g. Mon through Sat) from Mon-Thur 11a to Fri-Sat 10p

HOURS OF OPERATION (e.g. 10a - 2a) from 11a to 9p

Sun Sun Sat

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Hal W McCoy	4	[redacted]		40	90.91	YES ☐ NO ☒	YES ☐ NO ☒
J Leon Smith	4	[redacted]		34	9.09	YES ☐ NO ☒	YES ☐ NO ☒
Terry Freund	5	[redacted]		21	0.00	YES ☐ NO ☒	YES ☐ NO ☒

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
(Line 1) Liquor Sales: $ 7,806 (1 %)
(Line 2) Food Sales: $ 585,832 (99 %)
(Line 3) Gross Sales: $ 593,638 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 15' X 6' ROOM IN SW PORTION OF BLDG**
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF ~~WYOMING~~ KANSAS)
) *SS.*
COUNTY OF SEDGWICK)

Signed and sworn to before me on this 12th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) Hal W McCoy (Signature) — Hal W McCoy (Printed Name) — President (Title)
2) Terry Freund (Signature) — Terry Freund (Printed Name) — Vice Pres/Secretary (Title)
3) (Signature) — (Printed Name) — (Title)
4) (Signature) — (Printed Name) — (Title)

DEBRA J. WARD
Notary Public - State of Kansas
My Appt. Expires 12-23-2020

Witness my hand and official seal:
Debra J Ward
Signature of Notary Public

(SEAL)

My commission expires: 12-23-2020

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 550	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 313

License Fees Annual Fee: $ 1,500.00

Prorated Fee: $ ____.____

Transfer Fee: $ ____.____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **QUIN BLAIR ENTERPRISES INC**

Trade/Business Name (dba): **HOLIDAY INN BOTTOMS UP LOUNGE**

Building Address: (Building to be licensed) **1701 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **PO BOX 30**
CODY, WY 82414

Business Telephone Number: (307) 587-3654 Fax Number: (307) 587-2795

E-Mail Address: cfo@blairhotels.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PART OF SE SEC 32, ORIGINAL TOWN SURVEY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec)
(specify months of operation)
from January to December

☐ SEASONAL/PART-TIME
DAYS OF WEEK (e.g. Mon through Sat)
from Sunday to Saturday

☐ NON-OPERATIONAL/PARKED
HOURS OF OPERATION (e.g. 10a - 2a)
from 8am to 2am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☒ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Frederick Q. "Ted" Blair	[redacted]			44	.3%	YES ☐ NO ☒	YES ☐ NO ☒
James M. Blair	[redacted]			21	6.8%	YES ☐ NO ☒	YES ☐ NO ☒
Timothy R. O'Leary	[redacted]			24	0.0%	YES ☐ NO ☒	YES ☐ NO ☒

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 10 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) Tim R. O'Leary (Signature) — Tim R. O'Leary (Printed Name) — CFO (Title)
2) [signature] (Signature) — JAMES M. BLAIR (Printed Name) — CO (Title)
3) _____ (Signature) — _____ (Printed Name) — _____ (Title)
4) _____ (Signature) — _____ (Printed Name) — _____ (Title)

Witness my hand and official seal: Melinda Jones
Signature of Notary Public

(SEAL) MELINDA JONES - NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JANUARY 3, 2023

My commission expires: Jan 3, 2023

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires additional licensing with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires additional licensing with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

7. If the applicant is filing as an Individual or Partnership or as a Club:

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

8. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
FQB Gift Trust	[redacted]				76.3%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
SS.
COUNTY OF _____)

Before Me, _____, (specify)
(Printed name of Notary or other officer authorized to administer oaths)

a Notary Public, Officer authorized to administer oaths in and for
_____County, State of Wyoming, personally appeared

_____name he/she being first duly sworn
(Insert Names)
by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)

*1.*_____
*2.*_____
*3.*_____
*4.*_____

My Commission expires: _____

Witness my hand and official seal:

_____
(Notary Public or other officer authorized to administer oaths)

Title _____

Dated: _____/_____/_____

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct.:		

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 4895	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 347

License Fees Annual Fee: $ 1,500.00

Date filed with clerk: 5 / 3 / 19

Prorated Fee: $ _____ . ____

Advertising Dates: (2 Weeks) June 4th & June 11th

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25.00

Hearing Date: 6 / 18 / 19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ROADGRILL LLC**

Trade/Business Name (dba): **GEYSERS ON THE TERRACE**

Building Address: (Building to be licensed) **525 WEST YELLOWSTONE AVE**
CODY, WY 82414 PARK

Mailing Address: **208 N 44TH ST**
CODY, WY 82414

Business Telephone Number: (307) 587-5868 Fax Number:

E-Mail Address: roadgrill@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PN OF LOTS 9 & 12, SEC 3, T52N, R102W, ZONED D3

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☒ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☐ FULL TIME (e.g. Jan through Dec) ☒ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from June 1st to Aug 31st

DAYS OF WEEK (e.g. Mon through Sat) from Thursday to ϕ

HOURS OF OPERATION (e.g. 10a - 2a) from 6pm to 10pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☒ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Lynn M Lampe	[redacted]			17	100%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 29th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Lynn M Lampe	Owner
2)			
3)			
4)			

Witness my hand and official seal: [signature]
Signature of Notary Public

BARBARA J. CURLESS NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
(SEAL)
MY COMMISSION EXPIRES NOVEMBER 5, 2021

My commission expires: 11/05/2021

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 4925	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 1,500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ROCKIN U LLC**

Trade/Business Name (dba): **STAMPEDE BAR & GRILL**

Building Address: (Building to be licensed) **802 MEADOW LN AVE**
CODY, WY 82414 PARK

Mailing Address: **10 CASPER DR**
CODY, WY 82414

Business Telephone Number: (307) 587-5688 Fax Number:

E-Mail Address: rockinullc@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
TRACT C, OLIVE GLENN SUBDIVISION

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN to DEC

DAYS OF WEEK (e.g. Mon through Sat) from SUN to SAT

HOURS OF OPERATION (e.g. 10a - 2a) from 11am to 2am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 2 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Steven Swa	[redacted]			1.5 yrs	95 %	YES ☐ NO ☒	YES ☐ NO ☒
Laurie Swan	[redacted]			1.5 yrs	5 %	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 2nd day of May, 20 19 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Steven Swan	Member
2)	[signature]	Laurie Swan	Member
3)			
4)			

GARRETT GROWNEY NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES AUGUST 24, 20 19
(SEAL)

Witness my hand and official seal: [signature]
Signature of Notary Public

My commission expires: 8/24/2019

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Rockin U llc

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	D 5196	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,500.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **SEVEN FOURTEEN LLC**

Trade/Business Name (dba): **GASTHAUS CARDI**

Building Address: (Building to be licensed) **1385 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1847 MOUNTAIN VIEW DR**
CODY, WY 82414

Business Telephone Number: (307) 578-8202 Fax Number:

E-Mail Address: ricki053@hotmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 30-32, BLOCK 9, ORIGINAL TOWN OF CODY, PARK CNTY WY, COMMERCIAL

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☑ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☐ FULL TIME (e.g. Jan through Dec)

(specify months of operation) from Mar to Nov

☐ SEASONAL/PART-TIME

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

☐ NON-OPERATIONAL/PARKED

HOURS OF OPERATION (e.g. 10a - 2a) from 11am to 10pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 2 paragraph 1(D) of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 2 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Ricarda V Struemke	[redacted]			2	50%	YES ☐ NO ☒	YES ☒ NO ☐
Charles W Struemke	[redacted]			2	50%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 55,347 (19 %)
(Line 2) Food Sales: $ 229,056 (81 %)
(Line 3) Gross Sales: $ 285,425 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☑ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 7 day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) _____ (Printed Name) _____ Title

2) _____ (Signature) Charles W Struemke (Printed Name) Co-Owner Title

3) _____ (Signature) _____ (Printed Name) _____ Title

4) _____ (Signature) _____ (Printed Name) _____ Title

Witness my hand and official seal: _____ Signature of Notary Public

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

(SEAL) My commission expires: 6/17/21

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Charles W Struemke

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	A 5364	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 652

License Fees Annual Fee: $ 1500 . 00

Prorated Fee: $.

Transfer Fee: $.

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: / /

Advertising Dates: (2 Weeks) 00 & 00

Hearing Date: 00 / / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **SOARING PEAK ENTERPRISES**

Trade/Business Name (dba): **BIG HORN LIQUOR**

Building Address: (Building to be licensed) **3330 BIG HORN AVE**

CODY, WY 82414 PARK

Mailing Address: ~~**25 RD 6SR**~~ 16 GABBI ST

CODY, WY 82414

Business Telephone Number: (307) ~~587-7275~~ 272 6681 Fax Number:

E-Mail Address: vaughnplace@live.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi) Boydson Minor Subdivison Lot 1

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☒ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN to DEC

DAYS OF WEEK (e.g. Mon through Sat) from MON to SAT

HOURS OF OPERATION (e.g. 10a - 2a) from 10 AM to 8 PM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page 1 paragraph 3.2 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 2.2 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

~~VAUGHN DEREK PLACE~~ True and Correct Name	~~1-15-1962~~ Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
VAUGHN DEREK PLACE	[redacted]			8	50	YES ☐ NO ☒	YES ☐ NO ☒
BRENNA MARIE PLACE				8	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 26 day of March, 20 19 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Vaughn Place	VAUGHN PLACE	PRESIDENT
2)	Brenna Place	Brenna Place	Vice President
3)			
4)			

Witness my hand and official seal: Kimberly A Heath
Signature of Notary Public

(SEAL) KIMBERLY A. HEATH NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES MARCH 24, 2021

My commission expires: 3/24/2021

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B 5426	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 408

License Fees Annual Fee: $1,500.00

Prorated Fee: $_____.___

Transfer Fee: $_____.___

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 4 / 23 / 2019

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **STECKS INC**

Trade/Business Name (dba): **ROCKY MOUNTAIN DISCOUNT LIQUOR**

Building Address: (Building to be licensed) **1820 17TH ST**
CODY, WY 82414 PARK

Mailing Address: **1820 17TH ST**
CODY, WY 82414

Business Telephone Number: (307) 587-2980 Fax Number: (307) 587-9188

E-Mail Address: stecksinc@yahoo.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PORTION OF LOT 12, PLAT WEST, PLAT DAKEN SUBDIVISION, ORIGINAL TOWN, ZONED COMMERCIAL

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Monday to Sunday

HOURS OF OPERATION (e.g. 10a - 2a) Sat-Thur 7am - 10pm from Fri 7am to 12:00am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☒ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Brandon James McArtor	[redacted]			21	50	YES ☐ NO ☒	YES ☒ NO ☐
Kelly Michelle McArtor	[redacted]			12	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) SS.
COUNTY OF _____)

Signed and sworn to before me on this 22 day of April, 20 19 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Brandon McArtor	President
2)	Kelly McArtor	Kelly McArtor	Secretary
3)			
4)			

Witness my hand and official seal: [signature]

Signature of Notary Public

My commission expires: 9/4/22

CHELSEA NEB - NOTARY PUBLIC
COUNTY OF CAMPBELL
STATE OF WYOMING
My Commission Expires 9-4-2022

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 5458	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,500.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **SUNSET PROPERTIES INC**

Trade/Business Name (dba): **EIGHTH STREET**

Building Address: (Building to be licensed) **1800 8TH ST**
CODY, WY 82414 PARK

Mailing Address: **1800 8TH ST**
CODY, WY 82414

Business Telephone Number: (307) 587-5323 Fax Number: (307) 587-9029

E-Mail Address: eat@8thstreet.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 68, T52N, R102W, 6TH P.M., PARK COUNTY, WYOMING, ZONED COMMERCIAL

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 7:00 Am to 10:00 Pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
William C. Garlow	[redacted]			12	100%	YES ☐ NO ☒	YES ☐ NO ☒
Lindsay J. Garlow	[redacted]			12		YES ☐ NO ☒	YES ☐ NO ☒
Ivy M. Garlow	[redacted]			8		YES ☐ NO ☒	YES ☐ NO ☒

(If more information is required, list on a separate piece of paper and attach to this application.) see attached

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 18 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature)	WILLIAM C. GARLOW (Printed Name)	PRES. Title
2) (Signature)	(Printed Name)	Title
3) (Signature)	(Printed Name)	Title
4) (Signature)	(Printed Name)	Title

JAMIE ADAMS NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES MARCH 27, 2021
(SEAL)

Witness my hand and official seal: [signature]
Signature of Notary Public

My commission expires: 3-27-21

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Sunset Properties, Inc - 8th Street Restaurant

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	B 5462	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 409

License Fees Annual Fee: $1,500.00

Prorated Fee: $_____.___

Transfer Fee: $_____.___

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 5/3/19

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6/18/19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **SUPER BOWL LLC**

Trade/Business Name (dba): **SUPER BOWL**

Building Address: (Building to be licensed) **2635 BIG HORN AVE**
CODY, WY 82414 PARK

Mailing Address: **2635 BIG HORN AVE**
CODY, WY 82414

Business Telephone Number: (307) 587-5310 Fax Number:

E-Mail Address: curly@vcn.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
SOUTH 275' OF THE EAST 200' OF LOT 3, CLAYCOMB SUBDIVISION

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☒ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 8a to 2a

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO	YES ☐ NO
				YES ☐ NO ☐	YES ☐ NO	YES ☐ NO
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Ronald Kirk Morgan	[redacted]			9	51	YES ☐ NO ☒	YES ☐ NO ☒
Renni Kaye Morgan				9	49	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 2nd day of May, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature)	Ronald K Morgan (Printed Name)	Owner Title
2) _____ (Signature)	_____ (Printed Name)	_____ Title
3) _____ (Signature)	_____ (Printed Name)	_____ Title
4) _____ (Signature)	_____ (Printed Name)	_____ Title

Witness my hand and official seal: Barbara J Curless
Signature of Notary Public

BARBARA J. CURLESS NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES NOVEMBER 5, 2021
(SEAL)

My commission expires: 11/05/2021

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 6577	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,000 . 00

Prorated Fee: $ _____ . ____

Transfer Fee: $ _____ . ____

Publishing Fee: $ 25 . 00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____ / ____ / ____

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **TACOS EL TACONAZO LLC**

Trade/Business Name (dba): **TACOS EL TACONAZO**

Building Address: (Building to be licensed) **1270 SHERIDAN AVE**

CODY, WY 82414 PARK

Mailing Address: **PO BOX 2525**

CODY, WY 82414

Business Telephone Number: (307) 578-8530 Fax Number:

E-Mail Address:

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 5, BLK 29, CITY OF CODY

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☑ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) — (specify months of operation) from Jan to Dec

☐ SEASONAL/PART-TIME — DAYS OF WEEK (e.g. Mon through Sat) from Monday to Saturday

☐ NON-OPERATIONAL/PARKED — HOURS OF OPERATION (e.g. 10a - 2a) from 10:00 to 8:00 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Ildefonso Hernadez Gonsalez	[redacted]			YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒
Maria de Lourdes Hernandez				YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
March (Line 1) Liquor Sales: $1,548.45 (5 %)
April (Line 2) Food Sales: $27,904.43 (95 %)
(Line 3) Gross Sales: $29,452.88 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 12' X 4' ROOM IN SW CORNER OF BLDG (2ND FLR)**
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☒ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☒ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☒ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☒ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 26 day of April, 20 21 that the facts alleged in the foregoing instrument are true by the following:

1) Maria de Lourdes Hernandez — Maria de Lourdes Hernandez — owner
(Signature) (Printed Name) Title

2) _____ _____ _____
(Signature) (Printed Name) Title

3) _____ _____ _____
(Signature) (Printed Name) Title

4) _____ _____ _____
(Signature) (Printed Name) Title

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

Witness my hand and official seal:

Signature of Notary Public

(SEAL)

My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	R 403830	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 1,500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **TAPROOM LLC**

Trade/Business Name (dba): **WYOLD WEST TAPROOM**

Building Address: (Building to be licensed) **1022 13TH ST**
CODY, WY 82414 PARK

Mailing Address: **221 N BENT ST**
POWELL, WY 82435

Business Telephone Number: (307) 764-6200 Fax Number:

E-Mail Address: ~~jessica.laughlin@wyoldwest.com~~ jessica.laughlinwwbc@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PT OF LOTS 11 & 12, BLK 14 & 15, PT OF LOT 16, BLK 9, CITY OF CODY

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☒ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☒ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan. to Dec.

DAYS OF WEEK (e.g. Mon through Sat) from Mon. to Sat.

HOURS OF OPERATION (e.g. 10a - 2a) from 11am to 10:30pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

PAULA J. CROSS NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES MARCH

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
Andrew Whitlock	[redacted]			1	25%	YES ☐ NO ☒	YES ☐ NO ☒
J Properties William J Jarvis	[redacted]			1	75%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 1436.50 (8 %)
(Line 2) Food Sales: $ 16380.67 (92 %)
(Line 3) Gross Sales: $ 17817.17 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) SS.
COUNTY OF PARK *)*

Signed and sworn to before me on this 3 day of MAY, 20 19 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature)	Andrew C Whitlock (Printed Name)	Member (Title)
2) (Signature)	(Printed Name)	(Title)
3) (Signature)	(Printed Name)	(Title)
4) (Signature)	(Printed Name)	(Title)

PAULA L. CROSS - NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES MARCH 15, 2020
(SEAL)

Witness my hand and official seal:

Signature of Notary Public

My commission expires: 3/15/2020

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	D 6544	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6/18/19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **TAPROOM LLC**

Trade/Business Name (dba): **WYOLD WEST TAPROOM**

Building Address: (Building to be licensed) **1022 13TH ST**
CODY, WY 82414 PARK

Mailing Address: **221 N BENT ST**
POWELL, WY 82435

Business Telephone Number: (307) 586-3550 Fax Number:

E-Mail Address: ~~jessica.laughlin@wyoldwest.com~~ jessica.laughlinwwbc@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PT OF LOTS 11 & 12, BLK 14 & 15, PT OF LOT 16, BLK 9, CITY OF CODY

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
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- ☐ LP/LLP
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- ☐ CORPORATION
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TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
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- ☐ SOCIAL CLUB

- ☒ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
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SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☐ FULL TIME (e.g. Jan through Dec)
(specify months of operation)
from _____ to _____

☐ SEASONAL/PART-TIME
DAYS OF WEEK (e.g. Mon through Sat)
from _____ to _____

☐ NON-OPERATIONAL/PARKED
HOURS OF OPERATION (e.g. 10a - 2a)
from _____ to _____

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

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   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Andrew Whitlock	[redacted]			1	25%	YES ☐ NO ☒	YES ☐ NO ☒
J Properties William J. Jarvis	[redacted]			1	75%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☒ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☒ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☒ NO

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(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 3 day of MAY, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Andrew Whitlock	Member
2)			
3)			
4)			

PAULA L. CROSS - NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES MARCH 15, 2020

Witness my hand and official seal: [signature]
Signature of Notary Public

My commission expires: 3/15/2020

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 4711	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees
Annual Fee: $ 1,500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ___/___/___

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6/18/19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **PROUD CUT SALOON INC (THE)**

Trade/Business Name (dba): **PROUD CUT (THE)**

Building Address: (Building to be licensed) **1227 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **1227 SHERIDAN AVE**
CODY, WY 82414

Business Telephone Number: (307) 527-6905 Fax Number: (307) 527-7730

E-Mail Address: beckyn17@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 17, BLOCK 50, ORIGINAL TOWN OF CODY, ZONED COMMERCIAL

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☑ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☑ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 9am to 2am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☑ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page_____paragraph_____of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
DELMAR NOSE	[redacted]			YES ☑ NO ☐	YES ☐ NO ☑	YES ☐ NO ☑
REBECCA NOSE	[redacted]			YES ☑ NO ☐	YES ☐ NO ☑	YES ☐ NO ☑
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
DELMAR NOSE	[redacted]			33	50	YES ☐ NO ☑	YES ☐ NO ☑
REBECCA NOSE	[redacted]			33	50	YES ☐ NO ☑	YES ☐ NO ☑
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) SS.
COUNTY OF Park *)*

Signed and sworn to before me on this 18 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Rebecca Nose	REBECCA NOSE	VP/SEC
2)	Del Nose	Del Nose	Pres
3)			
4)			

KYNDAL McANULTY NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES JUNE 15, 2019
(SEAL)

Witness my hand and official seal:

Signature of Notary Public

My commission expires: June 15, 2019

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Proud Cut Saloon Inc.

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	D 5680	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

License Fees
Annual Fee: $1,500.00
Prorated Fee: $_____.____
Transfer Fee: $_____.____
Publishing Fee: $25.00
Publishing Fee Direct Billed to Applicant: ☐

Local License #: _____
Date filed with clerk: 4 / 23 / 19
Advertising Dates: (2 Weeks) June 4th & June 11th
Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **TRAILHEAD ITALIAN AND WOOD FIRED PIZZA LLC**

Trade/Business Name (dba): **TRAILHEAD ITALIAN AND WOOD FIRED PIZZA**

Building Address: (Building to be licensed) **1326 BECK AVE**
CODY, WY 82414 PARK

Mailing Address: **1725 ALGER AVE**
CODY, WY 82414

Business Telephone Number: (307) 272-8645 Fax Number:

E-Mail Address: karlkardos2589@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
PORTION OF LOT 9, ALL OF LOT 10, BLOCK 15, ORIGINAL TOWN OF CODY

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☑ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☑ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Tuesday to Sunday

HOURS OF OPERATION (e.g. 10a - 2a) from 11a to 10 pm

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   - (a) **OWN** the licensed building? ☐ YES (own)
   - (b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)
   - (c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

     If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the **lease expires**, located on page 2 paragraph 1 of lease document.
     - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page ____ paragraph ____ of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Nathanial David Kardos	[redacted]			1 Year	100	YES ☐ NO ☑	YES ☐ NO ☑
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 125,615.01 (28 %)
(Line 2) Food Sales: $ 321,833.71 (72 %)
(Line 3) Gross Sales: $ 447,448.72 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☑ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: Bar seating in the center/back of the dining area
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 22 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature) Nathan Kardos (Printed Name) owner Title
2) (Signature) (Printed Name) Title
3) (Signature) (Printed Name) Title
4) (Signature) (Printed Name) Title

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION EXPIRES JUNE 17, 2021

Witness my hand and official seal: [signature]

(SEAL) Signature of Notary Public

My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 6553	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees Annual Fee: $ 1,000.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 4 / 23 / 19

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **TRIPLE C COWBOYS INC**

Trade/Business Name (dba): **CODY CATTLE COMPANY**

Building Address: (Building to be licensed) **1910 DEMARIS ST**
CODY, WY 82414 PARK

Mailing Address: **4408 PAT OHARA MOUNTAIN ST**
CODY, WY 82414

Business Telephone Number: (307) 272-5770 Fax Number:

E-Mail Address: pendleygreg@gmak.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOT 6A & 9A, DEMARIS SUBDIVISION

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☐ FULL TIME (e.g. Jan through Dec)

(specify months of operation)
from June to September

☒ SEASONAL/PART-TIME

DAYS OF WEEK (e.g. Mon through Sat)
from Monday to Sunday

☐ NON-OPERATIONAL/PARKED

HOURS OF OPERATION (e.g. 10a - 2a)
from 5:00pm to 8:00 p.m.

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
GREG PENDLEY	[redacted]			1	50	YES ☐ NO ☒	YES ☐ NO ☒
ANN PENDLEY	[redacted]			1	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $ 650 (31 %)
(Line 2) Food Sales: $ 2046 (69 %)
(Line 3) Gross Sales: $ 2,6960 (100 %)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 10' X 12' ROOM IN S PORTION OF BLDG

2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) SS.
COUNTY OF Park *)*

Signed and sworn to before me on this 18th day of April, 20 19 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Greg Pendley	GREG PENDLEY	President
2)	G Pendley	ANN PENDLEY	VICE PRESIDENT
3)			
4)			

CHERYL HENRY NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES OCTOBER 5, 2021

Witness my hand and official seal:

Cheryl Henry
Signature of Notary Public

(Seal)

My commission expires: October 5, 2021

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	L 5840	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 414

License Fees Annual Fee: $ 600.00

Prorated Fee: $.

Transfer Fee: $.

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: 4 / 19 / 19

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6 / 18 / 19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **VFW 2673**

Trade/Business Name (dba): **VFW 2673**

Building Address: (Building to be licensed) **808 12TH ST**
CODY, WY 82414 PARK

Mailing Address: **808 12TH ST**
CODY, WY 82414

Business Telephone Number: (307) 587-3671 Fax Number:

E-Mail Address: vfwpost2673@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
NORTHERN CORNER OF BLOCK A, ZONED D-2

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☐ YES ☐ NO
Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☒ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☒ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☒ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from JAN to DEC

DAYS OF WEEK (e.g. Mon through Sat) from TUES to SAT

HOURS OF OPERATION (e.g. 10a - 2a) from 1pm to 1am

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☒ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☐ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☐ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page____paragraph____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page____paragraph____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

WLD-28 (5/17)

2. If the applicant is filing as an individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
RICHARD LUDWICK Commander	[redacted]			YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
CORY ALEXANDER Quartermaster				YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
DAN ROBLYER TRUSTEE				YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☒ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) ***SS.***
COUNTY OF Park)

Signed and sworn to before me on this 9th day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	CORY E. ALEXANDER	Quartermaster
2)	[signature]	RJ Ludwick	Commander
3)			
4)			

Witness my hand and official seal:

CLAIRE BOWLES NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES

[signature]
Signature of Notary Public

(SEAL) My commission expires: 03/23/2022

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	A 6034	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 1132

License Fees Annual Fee: $ 1,500.00

Date filed with clerk: 4 / 23 / 19

Prorated Fee: $ _____

Advertising Dates: (2 Weeks) June 4th & June 11th

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Hearing Date: 6 / 18 / 19

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **WALMART INC**

Trade/Business Name (dba): **WALMART #1778**

Building Address: (Building to be licensed) **321 YELLOWSTONE AVE**

CODY, WY 82414 PARK

Mailing Address: **508 SW 8TH ST** mail Stop 0500

BENTONVILLE, AR 727160500

Business Telephone Number: (307) 527-4673 Fax Number: (479) 204-9864

E-Mail Address:

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
NE1/2 NW1/4, LOT 68, T52N, R102W OF THE 6TH P.M., D-3

MINIMUM PURCHASE

Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☑ YES ☐ NO

Please submit invoices to clerk

FILING IN

CITY OF CODY

FILING AS (CHOOSE ONLY ONE)

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☑ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☑ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☐ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☑ FULL TIME (e.g. Jan through Dec) ☐ SEASONAL/PART-TIME ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Jan to Dec

DAYS OF WEEK (e.g. Mon through Sat) from Sun to Sat

HOURS OF OPERATION (e.g. 10a - 2a) from 24/7 to _____

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☑ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☑ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page_____paragraph_____of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page_____paragraph_____of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
N/A				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	***DONOT LIST PO BOXES*** Residence Address No. & 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?
See attached						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $_____(_____%)
(Line 2) Food Sales: $_____(_____%)
(Line 3) Gross Sales: $_____(_____%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room:
2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION
*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF ~~WYOMING~~ Arkansas)
) *SS.*
COUNTY OF Benton)

Signed and sworn to before me on this 17th day of April, 20 19 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Andrea Lazenby (Printed Name) Assistant Secretary (Title)
2) _____ (Signature) Matthew Allen (Printed Name) Assistant Treasurer (Title)
3) _____ (Signature) _____ (Printed Name) _____ (Title)
4) _____ (Signature) _____ (Printed Name) _____ (Title)

Witness my hand and official seal:

SHAWN J. WOODS
BENTON COUNTY
NOTARY PUBLIC – ARKANSAS
My Commission Expires 04/07/2024
Commission No. 12398143

Shawn J Woods
Signature of Notary Public

(SEAL)

SHAWN J. WOODS
BENTON COUNTY
NOTARY PUBLIC – ARKANSAS
My Commission Expires

My commission expires: 04/07/2024

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H 6350	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 394

License Fees Annual Fee: $1,000.00

Prorated Fee: $____

Transfer Fee: $____

Publishing Fee: $25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: __/__/__

Advertising Dates: (2 Weeks) June 4th & June 11th

Hearing Date: 6/18/19

License Term: **8/1/2019** Through **7/31/2020**

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: **ZAPATAS INC**

Trade/Business Name (dba): **ZAPATAS**

Building Address: (Building to be licensed) **1362 SHERIDAN AVE**
CODY, WY 82414 PARK

Mailing Address: **PO BOX 2908**
CODY, WY 82414

Business Telephone Number: (307) 527-7181 Fax Number:

E-Mail Address: cmowatt2@gmail.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
LOTS 5 7 6, BLOCK 10, ORIGINAL TOWN OF CODY

MINIMUM PURCHASE
Retail License Holders Only

Have you purchased **$2,000** in spirits, wines and/or malt beverages during the previous license term?

☒ YES ☐ NO
Please submit invoices to clerk

FILING IN
CITY OF CODY

FILING AS (CHOOSE ONLY ONE)
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ LP/LLP
- ☐ LLC
- ☒ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ORGANIZATION
- ☐ OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
- ☐ ON-PREMISE ONLY (BAR)
- ☐ OFF-PREMISE ONLY (PACKAGE STORE)
- ☐ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- ☒ RESTAURANT LIQUOR LICENSE
- ☐ RESORT LIQUOR LICENSE
- ☐ BAR AND GRILL

LIMITED RETAIL (CLUB)
- ☐ VETERANS CLUB
- ☐ FRATERNAL CLUB
- ☐ GOLF CLUB
- ☐ SOCIAL CLUB

- ☐ MICROBREWERY
- ☐ WINERY
- ☐ DISTILLERY SATELLITE
- ☐ WINERY SATELLITE
- ☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

☐ FULL TIME (e.g. Jan through Dec)

☒ SEASONAL/PART-TIME Feb – oct

☐ NON-OPERATIONAL/PARKED

(specify months of operation) from Feb to Oct

DAYS OF WEEK (e.g. Mon through Sat) from Mon to Sun

HOURS OF OPERATION (e.g. 10a - 2a) from 11:00 AM to 9:00 PM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building? ☐ YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license) ☒ YES (lease)

(c) **LEASE** is current and on file with the licensing authority & Liquor Division. ☒ YES ☐ NO

If lease is not current, please submit a copy of the lease and indicate:

(i) When the **lease expires**, located on page _/_ paragraph _/_ of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page _/_ paragraph 3 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)

Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & Street City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director must complete this section.

True and Correct Name	Date of Birth	*DONOT LIST PO BOXES* Residence Address No. & 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?
Connie Moarott	[redacted]			25	100	YES ☐ NO ☑	YES ☐ NO ☑
Miles Hallowell	[redacted]			23	—	YES ☐ NO ☑	YES ☐ NO ☑
						YES ☐ NO ☐	YES ☐ NO ☐

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

4. Restaurant and Bar and Grill Liquor License Holders Only:

(a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)

(Line 1) Liquor Sales: $119,624.10 (15 %)
(Line 2) Food Sales: $666,616.18 (85 %)
(Line 3) Gross Sales: $786,240.28 (%)

(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☒ YES ☐ NO

(c) **Restaurant License Holders Only**: Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: **RESTAURANT LICENSE HOLDER: Dispensing Room Description(s) 9' X 11' ROOM IN SW PORTION OF BLDG**
2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO

(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, 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.

STATE OF WYOMING)
) *SS.*
COUNTY OF Park)

Signed and sworn to before me on this 10 day of April, 2019 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Connie Moarott	Connie Moarott	President
2)	Miles Hallowell	MILES R HALLOWELL	TREASURER
3)			
4)			

KYNDAL McANULTY NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES JUNE 15, 2019
(SEAL)

Witness my hand and official seal:

Signature of Notary Public

My commission expires: June 15, 2019

Outdoor Serving Area Renewal/Request

Per state statute 12-5-201 (a), "Alcoholic beverages secured in the licensed room by a server may be served only in the building in which the licensed room is located an in an immediately adjacent fenced or enclosed area as approved by the local licensing authority."

If you currently have an outdoor serving area or would like to request approval of a new outdoor serving area, please complete the following:

Applicant Name: Lapolas Inc.

X Please renew our outdoor serving area.

_____ I am requesting approval of a new outdoor serving area (not previously approved).

If requesting approval of a new area, or if you have made changes to the current area, please provide a detailed drawing:

City of Cody
Agenda Request Form

In order to fully prepare the Council for their meetings, individuals wishing to appear before the Council are asked to complete the following information prior to placement on the agenda. You may be notified by mail, telephone or e-mail of the date you have been scheduled to appear. You may also be contacted by City staff prior to the meeting to see if your concerns can be addressed without appearing before the Council.

Please provide the following detailed information relating to your concern or request. This form (and any relevant attachments) is due no later than seven days prior to a Council meeting to allow sufficient time for internal review. Council packets are prepared the prior to the Tuesday meetings, Meetings are held the first and third Tuesday of each month. Please complete the following information in full and return to City of Cody PO Box 2200 Cody, WY 82414 (Fax 307-527-6532)

****

Name of person to appear before the Council

Organization Represented Buffalo Bill Center of the West

Date you wish to appear before the Council 6-18-2019

Mailing Address 720 Sheridan Ave Cody WY Telephone 578-4086

E-Mail Address bruces@centerofthewest.org 5

Preferred form of contact: Telephone 272-9829 E- Mail

Names of all individuals who will speak on this topic

Bruce Sauers

~~Peter Seibert~~

Event Title (if applicable) Grand Opening of Cody Firearms Museum

Date(s) of Event (if applicable) 7-6-2019

Full description of topic to be discussed (include all relevant information, attach additional sheet if necessary) Closure of Monument Street to allow for crowds and parachutist to land.

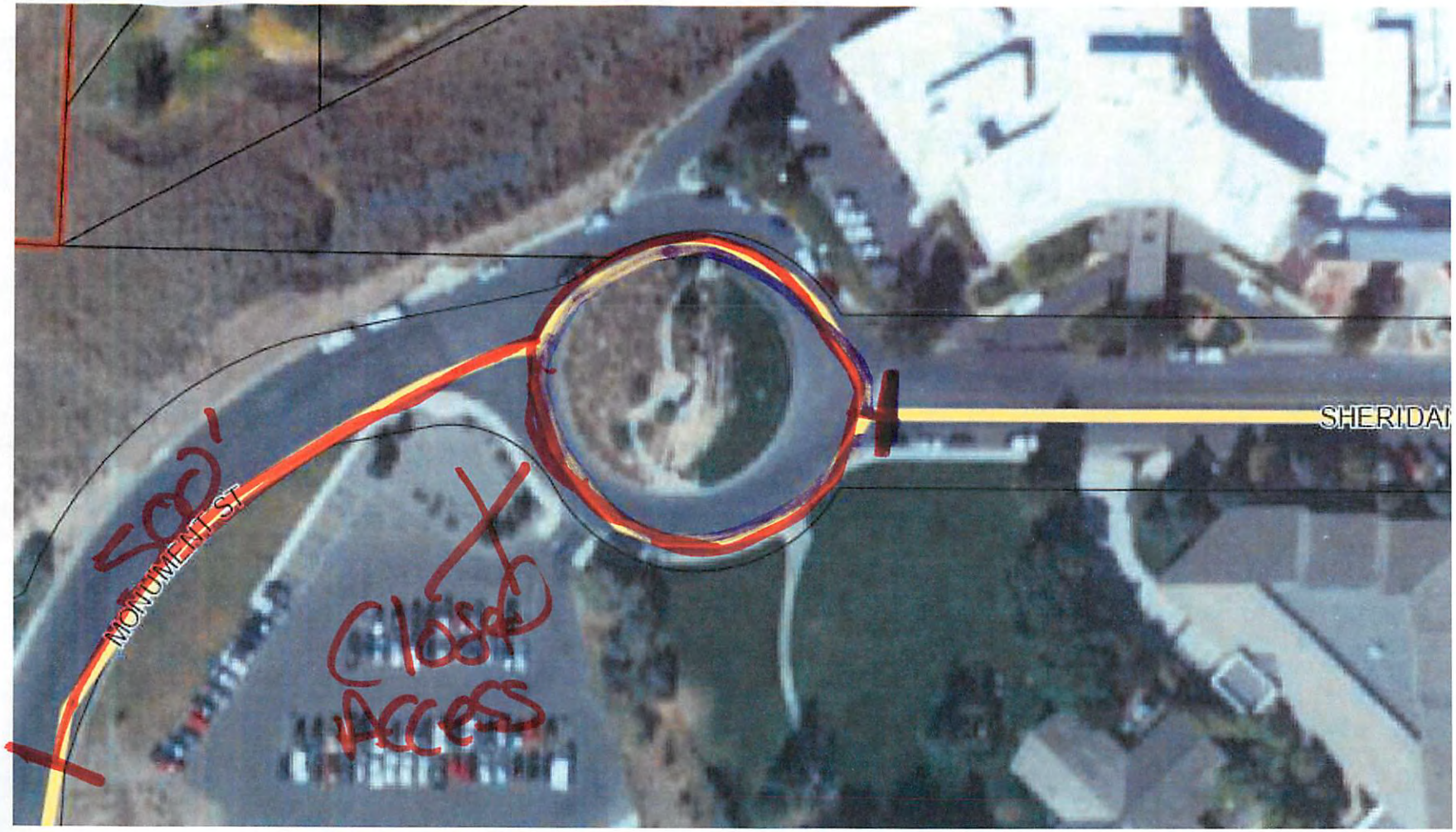
event starts at 6:00

5pm - 7:00pm

Which City employee(s) have you spoken to about this issue? Cindy Baker

Signature [signature] Date 5/29/67

Revised 2/2012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ORDINANCE 2019-05

AN ORDINANCE PROVIDING FOR THE AMOUNT OF TAX LEVY FOR THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30, 2020.

BE IT ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF CODY, WYOMING:

SECTION 1: That the amount of General Tax for the fiscal year ending June 30, 2020 necessary to meet the current expenses for the City of Cody, together with and including the necessary tax for interest and indebtedness for said year, and the same is hereby fixed and determined to be eight (8) mills upon all assessable property to be within the City of Cody, Wyoming.

SECTION 2. That said levy is hereby declared to be distributed as follows:

General Fund .008

SECTION 3. That said Ordinance shall be in full force and effect from and after its passage and publications as provided by law.

PASSED ON FIRST READING June 4, 2019

PASSED ON SECOND READING: June 11, 2019

PASSED, ADOPTED, AND ORDERED
PUBLISHED ON THIRD AND FINAL READING:

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia Baker
Administrative Services Officer

ORDINANCE 2019-06

AN ORDINANCE PROVIDING FOR THE ANNUAL APPROPRIATION OF MONEY FOR THE MAINTENANCE OF THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30, 2020.

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF CODY, WYOMING THAT:

SECTION 1. There is hereby appropriated for the purpose of operating the City of Cody, Wyoming, and paying all expenses thereof, the sum of $43,515,598.

SECTION 2. The City anticipates having $39,172,736 available in revenue and $26,996,073 in cash reserves during the coming year from the following sources and it is appropriated from the funds of said City for the ensuing year the sum of $43,515,598 or as much as may be necessary for the following purposes, to wit:

Fund	Total Estimated Cash Available For Budget	Total Estimated Revenue Available	Estimated Total Cash Plus Revenues	Estimated Total Requirements for Appropriation
General Fund	$ 7,455,100	$ 9,316,292	$ 16,771,392	$ 9,982,782
Vehicle Replacement Fund	$ 2,656,483	$ 570,317	$ 3,226,800	$ 765,326
Lodging Tax Fund	$ 17,799	$ 126,750	$ 144,549	$ 128,144
Cody Public Arts Fund	$ 2,721	$ 5,000	$ 7,721	$ 880
Pass Through Grants Fund	$ -	$ 6,319,969	$ 6,319,969	$ 6,319,969
Specific Purpose Tax Fund	$ 3,547,811	$ 10,000	$ 3,557,811	$ 2,817,847
Solid Waste Fund	$ 2,649,381	$ 2,252,830	$ 4,902,211	$ 2,540,953
Water Fund	$ 3,816,211	$ 4,690,821	$ 8,507,032	$ 5,097,051
Wastewater Fund	$ 2,810,828	$ 3,408,307	$ 6,219,135	$ 3,607,862
Electric Fund	$ 4,039,739	$ 12,472,450	$ 16,512,189	$ 12,254,784
Total City Appropriation	$ 26,996,073	$ 39,172,736	$ 66,168,809	$ 43,515,598

PASSED ON FIRST READING: June 4, 2019

PASSED ON SECOND READING: June 11, 2019
PASSED, ADOPTED, AND ORDERED PUBLISHED
ON THIRD AND FINAL READING:

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia Baker, Administrative Services Officer

ORDINANCE 2019-03

AN ORDINANCE AMENDING TITLE 9, CHAPTER 3 OF THE CITY OF CODY CODE.

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF CODY, PARK COUNTY, WYOMING:

Title 9, Chapter 3 of the City of Cody Code shall be amended to read as found in Exhibit A, attached hereto.

This Ordinance shall become effective at the final passage and publication in the Cody Enterprise as required by law.

PASSED ON FIRST READING: 5/21/19

PASSED ON SECOND READING: _____

PASSED, ADOPTED AND APPROVED _____
ON THIRD AND FINAL READING: _____

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia Baker, Administrative Services Director

EXHIBIT A, Ordinance 2019-03

Chapter 3
CONTRACTOR LICENSING

9-3-1: CONTRACTOR LICENSE REQUIRED; EXCEPTIONS; LICENSING CATEGORIES:
9-3-2: APPLICATION AND REVIEW PROCESS:
9-3-3: TERM OF LICENSE; RENEWAL REQUIRED:
9-3-4: GROUNDS AND PROCEDURE FOR SUSPENSION OR REVOCATION OF LICENSE; EFFECTS THEREOF:
9-3-5: INSURANCE REQUIRED:
9-3-6: INACTIVE STATUS:

9-3-1: CONTRACTOR LICENSE REQUIRED; EXCEPTIONS; LICENSING CATEGORIES:

A. Contractor License Required.
It shall be unlawful for any person to participate in any form of "construction contracting" within the City unless that person is either:

i. Licensed in the particular contracting category under the provisions of this chapter for the work being performed;
ii. Performing construction contracting solely for work that is entirely exempt from all building, plumbing, HVAC, and electrical permits; or,
iii. Exempt from contractor licensing as otherwise provided in this chapter for homeowners, owners of residential properties regulated by the International Residential Code, and non-compensated volunteer laborers while overseen by someone otherwise authorized to perform construction contracting pursuant to this chapter.

"Construction contracting" as used herein shall include the: demolishing; erecting; constructing; assembling; enlarging; altering; moving; removing; repairing; improving; converting; and performing work on electrical, plumbing or HVAC systems; of or on any building, structure or device in a manner regulated by the adopted building, plumbing, mechanical, or electrical codes. Activities specifically excluded from construction contacting include, but are not limited to: carpeting, decorating, installing flooring, painting, tiling, and wallpapering.

Furthermore, it shall be illegal to solicit construction contracting work or claim to be licensed or otherwise authorized to perform construction contracting work within the City without holding a contractor's license pursuant to this chapter for the applicable category of work that is advertised.

B. Licensing Exemptions.
The following exemptions to the above contractor licensing requirement are provided. These exemptions do not absolve a person from obtaining necessary permits and inspections, or from completing the work in accordance with adopted codes. Persons claiming such an exemption shall submit documentation for such to the Building Official and complete any applicable affidavits as noted herein.

i. Owner-Occupied Property Owner Exemption:

A property owner who is not a licensed contractor may be issued permits to perform work that would otherwise require them to hold a contractor's license, if one of the following scenarios applies, and they otherwise meet the requirements herein:

a. The structure, building, or device falls within the jurisdiction of the International Residential Code and the work will be performed by the property owner on the property where they currently reside.

b. The structure, building, or device falls within the jurisdiction of the International Residential Code, the work will be performed by the property owner, and the property owner intends to reside on the property once the work is completed.

The language indicating work is to be performed by the property owner does not preclude the property owner from hiring licensed contractors/subcontractors, or from having immediate family members of the property owner and non-compensated volunteers participate in the permitted work while overseen by the property owner or a contractor licensed for the work being performed.

The property owner, whether their ownership of the property is individual, joint, or part of a group (e.g. partnership or corporation), may be issued permits for the construction of no more than two new dwelling units in any five-year period. The property owner requesting a permit for construction of a new dwelling unit shall sign a sworn affidavit indicating their intent to reside on the property ~~for at least one year~~ after the certificate of occupancy is issued. ~~If a person fails to meet the one-year minimum occupancy requirement, they shall not be entitled to further utilize this exemption to construct a dwelling unit.~~

For work on existing dwellings subject to the International Residential Code, there shall be no limit on the number of building, plumbing, mechanical or electrical permits a property owner may receive to perform work on their own property where they reside.

ii. Residential Property Owner Exemption:
A property owner that does not reside on their property, but who either has owned the property for the past two years, or who intends to maintain ownership of the property for at least two years after purchase, may be issued permits to perform work on an existing dwelling or an accessory structure without possessing a contractor's license, subject to the limitations specified herein. This exemption does not authorize creation of a new dwelling unit.

The dwelling or structure must fall within the jurisdiction of the International Residential Code. A permit shall be issued to the property owner for any type of work on the existing dwelling except: electrical work; plumbing work; and heating, ventilation, and A/C (HVAC) work. Provided, if the property owner can demonstrate relevant experience and knowledge to safely perform work in any of those areas, the building official may issue a permit to the property owner for the work, or part thereof, for which the property owner has relevant experience and knowledge. In no case shall the building official issue a permit pursuant to

this exemption for installation of an electrical service or startup of a new HVAC system, unless the property owner has a contractor's license for such.

A property owner that has not maintained ownership of the property for at least two years shall sign a sworn affidavit indicating their intent to maintain ownership of the property for the balance of the required two-year period. If a person fails to comply with the two-year minimum ownership requirement, they shall not be entitled to further utilize this exemption.

iii. Property Owner Construction Management Exemption:
A property owner may perform the construction management aspect of overseeing construction activities on their commercial or residential property, subject to the conditions and limitations of this section, and be issued the building permit for such project. In such cases, a general contractor is not required. Where a property owner is issued a building permit as a construction manager, it does not authorize them to perform any construction work requiring a contractor's license. All construction and demolition work on the project shall be performed by licensed contractors/subcontractors.

iv. City Inspector Exemption: Construction work for the City may be performed by the City building inspectors when they hold an International Code Council (ICC) certificate or Wyoming contractor license for the type of work performed.

C. CONTRACTOR LICENSING CATEGORIES

Licenses for construction contracting are categorized and defined as follows. A license authorizes the company or person(s) holding the license to perform work within the trades(s) identified for that license, to the extent specified herein. Provided, each contractor is responsible to ensure that they do not accept or perform work that is clearly beyond their level of proficiency and skill—doing so is grounds for suspension and revocation of their license, as may be determined by the contractor's board.

i. General Contractor: This category authorizes the construction of all components of commercial and residential structures, except those components requiring an electrical license, plumbing license, or mechanical/HVAC license. A general contractor is also authorized to manage all work on the permitted project.

Persons requesting a general contractor license after adoption of this section shall show that they have passed the International Code Council (ICC) National Standard Exam for Class "A" Commercial or Class "B" Commercial and Residential contracting (or equivalent), and have at least 60 months of experience as a general contractor, journeyman carpenter, architect, engineer or similar work that demonstrates the skills and proficiency needed to act in the capacity of a general contractor.

ii. General Contractor—IRC: This category authorizes the construction of all components of a residential structure that is subject to the International Residential Code (e.g. single-family dwellings, duplexes, and townhouses), except those components requiring an electrical license, plumbing license, or mechanical/HVAC license. An IRC general contractor is also authorized to manage all work on the permitted project.

Persons requesting a "general contractor-IRC" license shall show that they have passed the ICC Class "C" Residential Contractor Exam (or equivalent) and have at least 24 months of experience that demonstrate the knowledge, skills and proficiency needed to perform work of this nature.

iii. Master Electrical Contractor: This category authorizes electricians licensed by the State of Wyoming as Master Electricians to perform electrical work regulated by the National Electric Code within the City of Cody. Their employees that perform electrical work must also be registered with the State of Wyoming. Persons requesting to be licensed by the City as an electrical contractor must provide a copy of their current Wyoming master electrician license and electrical contractor's license (card) issued by the State of Wyoming.

iv. Master Plumbing Contractor: This category authorizes plumbing work (including fuel gas) within all types of buildings and structures.

Persons requesting a master plumbing contractor license shall show that they have passed the ICC "Master Plumber with Fuel Gas" exam (or equivalent) and have at least 48 months of experience that demonstrate the knowledge, skills and proficiency needed to perform work of this nature.

v. Plumbing Contractor—IRC: This category authorizes all plumbing work within buildings and structures regulated by the International Residential Code (IRC).

Persons requesting a "plumbing contractor-IRC" license shall show that they have passed the ICC "F26 National Standard Residential Plumber" exam (or equivalent) and have at least 12 months of experience that demonstrates the knowledge, skills and proficiency needed to perform work of this nature; or, have at least 36 months of experience that demonstrate the knowledge, skills and proficiency necessary to perform work of this nature.

vi. Master Mechanical/HVAC Contractor: This category authorizes mechanical/HVAC work within all types of buildings and structures.

Persons requesting a master mechanical/HVAC contractor license shall show that they have passed the ICC "Master Mechanical" exam (or equivalent) and have at least 24 months of experience that demonstrate the skills and proficiency needed to perform work of this nature; or, have at least 48 months of experience that demonstrate the knowledge, skills and proficiency necessary to perform work of this nature.

vii. Mechanical/HVAC Contractor—IRC: This category authorizes all mechanical/HVAC work within buildings and structures regulated by the International Residential Code (IRC).

Persons requesting a "mechanical/HVAC contractor-IRC" license shall show that they have passed the ICC "F32 National Standard Residential Mechanical" exam (or equivalent) and have at least 12 months of experience that demonstrates the skills and proficiency needed to

perform work of this nature; or, have at least 36 months of experience that demonstrate the skills and proficiency necessary to perform work of this nature.

viii. Specialty Contractor: This category authorizes the person to work in one or more of the following trades, on any type of building or structure. Work only in those trades for which the person applies and meets the minimum experience therefore is authorized. The minimum experience need not be provided if the person has passed an ICC or equivalent professional exam for the trade and otherwise demonstrates the applicable knowledge, skills and proficiency to the Contractor's Board.

Trade:	Minimum Experience:
Asbestos Abatement	24 months
Commercial Fire Suppression Systems	36 months
Commercial Railings	24 months
Conveyor Systems	36 months
Demolition	24 months
Drywall	24 months
Elevator Installation	48 months
Fencing	6 months
Framing	48 months
Ground stabilization/mud jacking	24 months
Insulation	24 months
Masonry	48 months
Refrigeration	24 months
Roofing	24 months
Sheet metal installation	24 months
Siding	24 months
Sign/Awning Installation	24 months
Steel fabrication/erection	48 months
Structural Concrete	48 months
Stucco/Plaster	12 months
Underground Utilities (sewer, water, conduit)	12 months
Windows/Glass glazing	12 months

ix. Specialty Contractor—IRC: This category authorizes the person to work in any of the following specialty contractor activities when the work is conducted on a building or structure subject to the IRC. The minimum experience need not be provided if the person has passed an ICC or State of Wyoming exam for the trade, or if the Building Official or Contractor's Board is otherwise satisfied that the person has the knowledge and training necessary to perform the work in a competent manner.

Trade:	Minimum Experience:
Fire Suppression Systems	6 months
Demolition	6 months
Drywall	6 months
Fencing	3 months

Framing	12 months
Insulation	6 months
Masonry	6 months
Roofing	6 months
Sheet metal installation	6 months
Siding	6 months
Structural Concrete	6 months
Stucco/Plaster	6 months
Windows/Glass glazing	6 months

9-3-2: APPLICATION AND REVIEW PROCESS:

A. Any person desiring a contractor's license to perform work within the City of Cody shall complete an application therefore, and provide evidence of relevant experience, skills, and proficiency. The format and content of the application form shall be specified by the Contractor's Board. All contractor license applications shall be accompanied by an application fee, as specified in a fee schedule adopted by resolution of the governing body. The application fee is non-refundable.

B. All applicants for a contractor's license shall submit an application to the Community Development Department and be interviewed by the building official for a determination as to their qualifications and level of proficiency for the license requested, as set forth in the application. Those applicants that have previously been licensed for the type of license requested (whether in Cody or another jurisdiction), clearly meet the minimum qualifications of this chapter, and clearly demonstrate the proficiency required, shall be issued a contractor's license. The building official is authorized to issue the license on behalf of the contractor's board in such instances, provided the applicant is not currently in violation of the City's contractor licensing provisions (e.g. has not performed construction contracting within the City without a license and/or required permit).

When an applicant either does not have previous licensing for the type of license requested, has performed construction contracting in the City without a license, or when in the judgement of the building official the application would be better considered by the contractor's board for whatever reason, the application shall be presented to the Contractor's board for review. Applicants should be present at the Board meeting to provide information when their application is considered.

Upon reviewing a contractor's license application, the contractor's board has authority to approve it, deny it, approve a lesser license (e.g. IRC level instead of Master), or issue a conditional/limited license. Applicants that meet the qualifications shall be issued the license(s) requested, except the Board may delay issuance of a license as a penalty for an applicant performing construction contracting work within the City without a license. Such delay shall be based on the severity of the violation, but in no case shall exceed 90 calendar days. This penalty shall be in addition to other penalties the City may pursue through the court.

The option of issuing a conditional/limited license is available to the Board when they have concerns with the applicant's level of skills and/or knowledge, as related to the type and/or level of license requested. A conditional/limited license may be tailored by the Board in any manner they deem necessary to address their concerns. Examples include precluding work of a certain type, issuing the license for a specific project only, and requiring reevaluation after a specified time period.

Applications for persons that do not meet minimum qualifications to be issued a license or conditional/limited license shall be denied. Any person whose application is denied must wait a minimum of forty-five days before they can reapply. Reapplication shall be accompanied by an additional application fee.

Appeals from any action of the Board must be made within 10 days of their decision and shall be submitted in written form to the governing body.

9-3-3: TERM OF LICENSE RENEWAL REQUIRED:

All contractor licenses issued by the City are annual licenses and shall expire at the end of the calendar year in which they are issued.

Licensed contractors desiring to perform construction contracting in the new year shall submit an application for renewal of their license by December 15th of the current year. Licensed contractors that submit a completed renewal application, provide evidence of current insurance, pay the specified renewal fee, and are in good standing with the City, shall be issued a proper contractor's license for the new year. "Good standing" shall mean the contractor has maintained compliance with the standards of this chapter and timely obtained all required permits throughout the past year. The building official is authorized to issue the new annual license on behalf of the contractor's board in such cases. If the contractor is not in good standing, the renewal application must be reviewed by the Contractor's Board.

Contractors that apply for renewal after the December 15th deadline, but before January 15th of the new year shall have their renewal considered upon payment of an additional $30 late fee. Renewal applications for contractor licenses shall not be accepted after the January 15th deadline (or the following Monday if January 15th falls on a weekend). Contractors licensed in the prior year that do not submit a renewal application by the January 15th deadline shall not be relicensed except upon submittal and review of a new application to perform construction contracting.

Annual renewal pursuant to this section shall not require a contractor to pass an examination listed for their category of license if they were not previously required by the City to do so, nor does it require reexamination based on a new set of adopted building codes.

9-3-4: GROUNDS AND PROCEDURE FOR SUSPENSION OR REVOCATION OF LICENSE; EFFECTS THEREOF:

A. Grounds: The contractor's board may suspend, revoke, limit, or reclassify any license issued under the provisions of this chapter when the licensee or an employee of the licensee commits one or more of the following acts or omissions:

1. Improperly obtaining a license and/or a building permit through nondisclosure, misstatement or misrepresentation of a material fact;
2. Performing a form of construction contracting work for which they are not licensed;
3. Accepting and performing work clearly beyond their level of proficiency and skill, which work does not meet code requirements;
4. Failure to comply with any of the requirements of this chapter;
5. Combining or conspiring with any unlicensed person to evade the provisions of this chapter by permitting one's license to be used by such person;
6. Acting as agent, partner, associate or in any other capacity with any unlicensed person, to evade the provisions of this chapter; and,
7. Violating any provisions of the city ordinances pertaining to construction activities, including but not limited to failure to obtain required permits in a timely manner.

B. Procedure: When the building official believes that a contractor's license should be suspended, revoked, limited, or reclassified based on a violation one or more of the items listed in 9-3-4(A), the building official shall notify the licensee that the building official will recommend to the contractor's board that the licensee's license be suspended, revoked, limited or reclassified. The building official shall give written notice either in person or by certified mail to the licensee of the facts and circumstances giving rise to the recommendation, including reference to the applicable sections of this code which the licensee has violated. The notice shall state the requirement that the licensee shall have ten (10) days to request a hearing before the contractor's board, and that if the licensee fails to request such a hearing, the board shall act on the building official's recommendation at its next meeting. The notice shall state the place, date and time of the meeting where the board will hear the building official's recommendation.

1. Upon receipt of notice, the licensee may request a hearing before the board. Such request shall be in writing to the board within ten (10) days of receipt of notice. Failure by the licensee to request the hearing shall be deemed a waiver of any right to a hearing on the matter and the order of suspension or revocation shall become final.
2. At such hearing, the licensee shall be given an opportunity to show compliance with all lawful requirements for the retention of the license. The licensee shall be given the opportunity to present testimony, oral and/or written, and shall have the right of cross examination. All testimony shall be under oath. The board shall have the power to administer oaths, issue subpoenas and compel the attendance of witnesses. The decision of the board shall be based upon the evidence produced at the hearing and made a part of the record thereof. The hearing shall be conducted in compliance with the procedures promulgated in accordance with the Wyoming administrative procedures act.

C. Effects:

1. A person whose license has been revoked or suspended shall not be entitled to file a new application by the establishment of a new legal entity, or otherwise, during the length of such revocation or suspension.

2. In addition to the revocation or suspension of any license as provided in this chapter, any person who violates any provisions of this chapter, or any rule or regulation promulgated hereunder, is guilty of a misdemeanor, the penalty for which is prescribed under Title 1, Chapter 4 of this code.

9-3-5: INSURANCE REQUIRED:

All contractors licensed pursuant to this chapter shall maintain liability insurance of the type and amount specified below for themselves and any employees, agents, and representatives.

1. Bodily injury liability insurance: Insurance coverage with limits not less than one million dollars ($1,000,000.00) for bodily injury or death sustained by one person and one million dollars ($1,000,000.00) for each occurrence; and,
2. Property damage liability insurance: Coverage with limits not less than one million dollars ($1,000,000.00) for each occurrence.

The contractor shall provide to the building official a copy of their insurance certificate at the time of their initial application and as each new insurance certificate is issued, as necessary to show required coverage at all times that they have an active permit. No permit shall be issued to a contractor without proof of the required insurance being on file with the building official.

9-3-6: INACTIVE STATUS:

A. A licensed contractor may elect to designate his or her license as "inactive" by submitting a written statement to the building official. The following conditions shall apply to every contractor who is designated as "inactive":

1. Inactive licensees shall pay the appropriate annual renewal fees required for licensed contractors.
2. Inactive licensees shall not be required to comply with the insurance requirements that otherwise apply to licensed contractors under this Chapter.
3. Inactive licensees shall not perform work that must be performed by a licensed contractor under this Code, and may not receive any permits to perform work under this Code, except as may be permitted under the listed property owner exemptions of 9-3-1(B).
4. Inactive licensees shall not be eligible to serve any additional term on the Contractor's Board—however, they may complete their term if currently serving on the Board.
5. If an inactive licensee wishes to change status of his license to active so that he may perform work and receive permits to do work, he or she shall provide evidence of the required liability insurance to the building official, and deliver a written statement to the building official stating that he or she wishes to change his license to active. Upon receiving such information, the building official shall designate the licensee as active.

EXHIBIT A, Ordinance 2019-03

Chapter 3
CONTRACTOR LICENSING

9-3-1: CONTRACTOR LICENSE REQUIRED; EXCEPTIONS; LICENSING CATEGORIES:
9-3-2: APPLICATION AND REVIEW PROCESS:
9-3-3: TERM OF LICENSE; RENEWAL REQUIRED:
9-3-4: GROUNDS AND PROCEDURE FOR SUSPENSION OR REVOCATION OF LICENSE; EFFECTS THEREOF:
9-3-5: INSURANCE REQUIRED:
9-3-6: INACTIVE STATUS:

9-3-1: CONTRACTOR LICENSE REQUIRED; EXCEPTIONS; LICENSING CATEGORIES:

A. Contractor License Required.
It shall be unlawful for any person to participate in any form of "construction contracting" within the City unless that person is either:

i. Licensed in the particular contracting category under the provisions of this chapter for the work being performed;
ii. Performing construction contracting solely for work that is entirely exempt from all building, plumbing, HVAC, and electrical permits; or,
iii. Exempt from contractor licensing as otherwise provided in this chapter for homeowners, owners of residential properties regulated by the International Residential Code, and non-compensated volunteer laborers while overseen by someone otherwise authorized to perform construction contracting pursuant to this chapter.

"Construction contracting" as used herein shall include the: demolishing; erecting; constructing; assembling; enlarging; altering; moving; removing; repairing; improving; converting; and performing work on electrical, plumbing or HVAC systems; of or on any building, structure or device in a manner regulated by the adopted building, plumbing, mechanical, or electrical codes. Activities specifically excluded from construction contacting include, but are not limited to: carpeting, decorating, installing flooring, painting, tiling, and wallpapering.

Furthermore, it shall be illegal to solicit construction contracting work or claim to be licensed or otherwise authorized to perform construction contracting work within the City without holding a contractor's license pursuant to this chapter for the applicable category of work that is advertised.

B. Licensing Exemptions.
The following exemptions to the above contractor licensing requirement are provided. These exemptions do not absolve a person from obtaining necessary permits and inspections, or from completing the work in accordance with adopted codes. Persons claiming such an exemption shall submit documentation for such to the Building Official and complete any applicable affidavits as noted herein.

i. Owner-Occupied Property Owner Exemption:

A property owner who is not a licensed contractor may be issued permits to perform work that would otherwise require them to hold a contractor's license, if one of the following scenarios applies, and they otherwise meet the requirements herein:

a. The structure, building, or device falls within the jurisdiction of the International Residential Code and the work will be performed by the property owner on the property where they currently reside.

b. The structure, building, or device falls within the jurisdiction of the International Residential Code, the work will be performed by the property owner, and the property owner intends to reside on the property once the work is completed.

The language indicating work is to be performed by the property owner does not preclude the property owner from hiring licensed contractors/subcontractors, or from having immediate family members of the property owner and non-compensated volunteers participate in the permitted work while overseen by the property owner or a contractor licensed for the work being performed.

The property owner, whether their ownership of the property is individual, joint, or part of a group (e.g. partnership or corporation), may be issued permits for the construction of no more than two new dwelling units in any five-year period. The property owner requesting a permit for construction of a new dwelling unit shall sign a sworn affidavit indicating their intent to reside on the property ~~for at least one year~~ after the certificate of occupancy is issued. ~~If a person fails to meet the one-year minimum occupancy requirement, they shall not be entitled to further utilize this exemption to construct a dwelling unit.~~

For work on existing dwellings subject to the International Residential Code, there shall be no limit on the number of building, plumbing, mechanical or electrical permits a property owner may receive to perform work on their own property where they reside.

ii. Residential Property Owner Exemption:
A property owner that does not reside on their property, but who either has owned the property for the past two years, or who intends to maintain ownership of the property for at least two years after purchase, may be issued permits to perform work on an existing dwelling or an accessory structure without possessing a contractor's license, subject to the limitations specified herein. This exemption does not authorize creation of a new dwelling unit.

The dwelling or structure must fall within the jurisdiction of the International Residential Code. A permit shall be issued to the property owner for any type of work on the existing dwelling except: electrical work; plumbing work; and heating, ventilation, and A/C (HVAC) work. Provided, if the property owner can demonstrate relevant experience and knowledge to safely perform work in any of those areas, the building official may issue a permit to the property owner for the work, or part thereof, for which the property owner has relevant experience and knowledge. In no case shall the building official issue a permit pursuant to

this exemption for installation of an electrical service or startup of a new HVAC system, unless the property owner has a contractor's license for such.

A property owner that has not maintained ownership of the property for at least two years shall sign a sworn affidavit indicating their intent to maintain ownership of the property for the balance of the required two-year period. If a person fails to comply with the two-year minimum ownership requirement, they shall not be entitled to further utilize this exemption.

iii. Property Owner Construction Management Exemption:
A property owner may perform the construction management aspect of overseeing construction activities on their commercial or residential property, subject to the conditions and limitations of this section, and be issued the building permit for such project. In such cases, a general contractor is not required. Where a property owner is issued a building permit as a construction manager, it does not authorize them to perform any construction work requiring a contractor's license. All construction and demolition work on the project shall be performed by licensed contractors/subcontractors.

iv. City Inspector Exemption: Construction work for the City may be performed by the City building inspectors when they hold an International Code Council (ICC) certificate or Wyoming contractor license for the type of work performed.

C. CONTRACTOR LICENSING CATEGORIES

Licenses for construction contracting are categorized and defined as follows. A license authorizes the company or person(s) holding the license to perform work within the trades(s) identified for that license, to the extent specified herein. Provided, each contractor is responsible to ensure that they do not accept or perform work that is clearly beyond their level of proficiency and skill—doing so is grounds for suspension and revocation of their license, as may be determined by the contractor's board.

i. General Contractor: This category authorizes the construction of all components of commercial and residential structures, except those components requiring an electrical license, plumbing license, or mechanical/HVAC license. A general contractor is also authorized to manage all work on the permitted project.

Persons requesting a general contractor license after adoption of this section shall show that they have passed the International Code Council (ICC) National Standard Exam for Class "A" Commercial or Class "B" Commercial and Residential contracting (or equivalent), and have at least 60 months of experience as a general contractor, journeyman carpenter, architect, engineer or similar work that demonstrates the skills and proficiency needed to act in the capacity of a general contractor.

ii. General Contractor—IRC: This category authorizes the construction of all components of a residential structure that is subject to the International Residential Code (e.g. single-family dwellings, duplexes, and townhouses), except those components requiring an electrical license, plumbing license, or mechanical/HVAC license. An IRC general contractor is also authorized to manage all work on the permitted project.

Persons requesting a "general contractor-IRC" license shall show that they have passed the ICC Class "C" Residential Contractor Exam (or equivalent) and have at least 24 months of experience that demonstrate the knowledge, skills and proficiency needed to perform work of this nature.

iii. Master Electrical Contractor: This category authorizes electricians licensed by the State of Wyoming as Master Electricians to perform electrical work regulated by the National Electric Code within the City of Cody. Their employees that perform electrical work must also be registered with the State of Wyoming. Persons requesting to be licensed by the City as an electrical contractor must provide a copy of their current Wyoming master electrician license and electrical contractor's license (card) issued by the State of Wyoming.

iv. Master Plumbing Contractor: This category authorizes plumbing work (including fuel gas) within all types of buildings and structures.

Persons requesting a master plumbing contractor license shall show that they have passed the ICC "Master Plumber with Fuel Gas" exam (or equivalent) and have at least 48 months of experience that demonstrate the knowledge, skills and proficiency needed to perform work of this nature.

v. Plumbing Contractor—IRC: This category authorizes all plumbing work within buildings and structures regulated by the International Residential Code (IRC).

Persons requesting a "plumbing contractor-IRC" license shall show that they have passed the ICC "F26 National Standard Residential Plumber" exam (or equivalent) and have at least 12 months of experience that demonstrates the knowledge, skills and proficiency needed to perform work of this nature; or, have at least 36 months of experience that demonstrate the knowledge, skills and proficiency necessary to perform work of this nature.

vi. Master Mechanical/HVAC Contractor: This category authorizes mechanical/HVAC work within all types of buildings and structures.

Persons requesting a master mechanical/HVAC contractor license shall show that they have passed the ICC "Master Mechanical" exam (or equivalent) and have at least 24 months of experience that demonstrate the skills and proficiency needed to perform work of this nature; or, have at least 48 months of experience that demonstrate the knowledge, skills and proficiency necessary to perform work of this nature.

vii. Mechanical/HVAC Contractor—IRC: This category authorizes all mechanical/HVAC work within buildings and structures regulated by the International Residential Code (IRC).

Persons requesting a "mechanical/HVAC contractor-IRC" license shall show that they have passed the ICC "F32 National Standard Residential Mechanical" exam (or equivalent) and have at least 12 months of experience that demonstrates the skills and proficiency needed to

perform work of this nature; or, have at least 36 months of experience that demonstrate the skills and proficiency necessary to perform work of this nature.

viii. Specialty Contractor: This category authorizes the person to work in one or more of the following trades, on any type of building or structure. Work only in those trades for which the person applies and meets the minimum experience therefore is authorized. The minimum experience need not be provided if the person has passed an ICC or equivalent professional exam for the trade and otherwise demonstrates the applicable knowledge, skills and proficiency to the Contractor's Board.

Trade:	Minimum Experience:
Asbestos Abatement	24 months
Commercial Fire Suppression Systems	36 months
Commercial Railings	24 months
Conveyor Systems	36 months
Demolition	24 months
Drywall	24 months
Elevator Installation	48 months
Fencing	6 months
Framing	48 months
Ground stabilization/mud jacking	24 months
Insulation	24 months
Masonry	48 months
Refrigeration	24 months
Roofing	24 months
Sheet metal installation	24 months
Siding	24 months
Sign/Awning Installation	24 months
Steel fabrication/erection	48 months
Structural Concrete	48 months
Stucco/Plaster	12 months
Underground Utilities (sewer, water, conduit)	12 months
Windows/Glass glazing	12 months

ix. Specialty Contractor—IRC: This category authorizes the person to work in any of the following specialty contractor activities when the work is conducted on a building or structure subject to the IRC. The minimum experience need not be provided if the person has passed an ICC or State of Wyoming exam for the trade, or if the Building Official or Contractor's Board is otherwise satisfied that the person has the knowledge and training necessary to perform the work in a competent manner.

Trade:	Minimum Experience:
Fire Suppression Systems	6 months
Demolition	6 months
Drywall	6 months
Fencing	3 months

Framing	12 months
Insulation	6 months
Masonry	6 months
Roofing	6 months
Sheet metal installation	6 months
Siding	6 months
Structural Concrete	6 months
Stucco/Plaster	6 months
Windows/Glass glazing	6 months

9-3-2: APPLICATION AND REVIEW PROCESS:

A. Any person desiring a contractor's license to perform work within the City of Cody shall complete an application therefore, and provide evidence of relevant experience, skills, and proficiency. The format and content of the application form shall be specified by the Contractor's Board. All contractor license applications shall be accompanied by an application fee, as specified in a fee schedule adopted by resolution of the governing body. The application fee is non-refundable.

B. All applicants for a contractor's license shall submit an application to the Community Development Department and be interviewed by the building official for a determination as to their qualifications and level of proficiency for the license requested, as set forth in the application. Those applicants that have previously been licensed for the type of license requested (whether in Cody or another jurisdiction), clearly meet the minimum qualifications of this chapter, and clearly demonstrate the proficiency required, shall be issued a contractor's license. The building official is authorized to issue the license on behalf of the contractor's board in such instances, provided the applicant is not currently in violation of the City's contractor licensing provisions (e.g. has not performed construction contracting within the City without a license and/or required permit).

When an applicant either does not have previous licensing for the type of license requested, has performed construction contracting in the City without a license, or when in the judgement of the building official the application would be better considered by the contractor's board for whatever reason, the application shall be presented to the Contractor's board for review. Applicants should be present at the Board meeting to provide information when their application is considered.

Upon reviewing a contractor's license application, the contractor's board has authority to approve it, deny it, approve a lesser license (e.g. IRC level instead of Master), or issue a conditional/limited license. Applicants that meet the qualifications shall be issued the license(s) requested, except the Board may delay issuance of a license as a penalty for an applicant performing construction contracting work within the City without a license. Such delay shall be based on the severity of the violation, but in no case shall exceed 90 calendar days. This penalty shall be in addition to other penalties the City may pursue through the court.

The option of issuing a conditional/limited license is available to the Board when they have concerns with the applicant's level of skills and/or knowledge, as related to the type and/or level of license requested. A conditional/limited license may be tailored by the Board in any manner they deem necessary to address their concerns. Examples include precluding work of a certain type, issuing the license for a specific project only, and requiring reevaluation after a specified time period.

Applications for persons that do not meet minimum qualifications to be issued a license or conditional/limited license shall be denied. Any person whose application is denied must wait a minimum of forty-five days before they can reapply. Reapplication shall be accompanied by an additional application fee.

Appeals from any action of the Board must be made within 10 days of their decision and shall be submitted in written form to the governing body.

9-3-3: TERM OF LICENSE RENEWAL REQUIRED:

All contractor licenses issued by the City are annual licenses and shall expire at the end of the calendar year in which they are issued.

Licensed contractors desiring to perform construction contracting in the new year shall submit an application for renewal of their license by December 15th of the current year. Licensed contractors that submit a completed renewal application, provide evidence of current insurance, pay the specified renewal fee, and are in good standing with the City, shall be issued a proper contractor's license for the new year. "Good standing" shall mean the contractor has maintained compliance with the standards of this chapter and timely obtained all required permits throughout the past year. The building official is authorized to issue the new annual license on behalf of the contractor's board in such cases. If the contractor is not in good standing, the renewal application must be reviewed by the Contractor's Board.

Contractors that apply for renewal after the December 15th deadline, but before January 15th of the new year shall have their renewal considered upon payment of an additional $30 late fee. Renewal applications for contractor licenses shall not be accepted after the January 15th deadline (or the following Monday if January 15th falls on a weekend). Contractors licensed in the prior year that do not submit a renewal application by the January 15th deadline shall not be relicensed except upon submittal and review of a new application to perform construction contracting.

Annual renewal pursuant to this section shall not require a contractor to pass an examination listed for their category of license if they were not previously required by the City to do so, nor does it require reexamination based on a new set of adopted building codes.

9-3-4: GROUNDS AND PROCEDURE FOR SUSPENSION OR REVOCATION OF LICENSE; EFFECTS THEREOF:

A. Grounds: The contractor's board may suspend, revoke, limit, or reclassify any license issued under the provisions of this chapter when the licensee or an employee of the licensee commits one or more of the following acts or omissions:

1. Improperly obtaining a license and/or a building permit through nondisclosure, misstatement or misrepresentation of a material fact;
2. Performing a form of construction contracting work for which they are not licensed;
3. Accepting and performing work clearly beyond their level of proficiency and skill, which work does not meet code requirements;
4. Failure to comply with any of the requirements of this chapter;
5. Combining or conspiring with any unlicensed person to evade the provisions of this chapter by permitting one's license to be used by such person;
6. Acting as agent, partner, associate or in any other capacity with any unlicensed person, to evade the provisions of this chapter; and,
7. Violating any provisions of the city ordinances pertaining to construction activities, including but not limited to failure to obtain required permits in a timely manner.

B. Procedure: When the building official believes that a contractor's license should be suspended, revoked, limited, or reclassified based on a violation one or more of the items listed in 9-3-4(A), the building official shall notify the licensee that the building official will recommend to the contractor's board that the licensee's license be suspended, revoked, limited or reclassified. The building official shall give written notice either in person or by certified mail to the licensee of the facts and circumstances giving rise to the recommendation, including reference to the applicable sections of this code which the licensee has violated. The notice shall state the requirement that the licensee shall have ten (10) days to request a hearing before the contractor's board, and that if the licensee fails to request such a hearing, the board shall act on the building official's recommendation at its next meeting. The notice shall state the place, date and time of the meeting where the board will hear the building official's recommendation.

1. Upon receipt of notice, the licensee may request a hearing before the board. Such request shall be in writing to the board within ten (10) days of receipt of notice. Failure by the licensee to request the hearing shall be deemed a waiver of any right to a hearing on the matter and the order of suspension or revocation shall become final.
2. At such hearing, the licensee shall be given an opportunity to show compliance with all lawful requirements for the retention of the license. The licensee shall be given the opportunity to present testimony, oral and/or written, and shall have the right of cross examination. All testimony shall be under oath. The board shall have the power to administer oaths, issue subpoenas and compel the attendance of witnesses. The decision of the board shall be based upon the evidence produced at the hearing and made a part of the record thereof. The hearing shall be conducted in compliance with the procedures promulgated in accordance with the Wyoming administrative procedures act.

C. Effects:

1. A person whose license has been revoked or suspended shall not be entitled to file a new application by the establishment of a new legal entity, or otherwise, during the length of such revocation or suspension.

2. In addition to the revocation or suspension of any license as provided in this chapter, any person who violates any provisions of this chapter, or any rule or regulation promulgated hereunder, is guilty of a misdemeanor, the penalty for which is prescribed under Title 1, Chapter 4 of this code.

9-3-5: INSURANCE REQUIRED:

All contractors licensed pursuant to this chapter shall maintain liability insurance of the type and amount specified below for themselves and any employees, agents, and representatives.

1. Bodily injury liability insurance: Insurance coverage with limits not less than one million dollars ($1,000,000.00) for bodily injury or death sustained by one person and one million dollars ($1,000,000.00) for each occurrence; and,
2. Property damage liability insurance: Coverage with limits not less than one million dollars ($1,000,000.00) for each occurrence.

The contractor shall provide to the building official a copy of their insurance certificate at the time of their initial application and as each new insurance certificate is issued, as necessary to show required coverage at all times that they have an active permit. No permit shall be issued to a contractor without proof of the required insurance being on file with the building official.

9-3-6: INACTIVE STATUS:

A. A licensed contractor may elect to designate his or her license as "inactive" by submitting a written statement to the building official. The following conditions shall apply to every contractor who is designated as "inactive":

1. Inactive licensees shall pay the appropriate annual renewal fees required for licensed contractors.
2. Inactive licensees shall not be required to comply with the insurance requirements that otherwise apply to licensed contractors under this Chapter.
3. Inactive licensees shall not perform work that must be performed by a licensed contractor under this Code, and may not receive any permits to perform work under this Code, except as may be permitted under the listed property owner exemptions of 9-3-1(B).
4. Inactive licensees shall not be eligible to serve any additional term on the Contractor's Board—however, they may complete their term if currently serving on the Board.
5. If an inactive licensee wishes to change status of his license to active so that he may perform work and receive permits to do work, he or she shall provide evidence of the required liability insurance to the building official, and deliver a written statement to the building official stating that he or she wishes to change his license to active. Upon receiving such information, the building official shall designate the licensee as active.

ORDINANCE 2019-04

AN ORDINANCE AMENDING TITLE 9, CHAPTER 3, SECTIONS 2 AND 3 OF THE CITY OF CODY CODE.

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF CODY, PARK COUNTY, WYOMING:

Title 9, Chapter 3, Sections 2 and 3 of the City of Cody Code shall be amended to read as follows:

9-1-2: CONTRACTOR LICENSING BOARD ESTABLISHED:

A. There is hereby established a Contractor Licensing Board, also to act as the Board of Appeals as referenced in the adopted building codes, and referred to herein as "the Board".

B. The Board shall consist of ten (10) members. One (1) member shall be an at-large member who is either a resident of the City or who owns a contracting business physically located within the City; one (1) member shall be an architect, structural engineer or civil engineer; one (1) member shall be a licensed mechanical/HVAC contractor; one (1) member shall be a City Council member; two (2) members shall be licensed general contractors; two (2) members shall be licensed plumbing contractors; and, two (2) members shall be licensed electrical contractors.

C. Each member of the Board must be:
1. An individual who is a licensed contractor within the specialty he or she is designated to represent on the Board; or
2. A certified journeyman electrician, certified journeyman plumber or certified journeyman HVAC installer who is not individually licensed, but is employed by a licensed contractor that is licensed within the specialty the employee is designated to represent on the Board. If a member of the Board who is not individually licensed, and is serving as an employee of a licensed contractor, resigns, terminates, severs or otherwise loses his or her employment with such licensed contractor, then he or she may continue to serve as a member of the Board until the end of his or her term. If the Board member, at the end of his or her term, is not individually licensed in the specialty he or she is designated to represent, or is not employed by a licensed contractor, then he or she cannot serve as a member of the Board, and the Mayor and Governing Body shall appoint a new member who is licensed to fill the vacancy as described below.

D. The members of the Board shall each be appointed by the Mayor with the approval of the Governing Body, for a three (3) year term. Terms of members shall begin on January 1 and shall be staggered, with no more than four (4) members reaching the end of their term at the end of each calendar year. Subsequent appointments shall be for three (3) years each unless to fill an unexpired term. Members appointed to fill

vacancies shall serve until the end of the term which they were appointed to fulfill, and may be reappointed for successive three (3) year terms. At the discretion of the Governing Body, members may be appointed for more than one (1) term.

E. The Board shall meet at such intervals as necessary for the proper performance of its duties, but in any case, shall meet not less than twice each year.

9-1-3: AUTHORITY TO ESTABLISH ADMINISTRATIVE PROCEDURES AND POLICIES:

The Building Official and Contractors Board are authorized and directed to establish administrative procedures and policies for the application, review, examination and licensing of building contractors, as necessary to implement Title 9, Chapter 3. Each person who submits the required application materials and meets the established qualifications therefor shall be issued an appropriate annual license. The Community Development Department shall keep an official record of all licenses issued.

This Ordinance shall become effective at the final passage and publication in the Cody Enterprise as required by law.

PASSED ON FIRST READING: __05/21/19_____

PASSED ON SECOND READING: _____

PASSED, ADOPTED AND APPROVED
ON THIRD AND FINAL READING: _____

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia Baker, Administrative Services Director