City of Cody City Council

AGENDA

Tuesday, June 16, 2020 –7:00 p.m. (Pre-Meeting to begin at 6:15 p.m. in Council Chambers)
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 2, and Special Work Session from June 9, 2020.
   b. Approve Vouchers and payroll in the amount of $1,911,437.62.
   c. Authorize the Mayor to sign the Wellstone Commercial Card Agreement with Wells Fargo Bank for purchase card services.

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, 10 restaurant liquor licenses, 6 bar and grill liquor licenses, 3 limited (club) retail licenses, and 3 micorbrewery permits, for the period of August 1, 2020 through July 31, 2021.

   b. A Public Hearing to consider if it is in the public's interest to approve the Fiscal Year 2020-2021 budget for the City of Cody.

   c. A Public Hearing to consider if it is in the public's interest to approve the appropriation of remining and excess specific purpose tax funds.

d. Conduct of Business

a. Approve the renewal of 21 retail liquor licenses, 10 restaurant liquor licenses, 6 bar and grill licenses, 3 limited retail licenses (clubs) and 3 microbrewery permits for the period of August 1, 2020 through July 31, 2021.
   Staff Reference: Cindy Baker, Administrative Services Officer

b. Resolution 2020-12
   A Resolution Approving Proposition to Impose a Two Percent (2%) Lodging Tax in park County, State of Wyoming, Said Proposition to be Placed on the General Election Ballot on November 3, 2020.
   Spokesperson: Claudia Wade, Park County Travel Council

c. Resolution 2020-13
   A Resolution of the City of Cody, Wyoming for the Appropriation of Remaining and Excess Specific Purpose Tax Funds.
   Staff Reference: Leslie Brumage.

d. Consider closing the Recreation Center July 3rd and July 4th.
   Staff Reference: Cindy Baker, Administrative Services Officer

e. Consider authorizing overtime cost and provide full staffing needs for the July 3rd and 4th parades that are currently not funded in FY20-21 budget, noting budget amendment would be approved with specific cost, division/department allocation when actual cost associated with providing staffing is known.
   Staff Reference: Barry Cook, City Administrator and/or
   Cindy Baker, Administrative Services Officer

f. Authorize an encroachment license with 4C Storage, LLC for a proposed storm water channel that would run across the undeveloped "E" Ave Right-of-Way.
   Staff Reference: Todd Stowell, City Planner

g. Approve he final plat of the Anvil Minor Subdivision, a 2-lot subdivision by Thomas Schulz, subject to conditions.
   Staff Reference: Todd Stowell, City Planner

h. Ordinance 2020-08 – 3rd and Final Reading
   An Ordinance Amending Title 1 Administration, Chapter 7 Administrative Provisions, Section 1-7-1 Introduction, Article C Appointed Officers and Employees, Section 1-7C-5 Salaries, of the City of Cody Code.
   Staff Reference: Leslie Brumage, Finance Officer
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i. Ordinance 2020-09 – 3rd and Final Reading

An Ordinance Amending Title 1, Chapter 7, Article C, of the City of Cody Code by Adding Section 8: Clerk and Treasurer
Staff Reference: Scott Kolpitcke, City Attorney

j. Ordinance 2020-10 3rd and Final Reading
An Ordinance Amending Title 4, Chapter 4, Article 1, Section 6 of the Cody City Code to Modify the Large Item Pick Up and Tree and Brush Removal Programs
Staff Reference: Phillip Bowman, Public Works Director

k. Ordinance 2020-13 3rd and Final Reading
An Ordinance Amending Title 4, Chapter 4, Article III, Section 13 of the Cody City Code to Establish a Large Item Pick Up Charge.
Staff Reference: Phillip Bowman, Public Works Director

l. Ordinance 2020-11 3rd and Final Reading
An Ordinance Providing for the amount of Tax Levy for the City of Cody, Wyoming for the Fiscal Year Ending June 20, 2021.
Staff Reference: Leslie Brumage, Finance Officer

m. Ordinance 2020-12 3rd 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, 2021.
Staff Reference: Leslie Brumage, Finance Officer

e. Tabled Items

f. Matters from Staff Members

g. Matters from Council Members

h. Adjournment

Upcoming Meetings:
June 23, 2020 – Tuesday – Work Session – 5:00 p.m. Tentative
July 7, 2020 – Tuesday – Regular Council Meeting – 7:00 p.m.

City of Cody
Council Proceedings
Tuesday, June 2, 2020

A regular meeting of the Cody City Council was held in the Council Chambers at City Hall in Cody, Wyoming on Tuesday, June 2, 2020 at 7:00 p.m.

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

Absent: Council Member Glenn Nielson

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

Council Member Greer made a motion seconded by Council Member Rasmussen to approve the Consent Calendar as amended, including approval of Minutes: Regular Minutes from May 19, 2020; authorize the Mayor to sign a letter of support for By Western hands as it relates to their submission for the Wyoming Business Council's Open Summer Placemaking Grant; authorize the mayor to enter into and sign an Agreement for Use of City Property between the City of Cody and Cody Cubs Baseball; and authorize, retroactive, the discharge of fireworks at the Rodeo Grounds on Sunday May 31st for the Class of 2020 Wild West Graduation Event. Vote was unanimous.

At 7:02 p.m. the Mayor entered into a public hearing to determine if it is in the public interest as it relates to the 2020 Business Ready Community Grant and Loan Application for a Business Committed Project. James Klessens provided information relating to this project, along with representatives from Wyoming National Laboratories. Citizen Bob Ferguson commented on the subject. After calling for comments and then there being none the Mayor exited the public hearing at 7:30 p.m.

Council Member Rasmussen made a motion seconded by Council Member Baily to approve Vouchers and payroll in the amount of $380,630.42. Council Member Greer recused himself from the vote. Vote was unanimous from remaining Council Members.

Resolution 2020-10
A Resolution Authorizing Submission of Application to the Wyoming Business Council under the Business Ready Community Grant and Loan Program on behalf of the Governing Body of the City of Cody for the Purpose of The Construction of a Manufacturing Facility for use by Wyoming National Laboratories. Council Member Fritz made a motion seconded by Council Member Baily to approve Resolution 2020-10. Vote was unanimous.

Council Member Fritz made a motion seconded by Council Member Ballard to approve the recapture program relating to the Wyoming National Laboratories Business Ready - Community Grant and Loan program application and authorize the Mayor to sign said document. Vote was unanimous.

Council Member Ballard made a motion seconded by Council Member Rasmussen to approve the agreement to comply with State Statutes and Wyoming Business Council policies in relation to the Wyoming National Laboratories Business Ready Community Grant and Loan program and authorize the Mayor to enter into and sign said agreement. Vote was unanimous.

Council Member Rasmussen made a motion seconded by Council Member Baily to authorize the Mayor to sign and enter into an agreement between the City of Cody and the Yellowstone Regional Airport Joint Powers Board as it relates to a Grant to Construct Access Road and Park Lot, Rehabilitate Access Road and Rehabilitate Runway 4/22 (Pavement Maintenance). Vote was unanimous.

Council Member Greer made a motion seconded by Council Member Ballard to approve a request from the "Wild Bunch Gun Fighters" (WBGF) to hold western re-enactment gunfighter shows June 15, 2020 or sooner upon receipt of valid liability insurance through September 26, 2020 on 12th Street between Sheridan Ave and the first alley south of Sheridan Ave. Street Closure and barricades to be set up at 5:00 p.m., while allowing vacated parking spots to be signed for no parking starting at 4:30 p.m. and tear down by 7:00 p.m. Additionally chairs will not be allowed to be placed on sidewalk or parking spaces when/where applicable no sooner than 4:30 p.m. Approval conditional upon the receipt of the signed "Conditions for Discharging Weapons in the City of Cody for the WBGF Summer 2020 Re-enactment Shows document, proof of liability insurance and following all Orders issued by the State of Wyoming and Park County Public Health relating to gatherings and the COVID-19 Pandemic. Vote was unanimous.

Council Member Greer made a motion seconded by Council Member Rasmussen to approve the final plat for the JCA LM Minor Subdivisions, a 2-lot subdivision, subject to conditions. Vote was unanimous.

Resolution 2020-11
A Resolution Supporting an Optional One Percent (5th Cent) Sales and Use. Council Member Rasmussen made a motion seconded by Council Member Ballard to approve Resolution 2020- 11. Vote was unanimous.

Resolution 2020-09
A Resolution of the City of Cody, Wyoming Establishing Policies and Procedures for the Tipsy Taxi Program. Council Member Fritz made a motion seconded by Council Member Ballard to approve Resolution 2020-09. Vote was unanimous.

Ordinance 2020-08 – 1st Reading
An Ordinance Amending Title 1 Administration, Chapter 7 Administrative Provisions, Section 1-7-1 Introduction, Article C Appointed Officers and Employees, Section 1-7C-5 Salaries, of the City of Cody Code. Council Member Rasmussen made a motion seconded by Council Member Baily to approve Ordinance 2020-08 on 1st Reading. Vote was unanimous.

Ordinance 2020-09 – 1st Reading
An Ordinance Amending Title 1, Chapter 7, Article C, of the City of Cody Code by Adding Section 8: Clerk and Treasurer. Council Member Greer made a motion seconded by Council Member Fritz to approve Ordinance 2020-09 on 1st Reading. Vote was unanimous.

Ordinance 2020-10 1st Reading
An Ordinance Amending Title 4, Chapter 4, Article 1, Section 6 of the Cody City Cody to Modify the Large Item Pick Up and Tree and Brush Removal Programs. Council Member Rasmussen made a motion seconded by Council Member Greer to approve Ordinance 2020-10 on 1st Reading. Vote was unanimous.

Ordinance 2020-13 1st Reading
An Ordinance Amending Title 4, Chapter 4, Article III, Section 13 of the Cody City Cody to Establish a Large Item Pick Up Charge. Council Member Fritz made a motion seconded by Council Member Rasmussen to approve Ordinance 2020-13 on 1st Reading. Vote was unanimous.

Ordinance 2020-11 1st Reading
An Ordinance Providing for the amount of Tax Levy for the City of Cody, Wyoming for the Fiscal Year Ending June 30, 2021. Council Member Fritz made a motion seconded by Council Member Ballard to approve Ordinance 2020-11 on 1st Reading. Vote was unanimous.

Ordinance 2020-12 1st 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, 2021. Council Member Fritz made a motion seconded by Council Member Greer to approve Ordinance 2020-12 on 1st Reading. Vote was unanimous.

Ordinance 2020-06 – 2nd Reading
An Ordinance relating to the Annexation to the City of Cody, Wyoming of Lands Owned by Ronald and Kelly Hunt located at 137 Belfry Highway. Council Member Greer made a motion seconded by Council Member Rasmussen to amend the ordinance to reflect Ward 3. Council Member Greer made a motion seconded by Council Member Rasmussen to approve Ordinance 2020-06 on 2nd Reading as amendments. Vote was unanimous

Ordinance 2020-07 - 2nd Reading
An Ordinance Rezoning Lands Owned by Ronald and Kelly Hunt Located at 137 Belfry Highway to General Business (D-2) with the Entry Corridor Overlay. Council Member Fritz made a motion seconded by Council Member Rasmussen to approve Ordinance 2020-07 on 2nd Reading. Vote was unanimous.

Ordinance 2020-05 – 2nd Reading
An Ordinance to Enter into a Cable Franchise Agreement with Tri County Telephone Association, Inc., TCT West, Inc., and Tri-Tel Inc. Council Member Ballard made a motion seconded by Council Member Baily to approve Ordinance 2020-05 on 2nd Reading. Vote was unanimous.

There being no further action Mayor Hall adjourned the meeting at 8:43 p.m.

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City of Cody
Council Proceedings
Tuesday, June 9, 2020

A special meeting of the Cody City Council was held in Council Chambers of Cody City Hall on Tuesday, June 9, 2020 at 5:00 p.m.

Present: Mayor Matt Hall, Council Members Justin Baily, Diane Ballard Jerry Fritz, Landon Greer, Glenn Nielson and Heidi Rasmussen; City Administrator, Barry Cook, Administrative Service Officer, Cindy Baker, Chief Baker, Lt Jason Stafford, Public Works Director Phillip Bowman, Parks, Recreation and Public Facilities Director, Rick Manchester, City Planner Todd Stowell, City Planner and Finance Officer Leslie Brumage

Absent: None

Mayor Hall called the meeting to order at 5:00 p.m.

The Governing Body discussed a request from Jorge Cardnes to put ice cream vending machines at City Park. Council directed staff to move this item forward for consideration at a future meeting. No Action was taken.

Ordinance 2020-06 – 3rd Reading as amended
An Ordinance relating to the Annexation to the City of Cody, Wyoming of Lands Owned by Ronald and Kelly Hunt located at 137 Belfry Highway. Council Member Rasmussen made a motion seconded by Council Member Baily to approve Ordinance 2020-06 on 3rd and Final Reading. Motion was unanimous.

Ordinance 2020-07 - 3rd Reading
An Ordinance Rezoning Lands Owned by Ronald and Kelly Hunt Located at 137 Belfry Highway to General Business (D-2) with the Entry Corridor Overlay. Council Member Greer made a motion seconded by Council Member Nielson to approve Ordinance 2020-07 on 3rd and Final Reading. Motion was unanimous.

Ordinance 2020-05 – 3rd Reading
An Ordinance to Enter into a Cable Franchise Agreement with Tri County Telephone Association, Inc., TCT West, Inc., and Tri-Tel Inc. Council Member Fritz made a motion seconded by Council Member Rasmussen to approve Ordinance 2020-05 on 3rd and Final Reading. Motion was unanimous.

Ordinance 2020-08 – 2nd Reading
An Ordinance Amending Title 1 Administration, Chapter 7 Administrative Provisions, Section 1-7-1 Introduction, Article C Appointed Officers and Employees, Section 1-7C-5 Salaries, of the City of Cody Code. Council Member Ballard made a motion seconded by Council Member Greer to approve Ordinance 2020-08 on 2nd Reading. Motion was unanimous.

Ordinance 2020-09 – 2nd Reading
An Ordinance Amending Title 1, Chapter 7, Article C, of the City of Cody Code by Adding Section 8: Clerk and Treasurer. Council Member Fritz made a motion seconded by Council Member Baily to approve Ordinance 2020-09 on 2nd Reading. Motion was unanimous

Ordinance 2020-10 2nd Reading
An Ordinance Amending Title 4, Chapter 4, Article 1, Section 6 of the Cody City Cody to Modify the Large Item Pick Up and Tree and Brush Removal Programs. Council Member Rasmussen made a motion seconded by Council Member Baily to approve Ordinance 2020-08 on 2nd Reading. Motion was unanimous

Ordinance 2020-13 2nd Reading
An Ordinance Amending Title 4, Chapter 4, Article III, Section 13 of the Cody City Cody to Establish a Large Item Pick Up Charge. Council Member Greer made a motion seconded by Council Member Rasmussen to amend Ordinance 2020-13 on 2nd Reading to reduce the fee from $1.00 to $0.70. Motion was unanimous. Council Member Greer made a motion seconded by

Council Member Baily to approve Ordinance 2020-13 on 2nd Reading as amended. Motion was unanimous.

Ordinance 2020-11 2nd Reading
An Ordinance Providing for the amount of Tax Levy for the City of Cody, Wyoming for the Fiscal Year Ending June 30, 2021. Council Member Fritz made a motion seconded by Council Member Rasmussen to approve Ordinance 2020-11 on 2nd Reading. Motion was unanimous.

Ordinance 2020-12 2nd 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, 2021. Council Member Fritz made a motion seconded by Council Member Baily to approve Ordinance 2020-12 on 2nd Reading. Motion was unanimous.

Mayor Hall adjourned the meeting at 542 p.m.

Cynthia D Baker	Matt Hall
Administrative Services Officer	Mayor

Report Criteria:
Invoice Detail.Input date = 05/29/2020,06/09/2020
Invoice.Batch = {NOT LIKE} "1"

Secondary Name	Invoice	Description	Invoice Date	Total Cost
AMERI - TECH EQUIPMENT COMPANY (131395)				
	1242	48 & 96 GAL TOTER'S	05/27/2020	27,927.20
Total :				27,927.20
Total AMERI - TECH EQUIPMENT COMPANY (131395):				27,927.20
AMERICAN FAMILY LIFE ASSUR (550)				
	788065	AFLAC PREMIUM	06/02/2020	2,254.35
Total :				2,254.35
Total AMERICAN FAMILY LIFE ASSUR (550):				2,254.35
AMERICAN WELDING & GAS, INC. (128592)				
	7137187	OXYGEN/ACETYLENE/CYLINDER RENTAL	05/31/2020	69.72
	7137188	CARBON DIOXIDE/CYLINDER RENTAL	05/31/2020	33.14
Total :				102.86
Total AMERICAN WELDING & GAS, INC. (128592):				102.86
ANIXTER INC (130622)				
	4598632-01	GUY STRFIND VISE	05/22/2020	78.49
	4598632-01	GUY STRFIND VISE	05/22/2020	412.13
Total :				490.62
Total ANIXTER INC (130622):				490.62
AUGEDAHL, ISAAC (132335)				
	2335	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total AUGEDAHL, ISAAC (132335):				30.00
BACON, PAIGE (131212)				
CODY MOBILE ART STUDIO	46	HOMESCHOOL ART	05/28/2020	63.00
	2385	REC CENTER REFUND	05/29/2020	84.50
Total :				147.50
Total BACON, PAIGE (131212):				147.50
BAILEY ENTERPRISES INCORPORATED (130546)				
	053120	Fuel	06/04/2020	61.06
	053120	Fuel	06/04/2020	258.06
	053120	Fuel	06/04/2020	95.33
	053120	Fuel	06/04/2020	31.78
	053120	Fuel	06/04/2020	1,318.70
	053120	Fuel	06/04/2020	95.33
	053120	Fuel	06/04/2020	47.66
	053120	Fuel	06/04/2020	40.88

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	053120	Fuel	06/04/2020	408.05
	053120	Fuel	06/04/2020	203.02
	053120	Fuel	06/04/2020	87.78
	053120	Fuel	06/04/2020	86.85
	053120	Fuel	06/04/2020	67.67
	053120	Fuel	06/04/2020	14.59
	053120	Fuel	06/04/2020	57.48
	053120	Fuel	06/04/2020	69.19
	053120	Fuel	06/04/2020	13.38
	053120	Fuel	06/04/2020	383.39
	053120	Fuel	06/04/2020	39.73
	053120	Fuel	06/04/2020	512.89
	053120	Fuel	06/04/2020	75.65
	053120	Fuel	06/04/2020	7.47
	053120	Fuel	06/04/2020	7.47
	053120	Fuel	06/04/2020	2.49
	053120	Fuel	06/04/2020	14.16
	053120	Fuel	06/04/2020	8.96
	053120	Fuel	06/04/2020	13.06
	053120	Fuel	06/04/2020	1,979.22
	053120	Fuel	06/04/2020	647.81
	053120	Fuel	06/04/2020	375.45
	053120	Fuel	06/04/2020	51.23
	053120	Fuel	06/04/2020	11.82
	053120	Fuel	06/04/2020	13.06
	053120	Fuel	06/04/2020	220.94
	053120	Fuel	06/04/2020	158.42
	053120	Fuel	06/04/2020	13.06
	053120	Fuel	06/04/2020	329.20
	053120	Fuel	06/04/2020	59.30
	053120	Fuel	06/04/2020	215.08
	053120	Fuel	06/04/2020	9.95
	053120	Fuel	06/04/2020	587.43
Total :				8,694.05
Total BAILEY ENTERPRISES INCORPORATED (130546):				8,694.05
BAILEY, MARGE (132364)				
	2393	REC CENTER REFUND	05/29/2020	23.00
Total :				23.00
Total BAILEY, MARGE (132364):				23.00
BALES, SARAH (132317)				
	2329	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total BALES, SARAH (132317):				15.00
BANGART, LACEY (132302)				
	2309	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total BANGART, LACEY (132302):				15.00
BARTON, MEGAN (132294)				
	2298	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total BARTON, MEGAN (132294):				30.00
BEE-CHUEY, SHAWNA (132338)				
	2331	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total BEE-CHUEY, SHAWNA (132338):				15.00
BERCHTOLD, DESTINY (132295)				
	2299	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total BERCHTOLD, DESTINY (132295):				30.00
BERGUM, DANIEL (132343)				
	2345	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total BERGUM, DANIEL (132343):				15.00
BERRY, RON (129886)				
	2321	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total BERRY, RON (129886):				15.00
BLETHEN, DEXTER (132350)				
	2362	REC CENTER REFUND	05/28/2020	84.00
Total :				84.00
Total BLETHEN, DEXTER (132350):				84.00
BLUE CROSS BLUE SHIELD OF WYOMING (1360)				
	060120	INSURANCE - JUNE 2020	06/01/2020	140,766.53
Total :				140,766.53
Total BLUE CROSS BLUE SHIELD OF WYOMING (1360):				140,766.53
BOBCAT OF BIG HORN BASIN, INC. (128623)				
	35280	SKID STEER W/ ATTACHMENTS	05/28/2020	40,395.24
Total :				40,395.24
Total BOBCAT OF BIG HORN BASIN, INC. (128623):				40,395.24

Secondary Name	Invoice	Description	Invoice Date	Total Cost
BOCK, CANDICE (132318)				
	2330	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total BOCK, CANDICE (132318):				30.00
BOLLOM, NOAH (132337)				
	2348	REC CENTER REFUND	05/22/2020	32.00
Total :				32.00
Total BOLLOM, NOAH (132337):				32.00
BREISMEISTER, RICHARD (132287)				
	2290	REC CENTER REFUND	05/22/2020	22.50
Total :				22.50
Total BREISMEISTER, RICHARD (132287):				22.50
BROST, CASSIE (132323)				
	2376	REC CENTER REFUND	05/28/2020	84.50
Total :				84.50
Total BROST, CASSIE (132323):				84.50
BROWN, RYAN (123316)				
	2360	REC CENTER REFUND	05/28/2020	57.50
Total :				57.50
Total BROWN, RYAN (123316):				57.50
BURLINGAME, SCOTT (128683)				
	2369	REC CENTER REFUND	05/28/2020	84.50
Total :				84.50
Total BURLINGAME, SCOTT (128683):				84.50
CALDWELL, ASHLEY (132352)				
	2368	REC CENTER REFUND	05/28/2020	57.50
Total :				57.50
Total CALDWELL, ASHLEY (132352):				57.50
CARDENAS, JORGE (132345)				
	2349	REC CENTER REFUND	05/22/2020	32.00
Total :				32.00
Total CARDENAS, JORGE (132345):				32.00
CARQUEST AUTO PARTS (10200)				
	2874-IC-398393	credit pulley B20	05/12/2020	11.54-

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	2874-IC-398892	credit lights A13	05/19/2020	45.49-
	2874-ID-397760	filter C05	05/04/2020	22.36
	2874-ID-397764	wiper blades B24	05/04/2020	26.78
	2874-ID-398000	bolts F07	05/06/2020	2.64
	2874-ID-398069	flap wheels C06	05/07/2020	12.90
	2874-ID-398298	filter B09	05/11/2020	3.14
	2874-ID-398298	filter B36	05/11/2020	3.14
	2874-ID-398354	filter B20	05/12/2020	3.14
	2874-ID-398354	filter A05X	05/12/2020	3.14
	2874-ID-398371	belt and pulleys B20	05/12/2020	59.11
	2874-ID-398507	wiring harness B35	05/13/2020	34.19
	2874-ID-398623	light C01	05/15/2020	53.54
	2874-ID-398643	transmission fluid F05	05/15/2020	220.79
	2874-ID-398692	lights A13	05/15/2020	90.98
	2874-ID-398907	oil Parks	05/19/2020	7.88
	2874-ID-399085	filter F05	05/21/2020	5.64
	2874-ID-399085	lube F07	05/21/2020	11.02
	2874-ID-399388	filter C01	05/27/2020	22.36
	2874-ID-399388	filter B14	05/27/2020	3.14
	2874-ID-399495	battery H03	05/28/2020	207.68
	2874-ID-399510	filters A08	05/28/2020	9.43
Total :				745.97
Total CARQUEST AUTO PARTS (10200):				745.97
CHEYENNE, LIGHT, FUEL & POWER COMPANY (130509)				
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	460.34
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	334.53
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	413.02
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	244.69
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	1,493.05
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	1,493.05
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	90.22
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	29.48
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	369.03
BLACK HILLS ENERGY	061020	UTILITIES - BLACK HILLS ENERGY	06/10/2020	64.04
Total :				4,991.45
Total CHEYENNE, LIGHT, FUEL & POWER COMPANY (130509):				4,991.45
CHRISTIAN, JAMIE (132274)				
	14.3660.19	REFUND UTILTIY DEPOSIT	05/29/2020	221.29
Total :				221.29
Total CHRISTIAN, JAMIE (132274):				221.29
CLEMENTS, MERIDTH (132324)				
	2373	REC CENTER REFUND	05/28/2020	47.00
Total :				47.00
Total CLEMENTS, MERIDTH (132324):				47.00
CLINE, MEI (132344)				
	2346	REC CENTER REFUND	05/22/2020	15.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				15.00
Total CLINE, MEI (132344):				15.00
CODY MIDDLE SCHOOL (123406)				
	60120	ALUMINUM CAN CONTEST	06/01/2020	34.25
Total :				34.25
Total CODY MIDDLE SCHOOL (123406):				34.25
CONCRETE AND UP INC (132276)				
	2018-9414	MEMORIAL PARK SIDEWALK/ASPHALT	04/30/2020	4,000.00
Total :				4,000.00
Total CONCRETE AND UP INC (132276):				4,000.00
CORR, WENDY (132355)				
	2372	REC CENTER REFUND	05/28/2020	57.50
Total :				57.50
Total CORR, WENDY (132355):				57.50
CRANE, TRAVIS (132327)				
	2355	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total CRANE, TRAVIS (132327):				15.00
CRUTCHFIELD, JEAN (132363)				
	2389	REC CENTER REFUND	05/29/2020	47.00
Total :				47.00
Total CRUTCHFIELD, JEAN (132363):				47.00
DEAN, MICHELLE (131661)				
	2340	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total DEAN, MICHELLE (131661):				30.00
DEARBORN LIFE INSURANCE COMPANY (131563)				
	060120	INSURANCE - June 2020	06/01/2020	366.64
Total :				366.64
Total DEARBORN LIFE INSURANCE COMPANY (131563):				366.64
DEATLEY, MICHAEL (132300)				
	2306	REC CENTER REFUND	05/22/2020	35.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				35.00
Total DEATLEY, MICHAEL (132300):				35.00
DELOACH, EMMALINE (130224)				
	2281	REC CENTER REFUND	05/18/2020	475.00
Total :				475.00
Total DELOACH, EMMALINE (130224):				475.00
DEWEY, AUGUST (132140)				
	2310	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total DEWEY, AUGUST (132140):				15.00
DICKERSON, JAY (132346)				
	2350	REC CENTER REFUND	05/22/2020	32.00
Total :				32.00
Total DICKERSON, JAY (132346):				32.00
DONALD, JAMIE L (132377)				
	2401	REC CENTER REFUND	06/01/2020	105.00
Total :				105.00
Total DONALD, JAMIE L (132377):				105.00
DONAUGH, AUTUMN (132051)				
	53120	REIMBURSEMENT - MILEAGE	06/01/2020	16.91
Total :				16.91
Total DONAUGH, AUTUMN (132051):				16.91
DONEY, CRAIG (132339)				
	2332	REC CENTER REFUND	05/22/2020	15.00
	2341	REC CENTER REFUND	05/22/2020	34.00
Total :				49.00
Total DONEY, CRAIG (132339):				49.00
DWYER, KEALEY (132368)				
	2403	REC CENTER REFUND	06/01/2020	52.50
Total :				52.50
Total DWYER, KEALEY (132368):				52.50
EASTSIDE ELEMENTARY SCHOOL (123410)				
	60120	ALUMINUM CAN CONTEST	06/01/2020	5.50

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				5.50
Total EASTSIDE ELEMENTARY SCHOOL (123410):				5.50
ENGINEERING ASSOCIATES (4140)				
	4005031	PROJECT 14111-04 WWTF PHASE 2	05/20/2020	5,776.38
	4005031	PROJECT 14111-04 WWTF PHASE 2	05/20/2020	1,765.01
	4005031	PROJECT 14111-04 WWTF PHASE 2	05/20/2020	481.37
	4005031	PROJECT 14111-04 WWTF PHASE 2	05/20/2020	8,022.76
	4005115	20000.46 - CITY OF CODY - EASEMENT - CARTER AVE	05/28/2020	1,216.86
Total :				17,262.38
Total ENGINEERING ASSOCIATES (4140):				17,262.38
ENNIST III, ROBERT F (131798)				
BIG HORN FOOD SERVICES	40240	CUSTODIAL SUPPLIES	05/20/2020	53.95
BIG HORN FOOD SERVICES	40240	CUSTODIAL SUPPLIES	05/20/2020	53.95
BIG HORN FOOD SERVICES	40240	CUSTODIAL SUPPLIES	05/20/2020	53.96
BIG HORN FOOD SERVICES	40240	CUSTODIAL SUPPLIES	05/20/2020	53.96
Total :				215.82
Total ENNIST III, ROBERT F (131798):				215.82
FAIRMAN, HOLLY (132219)				
	2381	REC CENTER REFUND	05/29/2020	9.94
Total :				9.94
Total FAIRMAN, HOLLY (132219):				9.94
FELL, KASANDRA (132331)				
	2351	REC CENTER REFUND	05/22/2020	32.00
Total :				32.00
Total FELL, KASANDRA (132331):				32.00
FORWARD CODY WYOMING, INC (127450)				
	060320	GUNWERKS MANUFACTURING FACILITY ENGINEERING	06/03/2020	32,582.00
Total :				32,582.00
Total FORWARD CODY WYOMING, INC (127450):				32,582.00
FRANZ, LORRI (132289)				
	2292	REC CENTER REFUND	05/22/2020	25.00
Total :				25.00
Total FRANZ, LORRI (132289):				25.00
FREDERICK, LAUREL (131382)				
	60220	RESTITUTION FROM DEBRA HODSON MC-1706-037	06/02/2020	53.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				53.00
Total FREDERICK, LAUREL (131382):				53.00
FROST, RACHEL (132349)				
	2361	REC CENTER REFUND	05/28/2020	57.50
Total :				57.50
Total FROST, RACHEL (132349):				57.50
GBADAMOSI, SAMANTHA (132286)				
	2289	REC CENTER REFUND	05/20/2020	25.00
Total :				25.00
Total GBADAMOSI, SAMANTHA (132286):				25.00
GOLDBACH, JODY (131267)				
	2307	REC CENTER REFUND	05/22/2020	17.50
Total :				17.50
Total GOLDBACH, JODY (131267):				17.50
GORCHESKY, LARRY (131679)				
	2397	REC CENTER REFUND	05/29/2020	57.50
Total :				57.50
Total GORCHESKY, LARRY (131679):				57.50
GRAMES, ABBY (132103)				
	2336	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total GRAMES, ABBY (132103):				15.00
GROW, KATLYN (132378)				
	2318	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total GROW, KATLYN (132378):				15.00
HALSTEAD, SAMANATHA (132312)				
	2324	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total HALSTEAD, SAMANATHA (132312):				30.00
HAMILTON, JAKE (132296)				
	2300	REC CENTER REFUND	05/22/2020	30.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				30.00
Total HAMILTON, JAKE (132296):				30.00
HARRIS TRUCKING AND CONSTRUCTION (129345)				
WYOMING STEEL SERVICES LLC	005685	RECYCLING HAULING	05/20/2020	475.00
Total :				475.00
Total HARRIS TRUCKING AND CONSTRUCTION (129345):				475.00
HARRIS TRUCKING AND CONSTRUCTION CO. (4780)				
	133818	ASPHALT RECYCLING	04/14/2020	3,083.55
	133824	CONCRETE RECYCLING	04/17/2020	1,094.70
	133942	ASPHALT	05/10/2020	1,139.81
	BHWT PAY APP 1	BEACON HILL WATER TANK	06/01/2020	147,477.34
	BHWT PAY APP 1	BEACON HILL WATER TANK	06/01/2020	72,638.09
	BHWT RET 1	BEACON HILL WATER TANK	06/01/2020	16,386.37
	BHWT RET 1	BEACON HILL WATER TANK	06/01/2020	8,070.90
	WWTF2 PAY APP 9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	27,359.51
	WWTF2 PAY APP 9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	8,359.85
	WWTF2 PAY APP 9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	2,279.96
	WWTF2 PAY APP 9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	37,999.32
	WWTF2 RET9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	3,039.95
	WWTF2 RET9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	928.87
	WWTF2 RET9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	253.33
	WWTF2 RET9	WASTEWATER TREATMENT FACILITY PHASE 2	06/02/2020	4,222.15
Total :				334,333.70
Total HARRIS TRUCKING AND CONSTRUCTION CO. (4780):				334,333.70
HATFIELD II, JACK R (132281)				
	2282	REC CENTER REFUND	05/20/2020	11.25
Total :				11.25
Total HATFIELD II, JACK R (132281):				11.25
HILL, TRAVIS (132361)				
	2384	REC CENTER REFUND	05/29/2020	74.00
Total :				74.00
Total HILL, TRAVIS (132361):				74.00
HINES, MARK TRAVIS (132375)				
BIO-LOGIC DESIGN	5-1-20-05	VERTICAL FARM WALL	05/02/2020	600.00
Total :				600.00
Total HINES, MARK TRAVIS (132375):				600.00
HOBBS, NICOLE (132330)				
	2352	REC CENTER REFUND	05/22/2020	32.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				32.00
Total HOBBS, NICOLE (132330):				32.00
HOOVER, BRIAN (132282)				
	2283	REC CENTER REFUND	05/20/2020	11.25
Total :				11.25
Total HOOVER, BRIAN (132282):				11.25
HOYLE, KATHLEEN (132353)				
	2370	REC CENTER REFUND	05/28/2020	26.25
Total :				26.25
Total HOYLE, KATHLEEN (132353):				26.25
HUBER, WESLEY L (123442)				
EAGLE OF CODY PRINTING	60120	AP CHECKS	06/01/2020	247.00
Total :				247.00
Total HUBER, WESLEY L (123442):				247.00
HUGHES, KAREN (132313)				
	2325	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total HUGHES, KAREN (132313):				15.00
HULL LLC (410)				
AL'S APPLIANCE	5022543	CLEAR OUT DRYER VENT	03/13/2020	120.00
Total :				120.00
Total HULL LLC (410):				120.00
ICENOGLE, WES (131417)				
	2391	REC CENTER REFUND	05/29/2020	74.00
Total :				74.00
Total ICENOGLE, WES (131417):				74.00
IMSAND, RACHEL (132356)				
	2374	REC CENTER REFUND	05/28/2020	84.50
Total :				84.50
Total IMSAND, RACHEL (132356):				84.50
INDUSTRIAL SYSTEMS INC (5200)				
	161	CHARTS - WASTE WATER	05/11/2020	100.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				100.00
Total INDUSTRIAL SYSTEMS INC (5200):				100.00
J & S CORPORATION (1160)				
BIG HORN GLASS	39296	REPAIR FRONT DOOR CLOSURES	03/27/2020	808.00
Total :				808.00
Total J & S CORPORATION (1160):				808.00
JEDERSON, BECKY (132280)				
	2280	REC CENTER REFUND	05/18/2020	25.00
Total :				25.00
Total JEDERSON, BECKY (132280):				25.00
JONES, AMY (129954)				
	052720	PERSONAL TRAINER - REC CENTER	05/27/2020	296.29
Total :				296.29
Total JONES, AMY (129954):				296.29
JONES, TROY (132367)				
	2398	REC CENTER REFUND	05/29/2020	57.50
Total :				57.50
Total JONES, TROY (132367):				57.50
KEENAN, MONIQUE (132341)				
	2337	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total KEENAN, MONIQUE (132341):				30.00
KIM-SHAW, HYUNJIN (132365)				
	2394	REC CENTER REFUND	05/29/2020	84.50
Total :				84.50
Total KIM-SHAW, HYUNJIN (132365):				84.50
KLEINMAN, AMANDA (132336)				
	2338	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total KLEINMAN, AMANDA (132336):				30.00
KOEHN, CHRISTOPHER (132283)				
1724 SOUTHFORK RD	2284	REC CENTER REFUND	05/20/2020	11.25

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				11.25
Total KOEHN, CHRISTOPHER (132283):				11.25
KOLTES, SASHA (131729)				
	2390	REC CENTER REFUND	05/29/2020	74.00
Total :				74.00
Total KOLTES, SASHA (131729):				74.00
LAFLEUR, CODY (132371)				
	3.1520.44	REFUND UTILITY DEPOSIT	06/01/2020	325.88
Total :				325.88
Total LAFLEUR, CODY (132371):				325.88
LASTER, DEBBIE (132277)				
OR BEAUCHAMP, TINA	14.2390.28	UTILITY DEPOSIT REFUND	06/01/2020	319.35
Total :				319.35
Total LASTER, DEBBIE (132277):				319.35
LAZARI, TATIANA (132150)				
	2316	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total LAZARI, TATIANA (132150):				15.00
LEACH, PATRICK (132347)				
	2353	REC CENTER REFUND	05/22/2020	32.00
Total :				32.00
Total LEACH, PATRICK (132347):				32.00
LEACH, SHEILA (132376)				
	2400	REC CENTER REFUND	06/01/2020	74.00
Total :				74.00
Total LEACH, SHEILA (132376):				74.00
LEAR, GARY (132309)				
	2319	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total LEAR, GARY (132309):				15.00
LEISURE IN MONTANA INC (131545)				
	SAL12161-1	CHEMICALS FOR POOL	05/13/2020	369.25
	SAL12161-1	CHEMICALS FOR POOL	05/13/2020	369.26

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				738.51
Total LEISURE IN MONTANA INC (131545):				738.51
LIFE LINE SCREENING (132279)				
	2279	REC CENTER REFUND	05/18/2020	127.12
Total :				127.12
Total LIFE LINE SCREENING (132279):				127.12
LIVINGSTON ELEMENTARY SCHOOL (123409)				
	6012020	ALUMINUM CAN CONTEST	06/01/2020	57.75
Total :				57.75
Total LIVINGSTON ELEMENTARY SCHOOL (123409):				57.75
LONG RANGE INVESTMENTS, LLC (130608)				
	60120	REFUND REMAINING LANDSCAPE DEPOSIT	06/01/2020	8,000.00
Total :				8,000.00
Total LONG RANGE INVESTMENTS, LLC (130608):				8,000.00
MARKERT, KEN (132120)				
	2291	REC CENTER REFUND	05/22/2020	22.50
Total :				22.50
Total MARKERT, KEN (132120):				22.50
MARTIN, KELLY (126237)				
	2304	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total MARTIN, KELLY (126237):				30.00
MASON, ARIANNE (132342)				
	2342	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total MASON, ARIANNE (132342):				30.00
MAYTON, GREG (132303)				
	2311	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total MAYTON, GREG (132303):				30.00
MCLEOD, KENNETH (132360)				
	2383	REC CENTER REFUND	05/29/2020	18.96

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				18.96
Total MCLEOD, KENNETH (132360):				18.96
MCNEIL, JOY (132251)				
	2378	REC CENTER REFUND	05/29/2020	52.50
Total :				52.50
Total MCNEIL, JOY (132251):				52.50
MEDINA, KOLE (132369)				
	2.0020.35	REFUND UTILITY DEPOSIT	06/01/2020	105.54
Total :				105.54
Total MEDINA, KOLE (132369):				105.54
MEETEETSE SCHOOL (123413)				
	60120	ALUMINUM CAN CONTEST	06/01/2020	6.75
Total :				6.75
Total MEETEETSE SCHOOL (123413):				6.75
MICHAELS, PAULINE (132292)				
	2296	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total MICHAELS, PAULINE (132292):				30.00
MILLER, JOSHUA (132372)				
	17.1010.17	REFUND UTILITY DEPOSIT	06/01/2020	113.74
Total :				113.74
Total MILLER, JOSHUA (132372):				113.74
MORRISON, ROB (132319)				
	2358	REC CENTER REFUND	05/28/2020	47.00
Total :				47.00
Total MORRISON, ROB (132319):				47.00
NCPERS GROUP LIFE INS (125412)				
C/O MEMBER BENEFITS	6220	PREMIUM	06/02/2020	416.00
Total :				416.00
Total NCPERS GROUP LIFE INS (125412):				416.00
NEFF, MICHAEL (131802)				
	2356	REC CENTER REFUND	05/27/2020	52.50

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				52.50
Total NEFF, MICHAEL (131802):				52.50
NEIHART, ABBY (132307)				
	2315	REC CENTER REFUND	05/22/2020	15.00
	2339	REC CENTER REFUND	05/22/2020	15.00
Total :				30.00
Total NEIHART, ABBY (132307):				30.00
NICKELL, KORTNEY (132304)				
	2312	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total NICKELL, KORTNEY (132304):				15.00
NIELSON, JAY (132291)				
	2295	REC CENTER REFUND	05/22/2020	25.00
Total :				25.00
Total NIELSON, JAY (132291):				25.00
NITTI, GREGORY (132366)				
	2396	REC CENTER REFUND	05/29/2020	75.00
Total :				75.00
Total NITTI, GREGORY (132366):				75.00
NIZIOLEK, JESSICA (132351)				
	2367	REC CENTER REFUND	05/28/2020	73.50
Total :				73.50
Total NIZIOLEK, JESSICA (132351):				73.50
NORDBERG, CAROLYN (132314)				
	2326	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total NORDBERG, CAROLYN (132314):				15.00
NORTON, MARCIA (132322)				
	2392	REC CENTER REFUND	05/29/2020	84.00
Total :				84.00
Total NORTON, MARCIA (132322):				84.00
NOTHE, JACOB (130521)				
	4.0220.34	REFUND UTILITY DEPOSIT	06/02/2020	14.57

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				14.57
Total NOTHE, JACOB (130521):				14.57
OLSON, DEMI (132333)				
	2343	REC CENTER REFUND	05/22/2020	34.00
Total :				34.00
Total OLSON, DEMI (132333):				34.00
O'MARA, WILLIAM (132208)				
	2366	REC CENTER REFUND	05/28/2020	94.34
Total :				94.34
Total O'MARA, WILLIAM (132208):				94.34
PARK COUNTY (7670)				
	5263	LEC CONTRACT - DISPATCH	06/01/2020	212.22
	5263	LEC CONTRACT - DISPATCH	06/01/2020	3,607.97
	5263	LEC CONTRACT - DISPATCH	06/01/2020	636.70
	5263	LEC CONTRACT - DISPATCH	06/01/2020	16,766.45
	5263	LEC CONTRACT - CAPITOL EQUIPMENT	06/01/2020	4,510.00
	5263	LEC CONTRACT - MAINTENANCE	06/01/2020	2,305.46
	5263	LEC CONTRACT - CONSOLE	06/01/2020	38.89
	5263	LEC CONTRACT - CONSOLE	06/01/2020	661.06
	5263	LEC CONTRACT - CONSOLE	06/01/2020	116.66
	5263	LEC CONTRACT - CONSOLE	06/01/2020	3,071.98
	5263	LEC CONTRACT - UTILITIES	06/01/2020	1,007.01
Total :				32,934.40
Total PARK COUNTY (7670):				32,934.40
PARK COUNTY ANIMAL SHELTER (5120)				
	60120	ANIMAL SERVICE CONTRACT - MAY 2020	06/01/2020	3,750.00
Total :				3,750.00
Total PARK COUNTY ANIMAL SHELTER (5120):				3,750.00
PARK COUNTY LANDFILL (129053)				
	053120	LANDFILL CHARGES - MAY 2020	05/31/2020	62,987.80
Total :				62,987.80
Total PARK COUNTY LANDFILL (129053):				62,987.80
POWER, MIKE (132329)				
	2354	REC CENTER REFUND	05/22/2020	28.80
Total :				28.80
Total POWER, MIKE (132329):				28.80

Secondary Name	Invoice	Description	Invoice Date	Total Cost
PRESTON, CHARLES (132321)				
	2402	REC CENTER REFUND	06/01/2020	46.00
Total :				46.00
Total PRESTON, CHARLES (132321):				46.00
PROVIDENT LIFE & ACCIDENT INS (128033)				
	6220	PREMIUMS	06/02/2020	74.02
Total :				74.02
Total PROVIDENT LIFE & ACCIDENT INS (128033):				74.02
PURCHASE POWER (8240)				
	52920	POSTAGE - AP	05/29/2020	186.55
	52920	POSTAGE - HR	05/29/2020	366.75
	52920	POSTAGE - GRANTS	05/29/2020	7.90
	52920	POSTAGE - COURT	05/29/2020	13.60
	52920	POSTAGE - UTILITIES	05/29/2020	602.20
	52920	POSTAGE - ADMIN	05/29/2020	3.60
	52920	POSTAGE - CITY CLERK	05/29/2020	511.75
	52920	POSTAGE - PD	05/29/2020	21.60
	52920	POSTAGE - REC CENTER	05/29/2020	182.75
	52920	POSTAGE - WATER	05/29/2020	1.15
	52920	POSTAGE - COM DEV	05/29/2020	121.15
Total :				2,019.00
Total PURCHASE POWER (8240):				2,019.00
RANDOLPH, GARRETT (131302)				
	2380	REC CENTER REFUND	05/29/2020	36.08
Total :				36.08
Total RANDOLPH, GARRETT (131302):				36.08
RANDOLPH, STEVEN (132358)				
	2379	REC CENTER REFUND	05/29/2020	52.50
Total :				52.50
Total RANDOLPH, STEVEN (132358):				52.50
RUCKERT, APRIL (132284)				
	2285	REC CENTER REFUND	05/20/2020	33.75
Total :				33.75
Total RUCKERT, APRIL (132284):				33.75
RUESCH, DARREN (132290)				
	2294	REC CENTER REFUND	05/22/2020	25.00
Total :				25.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total RUESCH, DARREN (132290):				25.00
RUHL, ELIZABETH (131821)				
	2377	REC CENTER REFUND	05/28/2020	37.50
Total :				37.50
Total RUHL, ELIZABETH (131821):				37.50
SABER PEST CONTROLL LLC (131183)				
	CH139	PEST CONTROL - CITY HALL	05/14/2020	60.00
	E126	PEST CONTROL - ELECTRIC	05/01/2020	80.00
	E127	PEST CONTROL - ELECTRIC	06/01/2020	80.00
Total :				220.00
Total SABER PEST CONTROLL LLC (131183):				220.00
SANDRY, KELLY (132374)				
	2399	REC CENTER REFUND	06/01/2020	57.00
Total :				57.00
Total SANDRY, KELLY (132374):				57.00
SAUERS, BRUCE (132301)				
	2308	REC CENTER REFUND	05/22/2020	17.50
Total :				17.50
Total SAUERS, BRUCE (132301):				17.50
SCHLOSSER, DAVID W (131374)				
PREFERRED PLUMBING & HEATING L	1630	REPAIR TO CODY CUPBOARD BUILDING HIT BY RECYCLE	05/13/2020	722.31
Total :				722.31
Total SCHLOSSER, DAVID W (131374):				722.31
SCHNEIDER, FRANCIS (132297)				
	2301	REC CENTER REFUND	05/22/2020	30.00
	2344	REC CENTER REFUND	05/22/2020	15.00
Total :				45.00
Total SCHNEIDER, FRANCIS (132297):				45.00
SCOTT, JASON (132200)				
	2404	REC CENTER REFUND	06/02/2020	15.00
Total :				15.00
Total SCOTT, JASON (132200):				15.00
SCOVEL, KARLA (132253)				
	2364	REC CENTER REFUND	05/28/2020	29.82

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				29.82
Total SCOVEL, KARLA (132253):				29.82
SEIVER, CAROLINE (132362)				
	2386	REC CENTER REFUND	05/29/2020	52.50
Total :				52.50
Total SEIVER, CAROLINE (132362):				52.50
SEVERUDE, SHANNON (132298)				
	2302	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total SEVERUDE, SHANNON (132298):				30.00
SHANK, AARON (132379)				
	13.1570.72	REFUND UTILITY DEPOSIT	06/09/2020	200.00
Total :				200.00
Total SHANK, AARON (132379):				200.00
SHIER, AMBER (132357)				
	2375	REC CENTER REFUND	05/28/2020	84.50
Total :				84.50
Total SHIER, AMBER (132357):				84.50
SHOSHONE MUNICIPAL PIPELINE (9130)				
	060120	SMP WATER PURCHASE - MAY 2020	06/01/2020	143,465.36
Total :				143,465.36
Total SHOSHONE MUNICIPAL PIPELINE (9130):				143,465.36
SHUMARD, HAYLEE (132354)				
	2371	REC CENTER REFUND	05/28/2020	62.25
Total :				62.25
Total SHUMARD, HAYLEE (132354):				62.25
SIEG, BROOKE (132315)				
	2327	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total SIEG, BROOKE (132315):				30.00
SIMS, MARY (132332)				
	2347	REC CENTER REFUND	05/22/2020	15.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				15.00
Total SIMS, MARY (132332):				15.00
SKATES, ASHLEY (132340)				
	2334	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total SKATES, ASHLEY (132340):				15.00
SLATE, TED (132320)				
	2388	REC CENTER REFUND	05/29/2020	52.50
Total :				52.50
Total SLATE, TED (132320):				52.50
SMITH, HOLLY (131339)				
	2387	REC CENTER REFUND	05/29/2020	94.50
Total :				94.50
Total SMITH, HOLLY (131339):				94.50
SMITH, JOSH (132316)				
	2328	REC CENTER REFUND	05/22/2020	30.00
Total :				30.00
Total SMITH, JOSH (132316):				30.00
SMITH, SCOTT (132285)				
	2286	REC CENTER REFUND	05/20/2020	11.25
Total :				11.25
Total SMITH, SCOTT (132285):				11.25
SOMMER, CORY (132348)				
	2359	REC CENTER REFUND	05/28/2020	84.00
Total :				84.00
Total SOMMER, CORY (132348):				84.00
STAROSTKA, JILL (132305)				
	2313	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total STAROSTKA, JILL (132305):				15.00
STEBLETON JR, TERRY (132310)				
	2320	REC CENTER REFUND	05/22/2020	15.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				15.00
Total STEBLETON JR, TERRY (132310):				15.00
STEVE DECKER CONSTRUCTION (131839)				
	1195	CONCRETE WORK	05/06/2020	750.00
	1195	CONCRETE WORK	05/06/2020	360.00
Total :				1,110.00
Total STEVE DECKER CONSTRUCTION (131839):				1,110.00
STOBART, BARBARA (132334)				
	2333	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total STOBART, BARBARA (132334):				15.00
SUNSET ELEMENTARY SCHOOL (123408)				
	60120	ALUMINUM CAN CONTEST	06/01/2020	18.75
Total :				18.75
Total SUNSET ELEMENTARY SCHOOL (123408):				18.75
SUTCLIFFE, ADAM (132326)				
	2363	REC CENTER REFUND	05/28/2020	52.50
Total :				52.50
Total SUTCLIFFE, ADAM (132326):				52.50
SYSTEMS GRAPHICS INC (129162)				
ADVANCED INFO SYSTEMS	15145	OUTSOURCE BILLS	05/28/2020	15.87
ADVANCED INFO SYSTEMS	15145	OUTSOURCE BILLS	05/28/2020	98.10
ADVANCED INFO SYSTEMS	15145	OUTSOURCE BILLS	05/28/2020	89.83
ADVANCED INFO SYSTEMS	15145	OUTSOURCE BILLS	05/28/2020	89.22
ADVANCED INFO SYSTEMS	15145	OUTSOURCE BILLS	05/28/2020	110.87
Total :				403.89
Total SYSTEMS GRAPHICS INC (129162):				403.89
TELEDYNE INSTRUMENTS INC (132275)				
	S020397704	COMPOSITE SAMPLER EQUIPMENT FOR WW	05/14/2020	9,544.10
Total :				9,544.10
Total TELEDYNE INSTRUMENTS INC (132275):				9,544.10
THE OFFICE SHOP INC (7440)				
	137940	COPIER CONTRACT - COMMUNITY DEVELOPMENT	05/26/2020	96.20
	137940	COPIER CONTRACT - COMMUNITY DEVELOPMENT	05/26/2020	96.20
	137940	COPIER CONTRACT - COMMUNITY DEVELOPMENT	05/26/2020	99.13
	137941	COPIER CONTRACT - SHOP	05/26/2020	12.19
	137941	COPIER CONTRACT - SHOP	05/26/2020	12.19

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	137941	COPIER CONTRACT - SHOP	05/26/2020	10.74
	137941	COPIER CONTRACT - SHOP	05/26/2020	12.19
	137941	COPIER CONTRACT - SHOP	05/26/2020	12.19
	137941	COPIER CONTRACT - SHOP	05/26/2020	12.19
Total :				363.22
Total THE OFFICE SHOP INC (7440):				363.22
TILLER, TIM (132370)				
	15.9956.11	REFUND UTILITY DEPOSIT	06/01/2020	132.31
Total :				132.31
Total TILLER, TIM (132370):				132.31
T-O ENGINEERS INC (131708)				
	171133-12101	BEACON HILL WATER TANK	06/05/2020	4,066.95
	171133-12101	BEACON HILL WATER TANK	06/05/2020	2,003.13
Total :				6,070.08
Total T-O ENGINEERS INC (131708):				6,070.08
TOOT, STACIE (132308)				
	2317	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total TOOT, STACIE (132308):				15.00
U S BANK PURCHASE CARD (129981)				
	060620	Summer position vacancy advertising	06/06/2020	248.00
	060620	seasonal advertising	06/06/2020	48.00
	060620	System Asset Preservation	06/06/2020	2,390.00
	060620	Bath towels & rag cleaning	06/06/2020	12.87
	060620	Security Contract	06/06/2020	63.00
	060620	Utilities - TCT	06/06/2020	520.22
	060620	janitorial supplies	06/06/2020	679.64
	060620	custodial supplies	06/06/2020	163.40
	060620	pool cleaner	06/06/2020	85.00
	060620	rotary club	06/06/2020	60.50
	060620	mask testing and chlorine calibration	06/06/2020	70.00
	060620	reagents for pools	06/06/2020	302.00
	060620	mask training	06/06/2020	291.50
	060620	red cross lifeguard fees	06/06/2020	650.00
	060620	nuts and bolts for aquatics backboard	06/06/2020	1.30
	060620	power supply, belt bushing and drive for pool equipment	06/06/2020	623.14
	060620	riding scrubber repairs	06/06/2020	1,716.00
	060620	reagents for pools	06/06/2020	302.00
Total Aquatics:				8,226.57
	060620	Utilities - TCT	06/06/2020	62.40
	060620	soda and water	06/06/2020	55.88
Total Athletics:				118.28

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	System Asset Preservation	06/06/2020	311.00
	060620	System Asset Preservation	06/06/2020	800.00
	060620	Security Contract	06/06/2020	118.50
	060620	Utilities - TCT	06/06/2020	1,523.08
	060620	Utilities - Verizon	06/06/2020	96.19
	060620	janitorial supplies	06/06/2020	625.52
	060620	custodial supplies	06/06/2020	163.40
	060620	aud. swamp cooler pump	06/06/2020	31.99
	060620	belt for aud. swamp cooler	06/06/2020	37.34
	060620	System Asset Preservation	06/06/2020	1,820.00
	060620	Utilities - TCT	06/06/2020	56.45
	060620	janitorial supplies	06/06/2020	1,820.88
	060620	custodial supplies	06/06/2020	163.40
	060620	aud swamp cooler pump	06/06/2020	31.99
	060620	System Asset Preservation	06/06/2020	250.00
Total City Facilities:				7,849.74
	060620	American Planning Association dues	06/06/2020	125.00
	060620	Credit for electrical training	06/06/2020	275.00-
	060620	Utilities - Verizon	06/06/2020	167.96
Total Community Development:				17.96
	060620	random drug testing	06/06/2020	36.00
	060620	random drug testing	06/06/2020	36.00
	060620	System Asset Preservation	06/06/2020	390.00
	060620	Utilities - TCT	06/06/2020	88.68
	060620	janitorial supplies	06/06/2020	594.31
	060620	custodial supplies	06/06/2020	41.24
	060620	E02 repairs	06/06/2020	2,307.50
	060620	Cutlery, paper plates, coffee	06/06/2020	34.32
	060620	door hanger paper	06/06/2020	41.74
	060620	safety glasses	06/06/2020	34.19
	060620	Car wash	06/06/2020	13.00
	060620	pvc repair couplers	06/06/2020	17.98
	060620	pvc repair supplies	06/06/2020	110.58
	060620	URD repair connectors	06/06/2020	110.91
	060620	Utilities - Verizon	06/06/2020	186.44
	060620	Cutlery, paper plates, coffee	06/06/2020	58.46
	060620	batteries	06/06/2020	69.85
	060620	cutting blades	06/06/2020	41.58
	060620	grease gun ; parts cleaner	06/06/2020	47.23
	060620	marking tape	06/06/2020	96.36
	060620	welding supplies	06/06/2020	35.65
	060620	FR clothing	06/06/2020	4,866.28
	060620	Utilities - Verizon	06/06/2020	186.44
Total Electric:				9,444.74
	060620	C17 Used city visa in error; Personal visa looks similar	06/06/2020	295.12
	060620	C17 Used city visa in error; Personal visa looks similar	06/06/2020	95.86
	060620	Credit for cancelled membership	06/06/2020	969.00-
	060620	Investments membership	06/06/2020	969.00
	060620	Markers, 3-ring binders	06/06/2020	32.05
	060620	GAAFR 2020 edition	06/06/2020	159.00
	060620	Office shelving	06/06/2020	37.85
	060620	meeting supplies - reimbursed city - receipt attached	06/06/2020	20.40

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	file folder labels	06/06/2020	39.98
	060620	personnel folders	06/06/2020	66.21
	060620	Risk assessments	06/06/2020	252.18
	060620	Risk Assessments	06/06/2020	300.48
	060620	Utilities - Verizon	06/06/2020	26.11
	060620	File folder labels	06/06/2020	13.81
	060620	Ink stamps, index tabs	06/06/2020	34.28
	060620	advertising - minutes, ordinances	06/06/2020	2,148.40
	060620	audio/video council meeting equipment	06/06/2020	276.99
	060620	cables - audio/video council meeting equipment	06/06/2020	25.85
	060620	meeting supplies - commissioners, city of Powell, town of Meeteetse general tax discussion	06/06/2020	24.00
	060620	rotary dues	06/06/2020	121.00
	060620	cleaner for covid regulations	06/06/2020	122.50
	060620	covid 19 - latex gloves, file folder labels, toner	06/06/2020	22.86
	060620	COVID 19 - digital thermometer	06/06/2020	140.00
	060620	disinfecting wipes - City Wide use - COVID 19	06/06/2020	430.60
	060620	Accessories for street shop sneeze shield	06/06/2020	41.27
	060620	hand sanitizer - covid 19 citywide	06/06/2020	311.76
	060620	hand sanitizer - packets for employee vehicle use	06/06/2020	229.98
	060620	Hand sanitizing wipes	06/06/2020	15.47
	060620	Infra-red digital thermometer	06/06/2020	92.88
	060620	nuts and bolts for street dept and city hall sneeze shield	06/06/2020	16.56
	060620	sanitizer(refill) and windex cleaner (sneeze guards) - COVID 19	06/06/2020	16.09
	060620	thermometer - Rec Staff & KIDZ on move	06/06/2020	109.96
	060620	disposable gloves for PW shop employees	06/06/2020	65.94
	060620	Utilities - Verizon	06/06/2020	43.97
	060620	breakroom supply - sweet n low	06/06/2020	19.80
	060620	klennex	06/06/2020	53.67
	060620	business card blank stock	06/06/2020	65.01
	060620	toner	06/06/2020	207.89
Total General Government:				5,975.78
	060620	Summer position vacancy advertising	06/06/2020	248.00
	060620	seasonal advertising	06/06/2020	48.00
	060620	pre-employment drug testing	06/06/2020	180.00
	060620	System Asset Preservation	06/06/2020	806.00
	060620	Utilities - TCT	06/06/2020	87.69
	060620	Cleaning supplies	06/06/2020	15.16
	060620	custodial supplies	06/06/2020	119.06
	060620	I06 belt	06/06/2020	96.95
	060620	I10 parts	06/06/2020	34.54
	060620	Honda motor for water tank on Parks Truck	06/06/2020	375.92
	060620	credit for cancelled meeting	06/06/2020	99.00-
	060620	Utilities - Verizon	06/06/2020	111.06
	060620	irrigation repair parts	06/06/2020	13.00
	060620	irrigation repair parts	06/06/2020	2.25
	060620	irrigation repair parts	06/06/2020	36.11
	060620	irrigation repair parts	06/06/2020	8.54
	060620	irrigation repair parts	06/06/2020	10.95
	060620	irrigation repair parts	06/06/2020	10.92
	060620	Irrigation repairs	06/06/2020	4.88
	060620	Irrigation repairs	06/06/2020	1.45
	060620	Irrigation repairs	06/06/2020	12.65
	060620	Irrigation repairs	06/06/2020	3.48
	060620	Irrigation repairs	06/06/2020	7.60
	060620	Irrigation repairs	06/06/2020	13.88

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	irrigation repairs	06/06/2020	25.76
	060620	Irrigation repairs	06/06/2020	16.20
	060620	Liquid nails, Key Schlage 250 pc	06/06/2020	14.44
	060620	WD-40, liq wrench, starting fluid	06/06/2020	19.36
	060620	Thermal gloves	06/06/2020	8.49
	060620	T-shirts	06/06/2020	117.94
	060620	Fuel Line Hose	06/06/2020	3.62
Total Parks:				2,354.90
	060620	random drug testing	06/06/2020	94.50
	060620	random drug testing	06/06/2020	94.50
	060620	USB Wireless Adapters	06/06/2020	50.97
	060620	IPAD - Verizon	06/06/2020	551.19
	060620	Utilities - TCT	06/06/2020	66.45
	060620	A04 connector	06/06/2020	30.00
	060620	A04 install instrument cluster	06/06/2020	307.99
	060620	A04 instrument cluster	06/06/2020	492.55
	060620	A13 and A15 spot lamps	06/06/2020	115.01
	060620	C01 Car wash	06/06/2020	11.00
	060620	Utilities - Verizon	06/06/2020	127.95
	060620	C30 Postage & Shipping - Discovery to FBI Florida	06/06/2020	12.20
	060620	C11 Car wash	06/06/2020	3.09
	060620	C11 Car wash	06/06/2020	3.97
	060620	Utilities - Verizon	06/06/2020	43.97
	060620	Utilities - Verizon	06/06/2020	43.97
	060620	C13 Travel - gas to/from WLEA PO Basic	06/06/2020	24.30
	060620	C13 Travel - gas to/from WLEA PO Basic	06/06/2020	13.38
	060620	C13 Travel - meal to/from WLEA PO Basic	06/06/2020	11.01
	060620	C04 Car wash	06/06/2020	9.00
	060620	C04 Car wash	06/06/2020	9.00
	060620	C04 Car wash	06/06/2020	9.00
	060620	C05 Car wash	06/06/2020	9.00
	060620	C06 Car wash	06/06/2020	9.00
	060620	C06 Car wash	06/06/2020	9.00
	060620	C06 Car wash	06/06/2020	9.00
	060620	C06 Car wash	06/06/2020	9.00
	060620	C06 Car wash	06/06/2020	9.00
	060620	C07 Car wash	06/06/2020	9.00
	060620	C07 Car wash	06/06/2020	9.00
	060620	C07 Car wash	06/06/2020	9.00
	060620	C08 Car wash	06/06/2020	9.00
	060620	C08 Car wash	06/06/2020	9.00
	060620	C12 Car wash	06/06/2020	9.00
	060620	C12 Car wash	06/06/2020	9.00
	060620	C12 Car wash	06/06/2020	9.00
	060620	C15 Car wash	06/06/2020	9.00
	060620	C17 Car wash	06/06/2020	9.00
	060620	C21 Car wash	06/06/2020	9.00
	060620	C21 Car wash	06/06/2020	9.00
	060620	C22 Car wash	06/06/2020	3.84
	060620	C22 Car wash	06/06/2020	4.35
	060620	C22 Car wash	06/06/2020	4.39
	060620	C23 Car wash	06/06/2020	9.00
	060620	Utilities - Verizon	06/06/2020	669.22
	060620	C03 Postage & Shipping - UA to Lab	06/06/2020	10.73
	060620	C31 Postage & Shipping - Portable radio sent for repair (C08); Return holster	06/06/2020	123.32
	060620	C31 Stamps, pkg shipped, 3 lrg envelopes mailed	06/06/2020	21.38

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	C09 Uniforms & Clothing	06/06/2020	47.98
	060620	Uniform cleaning	06/06/2020	23.40
	060620	Duty gloves	06/06/2020	43.68
	060620	Duty gloves, sunglasses	06/06/2020	92.56
	060620	Duty shirts, cap & pants	06/06/2020	219.79
	060620	Duty holster	06/06/2020	166.92
	060620	Dbl mag holder C25	06/06/2020	19.54
	060620	Duty Holster for C13 & C25	06/06/2020	229.48
	060620	Duty Shirts	06/06/2020	116.98
	060620	Replace squad room carpeting	06/06/2020	3,303.09
	060620	Measuring wheel for EVO Class	06/06/2020	69.99
	060620	Tac Team Federal Bonded Tip Ammo	06/06/2020	239.94
	060620	C03 Car wash	06/06/2020	9.00
	060620	C25 Car wash	06/06/2020	9.00
	060620	Utilities - Verizon	06/06/2020	175.88
	060620	C03 Duty shoes	06/06/2020	150.00
	060620	Duty shirts & pants	06/06/2020	99.98
	060620	Utilities - Verizon	06/06/2020	34.30
Total Police:				8,184.74
	060620	random drug testing	06/06/2020	45.00
	060620	random drug testing	06/06/2020	45.00
	060620	Utilities - TCT	06/06/2020	197.26
	060620	janitorial supplies	06/06/2020	147.09
	060620	D05 fittings	06/06/2020	40.21
	060620	D15 drain hose	06/06/2020	16.91
	060620	F01 nust and bolts	06/06/2020	20.11
	060620	F07 parts	06/06/2020	1,089.39
	060620	F07 parts	06/06/2020	441.22
	060620	K18 tires	06/06/2020	97.56
	060620	Nuts and bolts F07	06/06/2020	40.40
	060620	Sweeper repair	06/06/2020	1.38
	060620	Sweeper repairs	06/06/2020	62.24
	060620	Water truck repairs	06/06/2020	189.23
	060620	Ratchet repair kits	06/06/2020	51.98
	060620	Oil inventory	06/06/2020	439.45
	060620	Tires inventory	06/06/2020	719.24
	060620	Utilities - Verizon	06/06/2020	43.97
	060620	door hanger paper	06/06/2020	41.74
	060620	Utilities - Verizon	06/06/2020	40.01
	060620	Asphalt patch	06/06/2020	85.20
	060620	Asphalt patch material	06/06/2020	500.00
	060620	Toll Denver trip	06/06/2020	23.60
	060620	Utilities - Verizon	06/06/2020	162.31
	060620	Coffee	06/06/2020	23.96
	060620	Fuel F05	06/06/2020	55.73
	060620	Fence repair	06/06/2020	8.97
	060620	Paint supplies	06/06/2020	23.19
	060620	Paint supplies	06/06/2020	13.34
	060620	Paint supplies	06/06/2020	13.06
	060620	12 pt box wrench set	06/06/2020	44.99
	060620	Shop tools	06/06/2020	31.76
Total Public Works:				4,755.50
	060620	Rec center credit card test transaction	06/06/2020	1.00
	060620	Rec center credit card test transaction	06/06/2020	1.00-

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	Rec center credit card test transaction	06/06/2020	1.00
	060620	Summer position vacancy advertising	06/06/2020	248.00
	060620	seasonal advertising	06/06/2020	48.00
	060620	cover to cover hole in ceiling of men's locker	06/06/2020	6.00
	060620	repairs to kitchen sink at rec center	06/06/2020	4.99
	060620	repairs to sink in Kitchen at Rec	06/06/2020	3.99
	060620	toilet repair kits	06/06/2020	87.94
	060620	System Asset Preservation	06/06/2020	2,390.00
	060620	Bath towels & rag cleaning	06/06/2020	12.88
	060620	Security Contract	06/06/2020	63.00
	060620	Utilities - TCT	06/06/2020	520.32
	060620	janitorial supplies	06/06/2020	750.53
	060620	custodial supplies	06/06/2020	163.44
	060620	Tape	06/06/2020	7.49
	060620	rotary club	06/06/2020	60.50
	060620	Utilities - Verizon	06/06/2020	114.05
	060620	paper cups	06/06/2020	19.70
	060620	spotify	06/06/2020	9.99
	060620	random drug testing	06/06/2020	9.00
	060620	random drug testing	06/06/2020	9.00
	060620	kids programs snacks	06/06/2020	213.50
	060620	plug for powerstrip for KOM tv	06/06/2020	12.99
	060620	belt for fitness equipment	06/06/2020	452.28
	060620	pad for fitness equipment	06/06/2020	53.11
	060620	Rec Advertising	06/06/2020	210.80
	060620	Batteries	06/06/2020	13.99
	060620	fitness equipment charges	06/06/2020	731.25
Total Recreation Center:				6,217.74
	060620	random drug testing	06/06/2020	40.50
	060620	random drug testing	06/06/2020	40.50
	060620	System Asset Preservation	06/06/2020	415.00
	060620	Utilities - TCT	06/06/2020	86.48
	060620	C01 doser pump	06/06/2020	1,179.47
	060620	C05 parts	06/06/2020	239.08
	060620	C06 repairs	06/06/2020	14.88
	060620	C06 repairs	06/06/2020	153.96
	060620	C06 repairs	06/06/2020	9.76
	060620	C07 fasteners	06/06/2020	4.50
	060620	C07 gasket	06/06/2020	41.46
	060620	C07 parts	06/06/2020	42.39
	060620	cabin air filter	06/06/2020	93.52
	060620	Credit on tax issue	06/06/2020	42.39-
	060620	DEF	06/06/2020	107.45
	060620	G11 parts	06/06/2020	303.37
	060620	hydraulic fittings	06/06/2020	43.54
	060620	K02 tire	06/06/2020	47.22
	060620	Led lights	06/06/2020	64.90
	060620	wire contacts K36	06/06/2020	41.27
	060620	Utilities - Verizon	06/06/2020	14.51
	060620	drinking water	06/06/2020	5.00
	060620	drinking water	06/06/2020	17.97
	060620	door hanger paper	06/06/2020	41.72
	060620	Utilities - Verizon	06/06/2020	35.17
	060620	Propane	06/06/2020	1.78
	060620	propane	06/06/2020	1.63
	060620	propane	06/06/2020	8.83

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	propane	06/06/2020	1.76
	060620	propane	06/06/2020	1.10
	060620	propane	06/06/2020	1.80
	060620	propane	06/06/2020	.64
	060620	strap steel	06/06/2020	5.60
	060620	pole saw	06/06/2020	70.49
	060620	Utilities - Verizon	06/06/2020	8.79
	060620	Propane	06/06/2020	33.72
	060620	propane	06/06/2020	31.01
	060620	propane	06/06/2020	7.67
	060620	propane	06/06/2020	33.44
	060620	propane	06/06/2020	20.90
	060620	propane	06/06/2020	34.24
	060620	propane	06/06/2020	12.11
Total Solid Waste:				3,316.74
	060620	random drug testing	06/06/2020	13.50
	060620	random drug testing	06/06/2020	13.50
	060620	Utilities - TCT	06/06/2020	202.93
	060620	spray gun for jet truck	06/06/2020	71.58
	060620	Utilities - Verizon	06/06/2020	34.95
	060620	door hanger paper	06/06/2020	41.74
	060620	Utilities - Verizon	06/06/2020	39.17
	060620	Utility marking flags and paint	06/06/2020	20.00
	060620	bib rainsuit	06/06/2020	44.99
	060620	lab sprinkler system	06/06/2020	55.54
	060620	lab sprinklers	06/06/2020	10.68
	060620	Utilities - Verizon	06/06/2020	39.17
	060620	nuts, bolts caulk	06/06/2020	20.51
	060620	tubing	06/06/2020	54.89
	060620	vinyl tubing	06/06/2020	22.20
	060620	lab supplies	06/06/2020	34.62
	060620	Water for Lab	06/06/2020	30.08
	060620	hydrant meter repair parts	06/06/2020	36.45
	060620	hydrant meter repair parts	06/06/2020	196.26
	060620	Meter washers and couplers	06/06/2020	350.50
	060620	refund	06/06/2020	129.00-
Total Wastewater:				1,204.26
	060620	random drug testing	06/06/2020	27.00
	060620	random drug testing	06/06/2020	27.00
	060620	Utilities - TCT	06/06/2020	196.96
	060620	B37 handle	06/06/2020	62.25
	060620	Utilities - Verizon	06/06/2020	34.52
	060620	door hanger paper	06/06/2020	41.74
	060620	brass fittings	06/06/2020	813.80
	060620	Brass fittings, repair clamp	06/06/2020	978.24
	060620	nuts and bolts - water crane	06/06/2020	9.19
	060620	Utilities - Verizon	06/06/2020	39.16
	060620	water sample shipping	06/06/2020	53.39
	060620	water sample shipping	06/06/2020	57.57
	060620	water sample shipping	06/06/2020	50.56
	060620	brass fittings	06/06/2020	857.52
	060620	pvc parts	06/06/2020	19.36
	060620	pvc parts	06/06/2020	26.28
	060620	Pvc parts	06/06/2020	17.05

Secondary Name	Invoice	Description	Invoice Date	Total Cost
	060620	raw water parts	06/06/2020	37.96
	060620	Utilities - Verizon	06/06/2020	13.06
	060620	batteries	06/06/2020	27.98
	060620	CO2 for freezes	06/06/2020	54.86
	060620	CO2 for freezes	06/06/2020	54.86
	060620	co2 for freezes	06/06/2020	54.86
	060620	Shop towels	06/06/2020	10.99
	060620	Teflon tape & paste, primer/cement, gloves	06/06/2020	25.14
	060620	shop towels	06/06/2020	11.99
	060620	Cut off wheels	06/06/2020	29.94
	060620	kneeling mat, gloves	06/06/2020	40.98
	060620	garden trowel and transplanter	06/06/2020	7.98
	060620	hose cutter	06/06/2020	24.48
	060620	pvc saw	06/06/2020	17.99
Total Water:				3,724.66
Total U S BANK PURCHASE CARD (129981):				61,391.61
UNUM LIFE INSURANCE - LIFE (127935)				
	6220	PREMIUM	06/02/2020	1,358.19
Total :				1,358.19
Total UNUM LIFE INSURANCE - LIFE (127935):				1,358.19
VALLEY SCHOOL (123412)				
	60120	ALUMINUM CAN CONTEST	06/01/2020	19.50
Total :				19.50
Total VALLEY SCHOOL (123412):				19.50
VAN AUKEN, TRUTH (131597)				
	5272001	PERSONAL TRAINER	05/27/2020	175.99
Total :				175.99
Total VAN AUKEN, TRUTH (131597):				175.99
VINCENT, BRITTNEY (132306)				
	2314	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total VINCENT, BRITTNEY (132306):				15.00
VULETICH, BOONE (132359)				
	2382	REC CENTER REFUND	05/29/2020	42.50
Total :				42.50
Total VULETICH, BOONE (132359):				42.50
WAGNER, CHRIS (132299)				
	2303	REC CENTER REFUND	05/22/2020	30.00

Secondary Name	Invoice	Description	Invoice Date	Total Cost
Total :				30.00
Total WAGNER, CHRIS (132299):				30.00
WALTARI, CASEY (132328)				
	2357	REC CENTER REFUND	05/28/2020	42.50
Total :				42.50
Total WALTARI, CASEY (132328):				42.50
WAPITI SCHOOL (123428)				
	6012020	ALUMINUM CAN CONTEST	06/01/2020	26.25
Total :				26.25
Total WAPITI SCHOOL (123428):				26.25
WARNER, SANDY (132325)				
	2365	REC CENTER REFUND	05/28/2020	42.50
Total :				42.50
Total WARNER, SANDY (132325):				42.50
WATCHGUARD INC (131557)				
	ACCINV0025114	POWER CHARGING BASE	04/30/2020	107.00
Total :				107.00
Total WATCHGUARD INC (131557):				107.00
WERBELOW, HEIDI (132311)				
	2322	REC CENTER REFUND	05/22/2020	53.00
Total :				53.00
Total WERBELOW, HEIDI (132311):				53.00
WESCO RECEIVABLES CORP (131137)				
WESCO DBA:WESCO/KVA/MODERN	479407	H-TAP CONNECTORS	05/18/2020	75.00
WESCO DBA:WESCO/KVA/MODERN	481898	STLT REPAIR	05/22/2020	3,235.00
WESCO DBA:WESCO/KVA/MODERN	483507	PIN TYPE INSULATORS	05/27/2020	33.00
WESCO DBA:WESCO/KVA/MODERN	483507	PIN TYPE INSULATORS	05/27/2020	165.00
Total :				3,508.00
Total WESCO RECEIVABLES CORP (131137):				3,508.00
WHEATON, JOSEPH (132204)				
	2287	REC CENTER REFUND	05/20/2020	22.50
Total :				22.50
Total WHEATON, JOSEPH (132204):				22.50

Secondary Name	Invoice	Description	Invoice Date	Total Cost
WILKINSON, CHARLOTTE (132273)				
OR DICKES, ARLENE	10.1221.19	REFUND UTILITY DEPOSIT	05/22/2020	152.28
Total :				152.28
Total WILKINSON, CHARLOTTE (132273):				152.28
WILLIAMS, RACHEL (131338)				
	2323	REC CENTER REFUND	05/22/2020	15.00
Total :				15.00
Total WILLIAMS, RACHEL (131338):				15.00
WILSON, DAVID (132278)				
	2278	REC CENTER REFUND	05/18/2020	75.00
Total :				75.00
Total WILSON, DAVID (132278):				75.00
WIPF, KARA (132293)				
	2297	REC CENTER REFUND	05/22/2020	30.00
	2305	REC CENTER REFUND	05/22/2020	30.00
Total :				60.00
Total WIPF, KARA (132293):				60.00
WOOD, DAVID (132288)				
	2293	REC CENTER REFUND	05/22/2020	25.00
Total :				25.00
Total WOOD, DAVID (132288):				25.00
WOODS, MICHAEL (131937)				
	2288	REC CENTER REFUND	05/20/2020	11.25
Total :				11.25
Total WOODS, MICHAEL (131937):				11.25
WYOMING CHILD SUPPORT (132047)				
	52920	Garnishment	05/29/2020	225.23
Total :				225.23
Total WYOMING CHILD SUPPORT (132047):				225.23
WYOMING DEPARTMENT OF WORKFORCE SERVICES (10670)				
WORKERS COMPENSATION DIV	6220	Contributions	06/02/2020	12,801.08
WORKERS COMPENSATION DIV	6220	Volunteers PD	06/02/2020	17.08
Total :				12,818.16
Total WYOMING DEPARTMENT OF WORKFORCE SERVICES (10670):				12,818.16

Secondary Name	Invoice	Description	Invoice Date	Total Cost
WYOMING MUNICIPAL POWER AGENCY (10920)				
	062520	POWER PURCHASE - MAY 2020	06/01/2020	564,846.09
	062520	POWER PURCHASE - MAY 2020	06/01/2020	45,259.80
Total :				610,105.89
Total WYOMING MUNICIPAL POWER AGENCY (10920):				610,105.89
WYOMING RETIREMENT SYSTEM (10950)				
	193587	CONTRIBUTIONS -	06/03/2020	18,735.89
	193588	CONTRIBUTIONS -	06/03/2020	25,954.00
	193589	CONTRIBUTIONS -	06/03/2020	34,081.42
	6220	CREDIT	06/03/2020	.01-
Total :				78,771.30
Total WYOMING RETIREMENT SYSTEM (10950):				78,771.30
Grand Totals:				1,666,183.34

Report GL Period Summary

GL Period	Amount
06/20	1,665,958.11
05/20	225.23
Grand Totals:	1,666,183.34

Vendor number hash:	24120348
Vendor number hash - split:	77903242
Total number of invoices:	225
Total number of transactions:	680

Terms Description	Invoice Amount	Discount Amount	Net Invoice Amount
Open Terms	1,666,183.34	.00	1,666,183.34
Grand Totals:	1,666,183.34	.00	1,666,183.34
		Payroll 06/10/20	245,254.28
			1,911,437.62

Report Criteria:
Invoice Detail.Input date = 05/29/2020,06/09/2020
Invoice.Batch = {NOT LIKE} "1"

MEETING DATE: JUNE 16, 2020
DEPARTMENT: ADMINISTRATIVE SERVICES
PRESENTED BY: LESLIE BRUMAGE

AGENDA ITEM SUMMARY REPORT

Wells Fargo Purchase Card Agreement

ACTION TO BE TAKEN:
Authorize the Mayor to sign the Wellstone Commercial Card Agreement with Wells Fargo Bank for purchase card services.

SUMMARY OF INFORMATION:
Purchase cards (also known as procurement cards or P-Cards) are specialized credit cards that are issued to staff for the purchase of materials, supplies, good and services. The purpose of a purchase card program is to provide an efficient, cost-effective method of purchasing and paying for small-dollar as well as high-volume purchases. This type of program is used as an alternative to the traditional purchasing process and can result in a significant reduction in the volume of invoices and checks processed.

The City of Cody implemented a purchase card program in June 2015 under a five-year agreement with U.S. Bank for their One Card program which will expire in June 2020. In January 2020, staff discussed with Council extending the City's banking agreement with Wells Fargo and at that time, Wells Fargo provided a proposal for their purchase card program. At that time, Council directed staff to proceed with obtaining an agreement from Wells Fargo for consideration.

The Wells Fargo program offers enhanced features such as mobile browser access, receipt imaging, custom cycle date, and an easy to use online portal for viewing, coding, and reporting transactions. These features will create increased work efficiency for staff.

Scott Kolpitcke has reviewed the Wellstone Commercial Card Agreement. There is some language in the agreement that he pointed out could be a concern but did not object to bringing the agreement forward for Council consideration.

FISCAL IMPACT
Since the City implemented the current purchase card program we have realized various cost savings such as reduced costs for supplies and postage due to fewer checks being printed, decreased advertising costs for the bi-monthly Council minutes and voucher lists, and a decrease in finance charges paid due to late payments on invoices. Savings realized since the implementation of the current card program has been about $2,300 per year.

In addition to the cost savings, the City receives a cash rebate on net purchases and will continue to do so under the Wells Fargo program. Rebates received from U.S. Bank total $40,084 (average of $8,016 per year) and by using the Wells Fargo program we anticipate receiving about $3,000 more per year. Additionally, the more the City charges on the purchase cards the higher the rebate percentage will be. The lowest rebate is 61 basis points and the highest rebate is 142 basis points.

ATTACHMENTS
1. Wellstone Commercial Card Agreement

AGENDA & SUMMARY REPORT TO:
None

AGENDA ITEM NO. _____

WELLSONE® COMMERCIAL CARD AGREEMENT

This WellsOne® Commercial Card Agreement (this **"Agreement"**) is made and entered into effective as of the date last executed below (the **"Effective Date"**), by and between Wells Fargo Bank, National Association (**"Wells Fargo"**) and City of Cody (**"Customer"**).

Introduction

This Agreement governs the Visa® *WellsOne* Commercial Card and/or Mastercard® MultiCard Commercial Card (collectively, **"Card"**) issued by Wells Fargo for use by Customer and its designated employees, subsidiaries, affiliates, agents and representatives (**"Cardholders"**). In this Agreement, "Card" shall mean individually and collectively, all Visa® *WellsOne* and Mastercard® MultiCard Commercial Cards and account numbers issued to Customer, Cardholders and the associated accounts including all card-not-present transactions and account numbers. The transactions made using the Card constitute extensions of credit by Wells Fargo to Customer and not to individual employees, or agents of Customer. In order to participate in the *WellsOne* Commercial Card program, Customer shall at all times maintain ten (10) or more Cards. Attachment A-1 (Program Information), Attachment A-2 (Multiple Division Billing Program Information), if applicable, Attachment B (Program Administrator), Attachment C-1 (Fee Schedule), and Attachment C-2 (Revenue Share Calculation), if applicable, are incorporated into this Agreement. In addition, the following Service Descriptions will be incorporated into this Agreement if Customer or its Cardholders elect, now or hereafter, to utilize a service or functionality described therein: (i) Wells Fargo Supplier Analysis & Onboarding Commercial Card Conversion Service Description; (ii) CCER AP Control/Just-in-Time Card Service Description; (iii) Mastercard® Payment Gateway™ Service Description; (iv) Receipt Imaging Service Description; (v) Convenience Check Service Description; (vi) Custom Data Solutions Service Description; and (vii) any other Service Description with respect to an additional service or functionality related to the Card that specifically references, and provides that it is incorporated by reference into, this Agreement. Such Service Descriptions are available and may be accessed at **https://wellsoffice.wellsfargo.com/ceopub/prc/service-descriptions/index.jsp** or such other Internet website address as Wells Fargo may from time to time designate by notice to Customer. For good and valuable consideration, and intending to be legally bound hereby, Customer and Wells Fargo agree to each and every term and condition of this Agreement as set forth below:

1. Permitted Uses of Card; Promise to Pay; Credit Limit. The Card may be used for Cardholders' Customer-related purchasing, travel and entertainment, general payables and fleet purchases; to the extent such functionality is offered to Customer by Wells Fargo. Customer agrees that the Card shall be used for business purposes only. Customer represents and warrants that its execution of this Agreement and use of the Card will not in any way violate, conflict with or result in a breach of any contract or agreement between Customer (or any of its affiliates) and any third party, including any client of Customer or its affiliates, and Customer will indemnify, defend and hold Wells Fargo harmless from and against any claims relating to any such actual or violation, conflict or breach. In no event shall the Card be used: (i) to make, directly or indirectly, any payment or engage in any other transaction by, on behalf of or for the benefit of any person(s) relating to personal, family or household purposes (*i.e.*, in no event may the Card be used, directly or indirectly, to make or facilitate consumer payments or consumer transactions of any type, regardless of whether Customer is in the business of making or facilitating such payments or transactions); or (ii) for any transaction that is unlawful or illegal under any applicable laws, rules and regulations and orders of any federal, state, local or foreign governmental authority ("**Applicable Law**"), including but not limited to, all economic sanctions, trade embargoes and anti-terrorism laws imposed by the U.S., the U.S. Foreign Corrupt Practices Act of 1977 (as amended), all applicable laws or regulations relating to money laundering and any predicate crime to money laundering, and **"restricted transactions"** as defined in the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG issued thereunder. Except as otherwise provided in the "Liability for Unauthorized Use" Section below, Customer agrees to pay Wells Fargo, when due, the total of all purchases made with the Card. Customer also promises to pay the total of all other fees and charges due on the Card, as stated in this Agreement or as otherwise agreed to by Customer, and all costs and expenses, including all reasonable attorney's fees, and other reasonable legal costs incurred by Wells Fargo in enforcing this Agreement. Customer agrees that the total of all transactions charged to all Cards and account numbers issued hereunder outstanding at any time shall not exceed the Credit Limit specified in Attachment A-1, or as may be changed from time to time. Customer agrees that it is responsible for repaying outstanding balances under the Card, including but not limited to those that exceed its Credit Limit. Wells Fargo may change the Credit Limit at any time and will promptly notify Customer as may be required by applicable law. Termination or expiration of this Agreement does not terminate Customer's obligation for all amounts owed pursuant to this Agreement.

2. Debit Authorization. Customer hereby authorizes and directs Wells Fargo to pay the total of all amounts charged on the Card as a result of purchases, other transactions, fees, charges, costs and expenses by debiting Customer's bank deposit account(s) as indicated on Attachment A-1 and, if applicable, Attachment A-2 (the **"Account(s)"**), on the sixteenth (16th) calendar day (or next Business Day if the calendar day is not a Business Day) (the **"Due Date"**) following the date of each *WellsOne* or MultiCard Commercial Card billing statement provided to Customer (the **"Billing Statement Date"**). Any payment received on or after the Billing Statement Date and before the Due Date will be applied to reduce the amount debited from the Account(s) on the Due Date. A **"Business Day"** shall mean any day (except Saturday or Sunday) that Wells Fargo is open for business. Wells Fargo may also debit the Account(s) at any time for the purpose of settling Card transactions and payoffs of any fees, charges, costs and expenses as

stated in this Agreement or as otherwise agreed to and owed by Customer. The Account(s) shall also be subject to the terms and conditions of any netting or setoff provisions between Customer and Wells Fargo governing the Account(s) and any linked accounts. Customer represents and warrants that Customer owns and has sole and exclusive authority over the Account(s), including the authority to grant the debit authorization under this Section Two (2), and that no third party, including any client or Customer or its affiliates, is required to consent to or otherwise authorize or approve Customer's exercise of authority with respect to such Account(s), including the grant of such debit authorization.

3. **Authorizations.** All transactions on Customer's Card are subject to prior approval by Wells Fargo (**"Authorizations"**). Wells Fargo reserves the right to limit the number of Authorizations given during any period of time (day, weekend, week, etc.) and Wells Fargo may deny an Authorization if Wells Fargo suspects that the Card is being used without Customer's permission. In the event the Authorization system is temporarily unavailable, an Authorization may be unable to be given even though the transaction would not exceed the Credit Limit and the Card is in good standing. For security reasons, Wells Fargo cannot explain the details of how the authorization system works. Wells Fargo shall not be liable for failing to give any such Authorization. Wells Fargo may, but is not required to, authorize transactions that will cause the balance on the Card to exceed the Credit Limit, and Customer agrees it is liable for any such transactions. In addition, Wells Fargo reserves the right to deny transactions or authorizations from merchants apparently engaging in the Internet gambling business or identifying themselves through the Card transaction record or otherwise as engaged in such business.

Notwithstanding the foregoing, Customer acknowledges and agrees that: (i) some or all of the Cards issued hereunder may be Cards that contain an embedded security microchip that works in tandem with personal identification number (PIN) authentication functionality (**"PIN & Chip Cards"**), rather than traditional magnetic stripe Cards; (ii) certain PIN & Chip Card transactions are authorized via Offline Authorization rather than Online Authorization; (iii) as a result, such PIN & Chip Card transactions authorized via Offline Authorization are not verified against restrictions applicable to the Customer's Card program generally or to a specific Card and/or Cardholder (such as credit limits, transaction type restrictions, etc.) prior to authorization; and (iv) Customer's liability and responsibility for PIN & Chip Card transactions shall not be in any way diminished or otherwise affected by whether such transactions have been authorized via Online Authorization or Offline Authorization. For purposes of the foregoing: (a) **"Online Authorization"** means authorization of a Card transaction via the electronic communications authorization system utilized for traditional magnetic stripe Card transactions, in which transaction information with respect to each Card transaction is electronically communicated to the Card issuer (i.e. Wells Fargo) for authorization; and (b) **"Offline Authorization"** means authorization of a PIN & Chip Card transaction by communication between the PIN & Chip Card and payment terminal using defined limiting parameters stored on the PIN & Chip Card, such as a cumulative offline transaction amount limit or a consecutive offline transaction limit, but without electronic communication with and authorization by the Card issuer (i.e. Wells Fargo) as would occur with an Online Authorization.

4. **Program Administrator.** Wells Fargo will require, and is authorized to rely on, written instructions it receives from the Customer's Program Administrator(s) named on Attachment B with regard to the following matters, without limitation: issuance of individual Cards to Cardholders; establishment of and changes to credit limits on individual Cards; notification of disputed transactions; and termination of individual Cards. Customer may substitute, remove or designate additional Program Administrators by written notice to Wells Fargo signed by an authorized officer of Customer. Notwithstanding any other provision of this Agreement to the contrary, if Customer enrolls to administer its *WellsOne* or MultiCard Commercial Card program(s) using the Internet to access Card information, Customer agrees that the primary Program Administrator named on Attachment B has full authority to substitute, remove or designate additional Program Administrators, each of whom may have the full authority of a Program Administrator including authority to designate other Program Administrators, and that written notice signed by an authorized officer of Customer is required only to substitute the primary Program Administrator. The primary Program Administrator may designate in writing one or more contacts for fraud or potential fraud related matters concerning Customer's Card program (**"Fraud Contact(s)"**), and in the absence of such designation the primary Program Administrator shall be deemed to be Customer's sole Fraud Contact. Customer may, but is not required to, execute additional Attachment Bs appointing separate program administrators for divisional or affiliate Card programs established under this Agreement.

5. **Liability for Unauthorized Use.** Customer shall be liable for all unauthorized use of the Card in any amount at any time, unless and until Customer has notified Wells Fargo that the Card or Card number has been lost, stolen or misappropriated or that the person or vehicle (in the event of a fleet program) in whose name the Card has been issued is no longer authorized to use the Card (for example, upon termination of employment). Notification concerning unauthorized use shall be made by Customer calling the customer service number most recently provided by Wells Fargo; provided however, that Customer shall cooperate with Wells Fargo to complete any required written correspondence requested by Wells Fargo. Customer shall be responsible for full payment of all purchases, fees and charges incurred prior to such notification, regardless of when actually posted to Customer's account. Notwithstanding the foregoing, Customer will not be liable for unauthorized use resulting from transactions made with a Card or Card number that has been skimmed or otherwise counterfeited; provided, that (i) such unauthorized use was not facilitated by the gross negligence, intentional misconduct or fraud of Customer or any of its Cardholders, (ii) such unauthorized use did not benefit Customer or any of its Cardholders or other employees or agents, and (iii) Customer timely submits a dispute with respect to such unauthorized use in accordance with the provisions of Section Eight (8) below.

6. **Visa® Liability Waiver Program/MasterCoverage® Liability Protection Program.** Subject to applicable Visa® or Mastercard® terms and conditions, as applicable, Customer may be eligible for coverage under Visa's® Liability Waiver Program and/or Mastercard's® MasterCoverage® Liability Protection Program, which provide coverage against employee misuse of the Card. Customer should consult, as applicable, the Visa® Liability Waiver Program brochure or the Mastercard® MasterCoverage® Liability Protection Program brochure, available upon request from Wells Fargo, for terms and conditions of coverage. Customer acknowledges that Wells Fargo is not responsible for providing any form of liability protection program on Customer's behalf and that Wells Fargo makes no representations or warranties regarding any such program that may be offered by third parties.

7. **Department Cards.** In the event Customer requests Wells Fargo to issue Cards to Customer in a department, group name or other such designation not bearing a name or signature of an authorized employee or individual, all such Cards shall be deemed as **"Department Cards"**. Customer hereby represents, acknowledges and agrees that: (i) such Department Cards will be used by more than one authorized employee or individual; (ii) physical Cards may or may not be issued in conjunction with such Department Cards; and (iii) issuance of Department Cards may increase the risk of fraudulent or unauthorized use. As such, Customer is responsible for all security and protection of the Department Cards and any and all Customer procedures concerning the use of such Department Cards by its Cardholders.

8. **Billing Disputes, Chargeback Requests.** Customer may dispute amounts reflected on a billing statement that Customer reasonably believes to be incorrect because: (i) the amount shown on the billing statement does not reflect the actual face value of the transaction; (ii) the transaction shown on the billing statement did not result from the use of the Cards; (iii) the statement reflects fees not properly accrued under this Agreement; or (iv) the transaction is disputable with the honoring merchant under applicable Visa® or Mastercard® rules, as applicable, however, such dispute is subject to the procedures and liability provisions set forth in this section or other sections of the Agreement. In the event of a dispute, Customer must notify Wells Fargo of its dispute within sixty (60) days from the transaction date of purchase. Each request to Wells Fargo must be in writing and contain the following information: (i) Cardholder name; (ii) Card account number; (iii) the dollar amount of any billing dispute or suspected error; (iv) reason for the dispute; and (v) a summary of the steps already taken with the merchant to resolve the matter. Wells Fargo shall investigate the disputed amount and determine whether the amount is properly payable by Customer. Until Wells Fargo completes its investigation and determines whether the disputed amount is properly payable by Customer, Customer shall not be liable for the amount of the disputed transaction. Customer agrees that its failure to dispute a charge or other item within sixty (60) days from the transaction date of purchase shall constitute a waiver of any right the Customer may have to dispute the charge. In the event that transactions are posted to the accounts as a result of any circumstance under which the honoring merchant may be held liable under applicable Visa® or Mastercard® rules, as applicable, Wells Fargo shall attempt to charge the transaction back to the merchant in accordance with applicable Visa® or Mastercard® procedures. However, such attempted chargeback by Wells Fargo shall not relieve Customer of liability for the amount of the transaction even though the transaction may have been provisionally credited to the Customer's accounts.

9. **Default.** The occurrence of any of the following conditions or events shall constitute an **"Event of Default"** by Customer under this Agreement in which case, any unpaid balances on the Card shall become immediately due and payable, and Wells Fargo may immediately debit the Account(s) for payment of such balances: (1) a payment is not made when due or a payment to Wells Fargo is returned or reversed for any reason; (2) a term of this Agreement is breached in any way; (3) Customer or any guarantor of Customer's account defaults under the terms of (a) any other agreement with Wells Fargo or any of its subsidiaries or affiliates or (b) any loan, credit or similar agreement with any third party; (4) a bankruptcy petition is filed by or against Customer or any guarantor of Customer's account; (5) a significant change occurs in the ownership or organizational structure of Customer or in the type or (if such change is adverse) volume of Customer's business; (6) Customer or any guarantor of Customer's account becomes insolvent or is dissolved; (7) there shall exist or occur any event or condition which Wells Fargo in good faith believes impairs, or is substantially likely to impair, the prospect of payment or performance of Customer's obligations under this Agreement; (8) Customer intentionally fails to submit required information Wells Fargo deems necessary; (9) Customer's account balance exceeds the Credit Limit; (10) any financial statement or certificate furnished to Wells Fargo in connection with, or any representation or warranty made by Customer or any other party under this Agreement, shall prove to have been incorrect, false or misleading in any material respect when furnished or made; (11) Customer or any guarantor of Customer's account, if any, fails to comply with any Applicable Law (as defined in Section One (1) above) materially affecting Customer, guarantor or the operations or property of either; (12) any owner of collateral given to secure the obligations hereunder, if any, shall fail to comply with any Applicable Law materially affecting any of the collateral; or (13) Customer, any guarantor of Customer's account, if any, or any other person with third party recourse liability hereunder, or an owner of any equity interest in Customer or any guarantor of other person with third party recourse liability hereunder or any subsidiary owned directly or indirectly by Customer, any guarantor or other person with third party recourse liability hereunder performs or engages in any act or series of acts that Wells Fargo reasonably believes could constitute money laundering or a predicate crime to money laundering under Applicable Law.

10. **Term; Right to Terminate.** Wells Fargo or Customer may, upon at least thirty (30) days' prior written notice to the other party, and with or without cause: (i) terminate this Agreement; (ii) terminate one or more services provided for in this Agreement; or (iii) terminate one or more Cards; provided, however, that the foregoing shall not affect Customer's ability to terminate the

authority of a Cardholder as set forth below in this Section Ten (10). In addition, Wells Fargo may take any one or more of the actions referred to in the immediately preceding sentence immediately, without prior notice to Customer, upon the occurrence of an Event of Default. If Customer has enrolled in CCER, any such notice required under this Agreement may be delivered to Customer electronically in the same manner that statements are delivered. If Wells Fargo or Customer terminates the Agreement, or upon the expiration of this Agreement, (i) all Cards shall automatically expire, (ii) Customer shall immediately, upon notice from Wells Fargo, destroy all Cards, (iii) Customer will continue to be responsible for full payment of the current balance on the Card and all purchases, fees and charges incurred before termination that post after termination, including, without limitation, recurring transactions that post after termination, and (iv) any unpaid balances on the Cards shall become immediately due and payable, and Wells Fargo may immediately debit the Account(s) for payment of such balances. If Wells Fargo terminates one or more Cards but not the Agreement, Customer shall immediately, upon notice from Wells Fargo, destroy all such Cards. Upon termination of the Agreement, Customer acknowledges and agrees that the Account(s) and any and all collateral or guarantees in support of this Agreement will remain in place for a period of sixty (60) days from the termination date to satisfy all payment obligations of Customer under this Agreement. Customer may, at any time, terminate the authority of any Cardholder to use the Card. Such termination by Customer shall become effective upon written or electronic notice via the internet to Wells Fargo along with written confirmation that the Cardholder's Card has been destroyed.

11. Liability of Wells Fargo; No Implied Warranties. Wells Fargo's liability hereunder shall be limited to Customer's actual money damages caused directly by Wells Fargo's breach of this Agreement (except to the extent such liability is further limited by the terms of this Agreement), and Wells Fargo shall not be liable for any other matters whatsoever, including, without limitation: (i) Customer's use of the Card; (ii) the inability of Customer to use the Card or the unavailability of Card reports or authorizations as a result of circumstances beyond Wells Fargo's control (such as, without limitation, fire, flood or the disruption of power, phone or computer service); or (iii) transmission errors or data security problems, or other acts or omissions, on the part of third parties (including, without limitation, third-party service providers in connection with transaction files sent to Customer or its designee). Notwithstanding the foregoing, in no event shall Wells Fargo be liable for any indirect, incidental, special, consequential or punitive damages, even if Wells Fargo has been advised of the possibility of any such damages. Except as expressly set forth in this Agreement, Wells Fargo makes no warranties with respect to the Card, any service related thereto, or any software used in connection therewith, including without limitation any warranty as to merchantability or fitness for a particular purpose.

12. Changes to Agreement or to Credit Limit; Other Changes. In addition to, and not in lieu of, Wells Fargo's termination rights in Section Ten (10) above, Wells Fargo may unilaterally, in its sole discretion: (i) change the Credit Limit for any reason, including but not limited to changes as may be required by law, upon prompt notice to Customer; and/or (ii) change any of the terms of this Agreement or any Attachments hereto upon thirty (30) days prior written notice to Customer. Customer may change the designated Program Administrator(s) or an Account number upon an authorized officer's notice in writing or via the Internet to Wells Fargo.

13. Foreign Currency Transactions. If a Card is used to engage in a transaction in a currency other than U.S. dollars (**"Foreign Currency Transaction"**), that amount will be converted into U.S. dollars before posting to Customer's account.

13.1 Foreign Currency Transaction Procedures: If a Foreign Currency Transaction occurs, and the transaction is not converted to U.S. dollars by the merchant itself, Visa® or Mastercard®, as applicable, will convert the transaction into a U.S. dollar amount by using its currency conversion procedure in effect at the time the transaction is processed. Currently, Visa® and Mastercard® regulations and procedures provide that the currency conversion rate they use is either: (1) a wholesale market rate, which rate may vary from the rate Visa® or Mastercard® itself receives; or (2) a government-mandated rate for the applicable currency as determined under Visa® or Mastercard® regulations and procedures, as applicable. This rate may differ from the rate in effect when the transaction occurred or when it was posted to the Cardholder's account.

13.2 Point of Sale Currency Conversion: Some merchants outside of the United States offer Cardholders the option of having card transactions converted to U.S. dollars by the merchant itself during the transaction (**"Point of Sale Currency Conversion"**). If that option is chosen the transaction is actually originated in U.S. dollars and the currency conversion rate is determined solely by the merchant.

13.3 Cross Border Transactional Fee. For each Foreign Currency Transaction that has been converted into a U.S. dollar amount by Visa® or Mastercard®, as applicable, and for each Point of Sale Currency Conversion transaction where a non-U.S. merchant originates a transaction in U.S. dollars, Wells Fargo will charge Customer a 1% fee ("**Cross Border Transactional Fee**").

14. Direct Transmissions. Customer may request to receive Card transaction data to be transmitted directly to Customer, or to a third party recipient designated by Customer, electronically from either the Card network (Visa® or Mastercard®) or its subcontractor (hereinafter, **"Direct Transmissions"**). Upon receipt of such request (which shall be in writing (including, without limitation, e-mail) and from an authorized officer or Program Administrator of Customer), Wells Fargo will arrange for such Direct Transmissions. Customer agrees that Wells Fargo will not be liable for any damages, losses, liability or any other claims whatsoever arising in any way out of transmission errors or data security issues on the part of the network or any third party

(including, without limitation, any third party recipient designated by Customer) in connection with Direct Transmissions. Direct Transmissions shall be subject to the Direct File Feed Fee as set forth in Attachment C-1.

15. Financial Information. Promptly upon Wells Fargo's request, Customer shall provide, in form and detail satisfactory to Wells Fargo, current audited annual and certified quarterly financial statements and supporting footnotes and schedules.

16. Confidential and Proprietary Information.

(a). Customer and Wells Fargo acknowledge and agree that, in connection with this Agreement, it may be necessary and/or desirable to exchange Confidential Information (as defined below). For purposes hereof, "**Confidential Information**" means all non-public, confidential or proprietary information of a party that is disclosed by such party (including any of its Representatives (as defined below)) (the "**Disclosing Party**") to the other party (the "**Receiving Party**") under or in connection with this Agreement, and includes, without limitation, financial, technical, or business information relating to the Disclosing Party, including trade secrets, marketing or business plans, strategies, forecasts, budgets, projections and pricing, customer and supplier information. Notwithstanding the above, Confidential Information does not include information that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by the Receiving Party or its Representatives (as defined below) in violation of this Section; (ii) is already known by the Receiving Party at the time of its disclosure by the Disclosing Party; (iii) is or becomes available to the Receiving Party from a source not known to the Receiving Party to be under an obligation of confidentiality to the Disclosing Party; or (iv) is independently developed by the Receiving Party without the use of Confidential Information.

(b). For a period of two (2) years following its disclosure to the Receiving Party, the Receiving Party will: (i) keep Confidential Information confidential and not disclose it to any other person or entity, except disclosures (A) to federal and state bank examiners, and other regulatory officials having jurisdiction over the Receiving Party, as applicable, (B) to the Receiving Party's Representatives (as defined below), (C) in the case of Wells Fargo, to i) Visa® or Mastercard®, as applicable, ii) third party payment industry service providers with whom Wells Fargo has a business relationship and has entered into a non-disclosure agreement covering such Confidential Information, iii) as described in the Wells Fargo Supplier Analysis & Onboarding Commercial Card Conversion Service Description, if applicable, (D) required by applicable law or legal process in the opinion of the Receiving Party's counsel or any of its Representative's counsel, as applicable, or (E) otherwise authorized in writing by the Disclosing Party; and (ii) use Confidential Information only in connection with this Agreement (including the evaluation, negotiation, implementation, administration and enforcement hereof). For purposes hereof, "**Representatives**" means a party's or any of its affiliates' officers, employees, agents, legal counsel, auditors or other professional advisors who need to know Confidential Information in connection with this Agreement (including the evaluation, negotiation, implementation, administration and enforcement hereof). The Receiving Party will be responsible for any failure of its Representatives to treat the Confidential Information as confidential in accordance with the terms and conditions of this Agreement. In the event that the Receiving Party or any of its Representatives is, in the opinion of its counsel, required by applicable law or legal process to disclose any Confidential Information under clause (i)(D) of the first sentence of this paragraph, then the Receiving Party, unless prohibited by law, will provide notice of such disclosure to the Disclosing Party so that the Disclosing Party, at its sole option (but without an obligation to do so) and at its sole expense, may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Section.

(c). Following any termination of this Agreement, upon the Disclosing Party's request, the Receiving Party will use commercially reasonable efforts to destroy all copies of Confidential Information then in the possession of the Receiving Party; provided, however, that the Receiving Party may retain such copies as are required by applicable law or in accordance with its customary practices and procedures (any Confidential Information so retained will be held by the Receiving Party subject to this Agreement).

(d). If there is a breach of this Section by either party, the other party will have the right to seek any and all remedies at law or in equity, including without limitation appropriate injunctive relief or specific performance. The protections afforded to Confidential Information hereunder are in addition to, and not in lieu of, the protections afforded under any applicable trade secrets or other laws.

(e). Privacy Notice. Wells Fargo hereby provides its U.S. and International Privacy Notices, located at: https://www.wellsfargo.com/privacy-security/privacy/, the "**Notice**", to describe its practices regarding the collection, storage, use, disclosure and other processing of information about identifiable individuals ("**Personal Data**"). Customer confirms and acknowledges the following:

(i) it has received the privacy notices before transmitting or otherwise providing any Personal Data to Wells Fargo related to the Commercial Card;
(ii) it acknowledges the collection, use, processing, storage, and transfer of Personal Data in accordance with the terms and conditions contained in this Agreement and as further contained in the Notice;
(iii) to the extent that Customer provides or enables Wells Fargo to receive Personal Data of any individuals, Customer shall inform such individuals about Wells Fargo's data privacy practices by providing them with a copy of the Notice prior to providing or enabling Wells Fargo to receive their Personal Data;

(iv) the Notice supersedes any prior notice on this subject and will cover all Personal Data collected or maintained by Wells Fargo in connection with its relationship with Customer;
(v) Wells Fargo may amend the Notice at any time by posting an updated version on its website referenced above; and
(vi) By providing Personal Data to Wells Fargo, Customer acknowledges and agrees to the requirements described in this section and the Notice.

(f). Global Data Access. Please visit https://www.wellsfargo.com/privacy-security/ which contains, in the section titled Global Data Access, a description of how information, including Personal Data, may be accessed by Wells Fargo, its affiliated companies, and service providers, on a global basis.

17. No Waiver; Right of Set-Off. Neither party's failure to exercise any right or to pursue any remedy under this Agreement or otherwise shall constitute a waiver thereof. Wells Fargo shall have the right to, in its sole discretion, set-off or recoup any obligation of Customer to Wells Fargo under this Agreement or otherwise against any obligation Wells Fargo owes to Customer, including a set-off against any deposit account(s) Customer has with Wells Fargo to the extent permitted by law.

18. Miscellaneous; Entire Agreement; Governing Law; Counterparts; No Assignment; Independent Contractor; Severability. This Agreement contains the entire understanding between the parties on the subject matter hereof and supersedes all prior agreements, negotiations and representations. This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall be deemed to be an original, and all of which when taken together shall constitute one and the same Agreement. Customer may not assign this Agreement or any of its rights, interest or obligations hereunder (by operation of law or otherwise). Nothing contained in this Agreement shall be construed as constituting or creating a partnership, joint venture, agency, or other association or relationship between Wells Fargo and Customer. Wherever possible, each provision of this Agreement shall be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement shall be prohibited or invalid under such law, such provision shall be ineffective to the extent of such prohibition or invalidity without invalidating the remainder of such provision or the remaining provisions of this Agreement.

19. Waiver of Jury Trial. EACH PARTY HERETO HEREBY IRREVOCABLY WAIVES, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY "DISPUTE". FOR PURPOSES HEREOF, "DISPUTE" MEANS ANY ACTION, DISPUTE, CLAIM, CONTROVERSY OR PROCEEDING OF ANY KIND, LEGAL OR EQUITABLE, WHETHER BASED IN CONTRACT, TORT, STATUTORY, COMMON LAW OR OTHER THEORY, NOW EXISTING OR HEREAFTER ARISING, THAT DIRECTLY OR INDIRECTLY ARISES OUT OF OR RELATES TO THIS AGREEMENT OR ANY PAST, PRESENT OR FUTURE ACTIVITIES, TRANSACTIONS OR OBLIGATIONS HEREUNDER OR CONTEMPLATED HEREBY, INCLUDING, WITHOUT LIMITATION, ANY OF THE FOREGOING ARISING IN CONNECTION WITH THE EXERCISE OF ANY SELF-HELP OR ANY ANCILLARY OR OTHER REMEDIES. THIS WAIVER IS KNOWINGLY, WILLINGLY AND VOLUNTARILY MADE BY EACH PARTY AND EACH PARTY HEREBY REPRESENTS THAT NO REPRESENTATIONS OF FACT OR OPINION HAVE BEEN MADE BY THE OTHER PARTY OR ANY OTHER PERSON OR ENTITY TO INDUCE THIS WAIVER OF TRIAL BY JURY OR TO IN ANY WAY MODIFY OR NULLIFY ITS EFFECT. THIS SECTION IS A MATERIAL INDUCEMENT FOR THE PARTIES ENTERING INTO THIS AGREEMENT. EACH PARTY IS HEREBY AUTHORIZED TO FILE A COPY OF THIS SECTION IN ANY PROCEEDING AS CONCLUSIVE EVIDENCE OF THIS WAIVER OF TRIAL BY JURY. EACH PARTY FURTHER REPRESENTS AND WARRANTS THAT IT HAS BEEN REPRESENTED IN THE EXECUTION OF THIS AGREEMENT AND IN THE MAKING OF THIS WAIVER OF TRIAL BY JURY BY INDEPENDENT LEGAL COUNSEL, OR HAS HAD THE OPPORTUNITY TO BE REPRESENTED BY INDEPENDENT LEGAL COUNSEL SELECTED OF ITS OWN FREE WILL, AND THAT IT HAS HAD THE OPPORTUNITY TO DISCUSS THIS WAIVER OF TRIAL BY JURY WITH SUCH COUNSEL.

20. Customer Provided Card Content. For purposes of this Agreement, "Customer Provided Card Content" means any and all business, division, trade or assumed names, trade dress, service marks, trademarks, logos or other words or images that Customer or its representatives supply for inclusion on any Cards issued under this Agreement. Customer represents and warrants to Wells Fargo that it is the lawful owner or licensee of any Customer Provided Card Content and notwithstanding anything contrary to this Agreement, Customer shall be liable to Wells Fargo for any losses, liabilities, damages, fines, penalties or reasonable attorneys' fees arising from or in connection with or relating to any actual or alleged violation of intellectual property rights of any third party as a result of the inclusion of any Customer Provided Card Content on the Cards.

21. Foreign Personnel. If Cards are distributed by Customer or at its instruction to Cardholders outside of the United States, Customer shall be solely responsible for complying with any applicable foreign employment and/or data privacy laws or requirements in connection therewith, including but not limited to any requirements to provide notices or disclosures to or to obtain consents from Cardholders. Wells Fargo shall have no liability for Customer's failure to comply with any such requirements.

22. **Cooperation.** Customer shall promptly provide Wells Fargo with any information that Wells Fargo may request to confirm that the Cards are being used in accordance with the terms and conditions of this Agreement. Such requested information may include, without limitation, information about any Cardholder and/or any other involved parties, and the intended purpose or use of a Card transaction. In the event that Customer does not comply with the terms of this section, Wells Fargo will have the right, in its sole and absolute discretion, to terminate immediately any Card issued in the name of such individual(s), and Customer shall not permit such individual(s) to use any other Cards issued pursuant to this Agreement.

23. **Cross Collateral Exclusion.** Customer acknowledges and agrees no deed of trust, mortgage, security deed, or similar real estate collateral agreement, nor any security agreement, pledge, assignment or similar personal property collateral agreement provided to Wells Fargo by Customer or any other party shall now or hereafter secure the indebtedness and other obligations of Customer to Wells Fargo subject to this Agreement by reason of any cross-collateralization or similar provision purporting generally to expand the scope of obligations secured thereby to include the indebtedness and other obligations subject to this Agreement. For the elimination of doubt unless specifically described as being secured thereby no such document shall secure the indebtedness and obligations subject to this Agreement.

WELLS FARGO BANK, NATIONAL ASSOCIATION	**City of Cody**
Authorized Officer: _____	Authorized Officer: _____
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____

WELLSONE® COMMERCIAL CARD AGREEMENT
ATTACHMENT A - 1
PROGRAM INFORMATION

CUSTOMER NAME	City of Cody
TAX ID	83-6000052
ADDRESS	1338 Rumsey Avenue Cody, Wyoming 82414
CREDIT LIMIT	$350,000
ACCOUNT(S)	

Billing Settlement Account:	**For purchases and transactions on the Card, Cash Advance Fees, and Cross-Border Transactional Fees**
BANK NAME	Wells Fargo
DEMAND DEPOSIT ACCOUNT NUMBER	147214
ROUTING NUMBER	102301092
BILLING STATEMENT CYCLE*	Monthly

*Applies to purchases and transactions on the Card, Cash Advance Fees, and Cross-Border Transactional Fees. Other fees hereunder will be billed separately on a monthly basis.

Fee/Analysis Account:	**For other fees under this Agreement, as amended and supplemented from time to time (including other fees specified in Attachment C-1)**
BANK NAME	Wells Fargo
DEMAND DEPOSIT ACCOUNT NUMBER	147214
ROUTING NUMBER	102301092

WELLSONE® COMMERCIAL CARD AGREEMENT
ATTACHMENT A-2, MULTIPLE DIVISION BILLING
PROGRAM INFORMATION

CUSTOMER NAME	City of Cody
ACCOUNT(S)	

_____ Division	**For purchases and transactions on the Card, Cash Advance Fees, and Cross-Border Transactional Fees for the _____ Division Card Program**
BANK NAME	WELLS FARGO
DEMAND DEPOSIT ACCOUNT NUMBER	
ROUTING NUMBER	

_____ Division	**For purchases and transactions on the Card, Cash Advance Fees, and Cross-Border Transactional Fees for the _____ Division Card Program**
BANK NAME	WELLS FARGO
DEMAND DEPOSIT ACCOUNT NUMBER	
ROUTING NUMBER	

_____ Division	**For purchases and transactions on the Card, Cash Advance Fees, and Cross-Border Transactional Fees for the _____ Division Card Program**
BANK NAME	WELLS FARGO
DEMAND DEPOSIT ACCOUNT NUMBER	
ROUTING NUMBER	

_____ Division	**For purchases and transactions on the Card, Cash Advance Fees, and Cross-Border Transactional Fees for the _____ Division Card Program**
BANK NAME	WELLS FARGO
DEMAND DEPOSIT ACCOUNT NUMBER	
ROUTING NUMBER	

WELLSONE® COMMERCIAL CARD AGREEMENT
ATTACHMENT B - PROGRAM ADMINISTRATOR
June 4, 2020

Please provide the following information about each Program Administrator:

City of Cody
Customer Name

Enter Division Name, if applicable

*The Attachment B to the Agreement may be updated at a later date in accordance with the terms of Section 4 of the Agreement, however it will replace the original Attachment B and all current Program Administrators of Customer must be included.

PROGRAM ADMINISTRATOR (*Primary*)
Main point of contact for day to day business

Leslie E. Brumage
(Name / Title)

1338 Rumsey Ave
(Physical Street Address)

Cody, Wyoming 82414
(City / State / Zip Code)

307-527-3467
(Telephone)

(Fax)

finance@cityofcody.com
(Email Address)

PROGRAM ADMINISTRATOR (*Secondary*)

Luana Govin
(Name / Title)

1338 Rumsey Ave
(Physical Street Address)

Cody, Wyoming 82414
(City / State / Zip Code)

307-527-3465
(Telephone)

(Fax)

luanad@cityofcody.com
(Email Address)

PROGRAM ADMINISTRATOR (*Secondary*)

Cindy Baker
(Name / Title)

1338 Rumsey Ave
(Physical Street Address)

Cody, Wyoming 82414
(City / State / Zip Code)

307-527-3463
(Telephone)

(Fax)

Cindyb@cityofcody.com
(Email Address)

PROGRAM ADMINISTRATOR (*Secondary*)

(Name / Title)

(Physical Street Address)

(City / State / Zip Code)

(Telephone)

(Fax)

(Email Address)

(add additional pages as necessary)

Select the Program Administrator above authorized to provide instructions on Card delivery: Luana Govin,.*

**Requirements:*

(i) All Card delivery addresses must be a physical address; and

(ii) Card delivery addresses may include such Program Administrator's address above and/or to such other address(es) as instructed by such Program Administrator. If no instructions are provided, all Cards will be delivered to the address of such Program Administrator.

Select the Program Administrator above designated to receive billing statements: Leslie E. Brumage

WELLSONE® COMMERCIAL CARD AGREEMENT
ATTACHMENT C-1
FEE SCHEDULE
CUSTOMER NAME: City of Cody
DATE: June 4, 2020

One Time Setup Fee: $ 2000 Waived

RECURRING FEES:

The following fee pricing will apply if the monthly net purchase volume of $40,000 and an average transaction size of $150

are **NOT** met.

		Ramp up period* through which fees are waived:
Program Maintenance	$ 200 /Month	6 months
CCER Reporting Solution	$ Waived /Month	No ramp up period
Transaction Fee	$ Waived /Transaction	No ramp up period
Card Issuance	$ Waived /Account	No ramp up period

**The ramp up period will begin the month the program is in its final stage of implementation. For example, if a program with a 6 month ramp up period is implemented on any day in January, January is month one. The ramp up period will end June 30.The first charges will be for July, seen on the August Account Analysis statement.*

ARE met.

Program Maintenance	$ Waived /Month
CCER Reporting Solution	$ Waived /Month
Transaction Fee	$ Waived /Transaction
Card Issuance	$ Waived /Account

MISCELLANEOUS FEES (Applicable Only If Customer Elects and/or Uses This Service):

Cash Advance Fee	2%/$2 minimum
Cross-Border Transactional Fee	1 % / Transaction
Card Artwork (Logo)	$ 450 Waived
Custom Card Design†	$ 1,000 per standard design set-up
Receipt Imaging:	
Year 1 Archival Cost	$ 0.05 Waived/Imaged Page
Years 2 – 7 Archival Cost	$ 0.03 Waived/Imaged Page (per year)
Convenience Check:	
Transaction Fee	2%/$2 minimum
Program Maintenance	$ 250/Month
Custom Data Solutions:	
Custom Report Set-up	$ 100/ Hour
Custom File Mnthly Maint	$ 100/ Month
Custom File Transmission	$ 5/ transmission

- No miscellaneous fees are assessed until services are used
- For those customers who opt to use ACH reimbursement for out-of-pocket expenses, separate ACH fees will apply.
- For those customers who opt to use CCER AP Control, Separate Payment Manager fees may apply.
- For those customers who opt to use the Commercial Card Expense Reporting solution, accessed through the Commercial Electronic Office (CEO), separate CEO access charges may apply.

† Non-standard designs may be subject to additional costs and requirements, including design creation fees and minimum card order requirements.

WELLSONE® COMMERCIAL CARD AGREEMENT
ATTACHMENT C-2
REVENUE SHARE CALCULATION
CUSTOMER NAME: City of Cody
June 4, 2020

Revenue Share will be paid within forty-five (45) days following the end of each Program Year on Net Purchase Volume for such Program Year. For purposes of this Attachment C-2, **"Program Year"** shall mean the twelve month period beginning April 1 and ending March 31.

Standard Revenue Share Schedule

Net Purchase Volume*			Revenue Share
$ 0	to	$ 749,000	0 Basis points (bps)
$ 750,000	to	$ 999,999	61 bps
$ 1,000,000	to	$ 1,499,999	81 bps
$ 1,500,000	to	$ 1,999,999	106 bps
$ 2,000,000	to	$ 2,999,999	116 bps
$ 3,000,000	to	$ 3,999,999	130 bps
$ 4,000,000	to	$ 4,999,999	137 bps
$ 5,000,000	to	$ And Above	142 bps

Custom Interchange Revenue Share Schedule

Net Purchase Volume* of Custom Interchange Transactions	Revenue Share
$ 1.00 and above	60 - basis points (bps)

Commencing with the Program Year ending December 31, 2021 and annually thereafter ("**Anniversary Date**"), the Revenue Share amount to be paid to Customer (if any) shall be calculated and applied retroactively by multiplying the applicable Revenue Share bps times the Net Purchase Volume for the previous Program Year. No Revenue Share shall be owed for the previous Program Year if: (i) Customer terminates this Agreement prior to the Anniversary Date, or (ii) Wells Fargo terminates this Agreement for an Event of Default prior to the Anniversary Date. No Revenue Share shall be owed for the previous Program Year if the Customer's average transaction size for such Program Year is less than $175.

*** "Net Purchase Volume" shall mean total volume minus credits and cash advances (if applicable).** Wells Fargo will segregate or exclude Custom Interchange Transactions as defined and described below and as qualified by Visa® or Mastercard®, as applicable. The term **"Custom Interchange Transaction"** as used herein shall mean (i) certain transactions subject to select large ticket transaction requirements, qualified and determined by Visa or Mastercard®, as applicable, in its sole and absolute discretion and (ii) transactions with merchants participating in promotional interchange programs offered by Visa® or Mastercard® (including the Visa Partner Program or the Mastercard Partner Program) that qualify for non-standard promotional interchange rates. Such Visa® or Mastercard®, as applicable, large ticket transaction qualification requirements for large ticket interchange shall include, but not be limited to, custom payment service qualification with Level II and Level III data included with the transaction. Notwithstanding anything to the contrary contained herein, Wells Fargo may, in its reasonable discretion, exclude any Custom Interchange Transaction for which the interchange rate is below a minimum threshold established by Wells Fargo for purposes of Revenue Share calculation.

The following terms and conditions shall apply under this Attachment: i) Customer must obtain an annual minimum Net Purchase Volume of $750,000 per Program Year, which may include Custom Interchange Transactions, to receive a Revenue Share payment under this Attachment, and ii) if such Custom Interchange Transactions are segregated, the Custom Interchange Revenue Share Schedule will apply to the Net Purchase Volume for such segregated transactions.

MEETING DATE: JUNE 16, 2020
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, 10 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 are three Restaurant License holders are not renewing or no longer in business, though one may apply for a license in the near future as there is new ownership. 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, 2020. 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 $64,800.

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-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR 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: $ 1,500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ___/___/___

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 Address: (Building to be licensed) **1801 17TH ST**
CODY, WY 82414 PARK

Mailing Address: **1825 17TH ST**
CODY, WY 82414

Business Telephone Number: (307) 587-3380 Fax Number:

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) (vi)
LOTS 16 & 17, BLOCK 1, GLENDALE ADDITION

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 10 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 9 paragraph 1 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.) Will find on the Seventh Amendment to Unitary Lease

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 Ada)

Signed and sworn to before me on this 27th day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Robert B Dimond	Robert Dimond	CFO
2)	Robert Gordon	Robert Gordon	EVP-General Counsel
3)			
4)			

Witness my hand and official seal:

MARCI WAKE NOTARY PUBLIC Comm. No. 20190843 STATE OF IDAHO

(SEAL)

Signature of Notary Public

My commission expires: 4/29/25

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

Albertsons LLC

Officer's List

Name	Title	Address	DOB	Phone Number	No Years with Corp or LLC	% of Stock Held	Have you ever been convicted of a violation relating to Alcoholic liquor or Malt Beverage?								
Robert G Miller	Director	[redacted]			30	0	N								
Robert A Gordon	Director				6	0	N								
Vivek Sankaran	President				1	0	N								
Gary Morton	VP/Treasurer				4	0	N								

2061.98

Add-on

Albertsons Companies

VIA OVERNIGHT DELIVERY

May 23, 2019

Wilder Enterprises, LLC
902 Rumsey Avenue
PO Box 813
Cody, WY 82414

Re: **Option Exercise Letter**
Albertson's Store #2061– Cody
1825 17th Street, Cody, WY

Ladies and Gentlemen:

ABS WY-GL LLC ("Tenant") leases the above referenced property pursuant to that certain Restated and Amended Shopping Center Ground Lease dated July 28, 1994 (as amended, the "Lease"), originally executed by M&M Company as landlord and Albertson's, Inc. as tenant. The primary term of the Lease expired August 31, 2014. The Lease provides for six (6) option terms of five (5) years each. Tenant has previously exercised the first option. The current option term is scheduled to expire August 31, 2019. By this Notice, Tenant has exercised the second such option, extending the term through and including August 31, 2024.

We recently discovered a typographical error with the First Amendment to Restated and Amended Shopping Center Ground Lease dated August 1, 2018 and the First Amendment to Memorandum of Shopping Center Ground Lease dated August 1, 2018. Both documents name Albertson's LLC as the tenant. However, ABS WY-GL LLC holds the tenant's leasehold interest. We will be in touch to have the two documents corrected with the name of the proper tenant entity. In an abundance of caution, while ABS WY-GL LLC is the tenant and a signor herein, we are also having the option exercise signed by Albertson's LLC.

While your acknowledgement of receipt of this letter is not required for its validity, we do request that, as a courtesy to us, you acknowledge the receipt of this letter by returning the enclosed copy to Helene Myers so that we may maintain accurate records in our files. Thank you.

Very truly yours,

ABS WY-GL LLC

By: _____
Bradley R. Beckstrom
Authorized Signatory

Albertson's LLC

By: _____
Bradley R. Beckstrom
Authorized Signatory

Receipt acknowledged this 10 day of June, 2019.

Wilder Enterprises, LLC

By: _____
Its: General Manager

Working together to be the *favorite local supermarket*™ 21983872

Amigos United Express Randalls Albertsons SAFEWAY Tom Thumb PAVILIONS shaw's
ACME star CARRS Market STREET VONS Jewel Osco United supermarkets Lucky Albertsons market SUPER SAVER

WLD-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 #: _____

License Fees
Annual Fee: $ 1,500.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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: 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)
(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 8:00 am to 12:00 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 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]			10	25	YES ☐ NO ☑	YES ☐ NO ☑
Linda L. Schnell				0	25	YES ☐ NO ☑	YES ☐ NO ☑
Juli D. Hinze				8	50	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 29 day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Juli Hinze	Juli Hinze	Owner
2)			
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: 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 4631	
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: $ 16.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

License Term: 8/1/2020 Through 7/31/2021

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: AMERICAN PIZZA PARTNERS LP

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)
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
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- ☐ 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 11a to 10p Sun-Thu / 11p Fri-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.)

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?
				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	[redacted]			33	52.00	YES ☐ NO ☒	YES ☐ NO ☒
Hal W McCoy II	[redacted]			33	15.40	YES ☐ NO ☒	YES ☐ NO ☒
Terry Freund	[redacted]			33	3.10	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: $ 6,902.1 %)
(Line 2) Food Sales: $ 634,296.99 %)
(Line 3) Gross Sales: $ 641,198.100 %)

(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: 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 20th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Hal W McCoy (Signature) — Hal W McCoy (Printed Name) — Chairman (Title)
2) Terry Freund (Signature) — Terry Freund (Printed Name) — Vice President / 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 #:	H 2734	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 11 to 3 to 5 to 9

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. Islas	[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: $ 8,254.00 10 %)
(Line 2) Food Sales: $ 95,347.60 90 %)
(Line 3) Gross Sales: $ 103,601.60 100 %)

(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 4th day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Ana M. Islas — Ana M. Islas — 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: Cynthia Baker
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 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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 to DEC

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

HOURS OF OPERATION (e.g. 10a - 2a) from 11 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 4 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?
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: $3,349.35 (0.3 %)
(Line 2) Food Sales: $1,019,294.25 (99.7 %)
(Line 3) Gross Sales: $1,022,643.60 (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: **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 Park)

Signed and sworn to before me on this 14 day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature)	Gary Johnston (Printed Name)	member (Title)
2) (Signature)	(Printed Name)	(Title)
3) (Signature)	(Printed Name)	(Title)
4) (Signature)	(Printed Name)	(Title)

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

(SEAL)

Witness my hand and official 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: 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 #:	B 685	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees — Annual Fee: $ 1,500.00 — Date filed with clerk: ___/___/___

Prorated Fee: $ ___.___ — Advertising Dates: (2 Weeks)

Transfer Fee: $ ___.___ — June 2nd & June 11th

Publishing Fee: $ 25.00 — Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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@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 ____ 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?
Frank W. Kraut	[redacted]			13	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 3 day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

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

TRISTI K OSBURN Notary Public
County of Park State of Wyoming
My Commission Expires 7/9/2020

(SEAL)

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

My commission expires: July 9, 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: 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 6616	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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: **BROTHERS THREE**

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

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: guangce1983@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 Mon to Sun

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

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?
Guangce zhang	[redacted]			8	65%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
Guangzuo zhang				8	35%	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: $ 11,456 (1.5 %)
(Line 2) Food Sales: $ 764,313 (98.5 %)
(Line 3) Gross Sales: $ 775,769 (%)

(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: 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 6 day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Guangce Zhang	Guangce Zhang	President
2)	Guangzuo Zhang	Guangzuo Zhang	Vice President
3)			
4)			

Witness my hand and official seal:

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

(SEAL)

Signature of Notary Public

My commission expires: 6/17/2021

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

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 Individual or Partnership or as a Club: .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 21st day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Peter S. Seibert	Peter S. Seibert	CEO 4-21-2020
2)	Lynn P Rodgers	Lynn P Rodgers	CFO
3)			
4)			

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

(SEAL)

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

My commission expires: 15 October 2021

Attachment A

Buffalo Bill Memorial Association Board of Trustees | 2020

	Have you been convicted of a felony violation?	Have you been convicted of a violation relating to alcoholic liquor or malt beverages?	Date of Birth	Yrs. Board
William N. Shiebler [redacted]	No	No	[redacted]	9
Mary Gooch Armour [redacted]	No	No	[redacted]	11
Daniele D. Bodini American Continental Properties Group [redacted]	No	No	[redacted]	14
John R. Caldwell [redacted]	No	No	[redacted]	11
Paul V. Cali [redacted]	No	No	[redacted]	11
Ruby D. Calvert [redacted]	No	No	[redacted]	7
Vice President Richard B. Cheney [redacted] Wilson, WY 83014	No	No	[redacted]	19
Henry H.R. Coe, Jr. [redacted] Cody, WY 82414	No	No	[redacted]	40
Barron G. Collier, II Collier Group [redacted] (307) 587-6275	No	No	[redacted]	33
Laura I.U. Collier [redacted]	No	No	[redacted]	2
Steven J. Cranfill [redacted]	No	No	[redacted]	4
Ann Reynolds Crowell [redacted]	No	No	[redacted]	5

Wyoming Liquor Commission application
2020

Buffalo Bill Memorial Association Board of Trustees | 2020

Mary Anne Dingus [redacted]	No	No	[redacted]	9
Joan C. Donner [redacted]	No	No	[redacted]	19
Mary Flitner [redacted]	No	No	[redacted]	12
Margaret Frère [redacted]	No	No	[redacted]	3
Lindsay Garlow [redacted]	No	No	[redacted]	2
Thomas P. Grainger [redacted]	No	No	[redacted]	9
W. Grant Gregory [redacted]	No	No	[redacted]	2
C. Harris Haston [redacted]	No	No	[redacted]	9
Deborah Goppert Hofstedt [redacted]	No	No	[redacted]	11
Peter W. Kuyper [redacted]	No	No	[redacted]	7
David M. Leuschen [redacted]	No	No	[redacted]	24
Patrick R. McDonald [redacted]	No	No	[redacted]	13
Henry P. McIntosh, IV [redacted]	No	No	[redacted]	9

Buffalo Bill Memorial Association Board of Trustees | 2020

Matthew H. Mead [redacted]	No	No	[redacted]	1
Arthur Middleton, PhD [redacted]	No	No	[redacted]	3
Linda Spencer Murchison [redacted]	No	No	[redacted]	6
James E. Nielson Nielson & Associates, Inc. [redacted]	No	No	[redacted]	47
Jay E. Nielson Nielson & Assoc. [redacted]	No	No	[redacted]	3
Rusty R. Rokita [redacted]	No	No	[redacted]	7
Glenn Ross [redacted]	No	No	[redacted]	1
Margaret W. Scarlett [redacted]	No	No	[redacted]	17
Sen. Alan K. Simpson [redacted]	No	No	[redacted]	52
Colin M. Simpson [redacted]	No	No	[redacted]	16
John C. Sullivan [redacted]	No	No	[redacted]	40
Michael J. Sullivan [redacted]	No	No	[redacted]	23
James G. Taggart [redacted]	No	No	[redacted]	26

Wyoming Liquor Commission Application
2020

Buffalo Bill Memorial Association Board of Trustees | 2020

Naoma J. Tate [redacted]	No	No	[redacted]	16
Samuel J. Tilden [redacted]	No	No	[redacted]	1
Harold E. Wackman [redacted]	No	No	[redacted]	9
Rebecca Watson [redacted]	No	No	[redacted]	2
C. Edward Webster [redacted]	No	No	[redacted]	4
William D. Weiss [redacted]	No	No	[redacted]	5
Lisa F. Wirthlin [redacted]	No	No	[redacted]	6
Peter I. Wold [redacted]	No	No	[redacted]	4
Peter S. Seibert Executive Director & CEO Buffalo Bill Center of the West [redacted]	No	No	[redacted]	1
[redacted]	NO STOCK OWNED			
Lynn P. Rodgers Chief Financial Officer/COO [redacted]	No	No	[redacted]	8

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 #: _____

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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)
PT 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) — (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 10 am 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?
Steven R. Singer	[redacted]			25	51%	YES ☐ NO ☒	YES ☐ NO ☒
Ronald Singer				4	49	YES ☐ NO ☒	YES ☐ NO ☒
Melody Singer				25	51%	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 7th day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)		Steven Singer	president
2)		Ronald Singer	vice-president
3)	R Singer	Melody Singer	Secretary
4)			

THERESA KLASS NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES MARCH 1, 2021
(SEAL)

Witness my hand and official seal: Theresa Klass
Signature of Notary Public

My commission expires: 3-1-21

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: $ 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 2 & June 11

Hearing Date: 6 / 16 / 2020

License Term: 8 / 01 / 2020 (Month / Day / Year) Through 7 / 31 / 2021 (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: CIH INC

Trade/Business Name (dba): IRMA HOTEL

Building to be licensed/Building Address: 1192 Sheridan Ave (Number & Street)

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

Mailing Address: 1192 Sheridan Ave (Number & Street or P.O. Box)

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

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) (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 MON to SUN

☐ NON-OPERATIONAL/PARKED 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)

(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?
John C. Darby	[redacted]			29	50	YES ☐ NO ☒	YES ☐ NO ☒
John Scott Darby				29	25	YES ☐ NO ☒	YES ☐ NO ☒
Michael S Darby				29	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 15 day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Scott Darby (Signature) — J. Scott Darby (Printed Name) — owner (Title)
2) Michael S Darby (Signature) — MICHAEL S. DARBY (Printed Name) — CO-OWNER (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: Cynthia Baker
Signature of Notary Public
(SEAL)
My commission expires: 6/17/21

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

OR LIQUOR DIVISION USE ONLY		
Customer #:	D 6589	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 STEAKHOUSE LLC**

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

Building Address: (Building to be licensed) **1367 & 1361 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: 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)
LOT 27 & 28, BLK 9, O.T.

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 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 1 paragraph 5 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 2 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?
Frank Cocchia	[redacted]			1.	40%	YES ☐ NO ☒	YES ☐ NO ☒
Julie Cocchia	[redacted]			1	40%	YES ☐ NO ☒	YES ☐ NO ☒
James Geier	[redacted]			10 mths	20%	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: $223,437.01 (16.83 %)
(Line 2) Food Sales: $1,104,369.93 (83.17 %)
(Line 3) Gross Sales: $1,327,806.94 (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 30 day of APRIL, 2023 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	Frank Cocchia	FRANK Cocchia	OWNER
2)			
3)			
4)			

K.L. HOLLIDAY NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JUNE 2, 2023 (SEAL)

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

My commission expires: 6-2-2023

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: $ 1,000.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 11a 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 1 paragraph 4 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 9 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?
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: $57,113.40 (17.5 %)
(Line 2) Food Sales: $270,006.49 (82.5 %)
(Line 3) Gross Sales: $327,119.89 (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: **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 15 day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Eyad Joseph	owner
2)			
3)			
4)			

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

Witness my hand and official seal: [signature]

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 #:	C 1787	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 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: — Second Area outside serving area

(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]			17	15%	YES ☐ NO ☑	YES ☐ NO ☑
John A Nace				17	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 7 day of May, 20 22 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Gail Nace (Printed Name) Owner/Mgr Title
2) _____ (Signature) _____ (Printed Name) _____ Title
3) _____ (Signature) _____ (Printed Name) _____ Title
4) _____ (Signature) _____ (Printed Name) _____ Title

KYNDAL McANULTY - NOTARY PUBLIC
COUNTY OF PARK
STATE OF WYOMING
My Commission Expires June 15, 2023

Witness my hand and official seal:

_____
Signature of Notary Public

(SEAL)

My commission expires: June 15, 2023

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: Echo Elelsea LLC dba 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 — Date filed with clerk: ___/___/___

Prorated Fee: $ ___.___ — Advertising Dates: (2 Weeks)

Transfer Fee: $ ___.___ — June 2nd & June 11th

Publishing Fee: $ 25.00 — Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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~~ 3296 Fax Number: (307) 587-2533

E-Mail Address: codyelksbpoe1611@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~~ Through Dec 31

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

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

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?
Terry Fritz	[redacted]			21	- NA -	YES ☐ NO ☒	YES ☐ NO ☒
Justin Baily				7	- NA -	YES ☐ NO ☒	YES ☐ NO ☒
Jesse Williams				5	- 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 16th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) X [signature] (Signature)	Terry Fritz (Printed Name)	Secretary (Title)
2) X [signature] (Signature)	Justin Baily (Printed Name)	5 year Trustee (Title)
3) X [signature] (Signature)	Jesse Williams (Printed Name)	Exalted Ruler Corp. President (Title)
4) _____ (Signature)	_____ (Printed Name)	_____ (Title)

AMELIA MAYFIELD
NOTARY PUBLIC - WYOMING
Park County
My Commission Expires July 22, 2023

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

(SEAL)

My commission expires: July 22, 2023

Outdoor Serving Area Renewal/Request 2020 - 2021 Liquor License

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 #: _____

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

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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?
PAUL E. RANKIN	[redacted]			YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
Mikel Pederson	[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?
						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 15th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Paul E Rankin (Signature)	PAUL E RANKIN (Printed Name)	TRUSTEE (Title)
2) Mikel Peder (Signature)	Mikel Pederson (Printed Name)	Trustee (Title)
3) (Signature)	(Printed Name)	(Title)
4) (Signature)	(Printed Name)	(Title)

Witness my hand and official seal:

MARILEE R. JOHNSON
Notary Public – Wyoming
Park County
My Commission Expires Jan 26, 2022
(SEAL)

Marilee R. Johnson
Signature of Notary Public

My commission expires: 1/26/22

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 #: _____

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 50430**
IDAHO FALLS, ID 83405

Business Telephone Number: (307) 587-9331 Fax Number: (208) 528-8929

E-Mail Address: licensing@good2gostores.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 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 2,3 paragraph 7.1-7.2 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.)

AMY K. WILLIAMS
COMMISSION EXPIRES
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 1st day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Logan Hall (Printed Name) Member (Title)
2) _____ (Signature) _____ (Printed Name) _____ (Title)
3) _____ (Signature) _____ (Printed Name) _____ (Title)
4) _____ (Signature) _____ (Printed Name) _____ (Title)

AMY K. WILLIAMS
COMMISSION NO. 30589
NOTARY PUBLIC
STATE OF IDAHO
MY COMMISSION EXPIRES 05/06/25

(SEAL)

Witness my hand and official seal: Amy K. Williams
Signature of Notary Public

My commission expires: May 6-2025

True and Correct Name	Date of Birth	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
Hall Family Investments, LLC		[redacted]		2	100%	N	N
Brad Hall	[redacted]			7	40.91% of Hall Family Investments, LLC	N	N
Andrea Hall				7	40.91% of Hall Family Investments, LLC	N	N
Heather Thompson				7	4.545% of Hall Family Investments, LLC	N	N
Sunny Harker				7	4.545% of Hall Family Investments, LLC	N	N
Logan Hall				7	4.545% of Hall Family Investments, LLC	N	N
Cole Hall				7	4.545% of Hall Family Investments, LLC	N	N

N & B Wildhorse Cafe
1440 W. Yellowstone Av.
Cody Wy. 82414

Herb & Barbara will not be renewing their Liquor Liecense when it expires 07/31/20.

Herb & Barbara Hoy H26620
220 E. Street
Cody Wy 82414
Cafe # 527-8903

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 #: _____

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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)
(specify months of operation)
from JAN to DEC

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

☐ NON-OPERATIONAL/PARKED
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 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: $_____(_____%)
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(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 23rd day of April, 2021 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

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: 06/17/21

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 #: _____

License Fees
Annual Fee: $ 1,000.00
Prorated Fee: $ _____
Transfer Fee: $ _____
Publishing Fee: $ 25.00

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 10a to 10p

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 2 of lease document.
   - (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 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?
Denise Wiegand	[redacted]			8+	50	YES ☐ NO ☒	YES ☐ NO ☒
Brian Wiegand				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: $68056 (3.94 %)
(Line 2) Food Sales: $1660256 (96.06 %)
(Line 3) Gross Sales: $1728312 (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: **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 6th day of April, 20 20 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 (SEAL)

Witness my hand and official seal: Jamie Adams
Signature of Notary Public

My commission expires: 3-27-21

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 #: _____

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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: **LOCAL HOSPITALITY, LLC**

Trade/Business Name (dba): **BIG HORN LIQUOR**

Building Address: (Building to be licensed) **3330 BIG HORN AVE**
CODY, WY 82414 PARK

Mailing Address: **1108 14th STREET #503**
CODY, WY 82414

Business Telephone Number: (307) 578-~~8484~~ 8368 Fax Number:

E-Mail Address: info@amtenlle.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, BOYDSON MINOR SUBDVISION

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 Just issued

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 10a 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 1 paragraph 3.2 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 2 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.

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?
X ROBERT MIN	[redacted]			1st YR	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 24 day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature)	ROBERT MIN (Printed Name)	MANAGER 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: 6/17/2021

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: $ 25.00

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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?
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, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Charles Maggelet (Printed Name) President (Title)
2) David B. Hancock (Signature) David B. Hancock (Printed Name) VP (Title)
3) _____ (Signature) _____ (Printed Name) _____ (Title)
4) _____ (Signature) _____ (Printed Name) _____ (Title)

UTAHNA M. ARCHULETA
Notary Public
State of Utah
My Commission Expires January 28, 2024
Commission Number 709765

Witness my hand and official seal: _____
Signature of Notary Public

(SEAL)

My commission expires: 01/28/2024

Name	DOB	Address	Phone #	No. of years in Corp.	%Stock	Have you been conviced of a felony	Convicted of a violation relating to alcoholic liquor or malt beverages
Charles Maggelet	[redacted]	[redacted]	[redacted]	7	2.0%	No	No
David Hancock	[redacted]	[redacted]	[redacted]	7	0.0%	No	No
John Hillam	[redacted]	[redacted]	[redacted]	8	0.1%	No	No
Kim Lazerus	[redacted]	[redacted]	[redacted]	6	0.0%	No	No
Michael D. Kattleman	[redacted]	[redacted]	[redacted]	1	0.0%	No	No
Lance A. Dunkely	[redacted]	[redacted]	[redacted]	6	0.0%	No	No
Danielle Mattiussi	[redacted]	[redacted]	[redacted]	6	0.0%	No	No
Crystal Maggelet	[redacted]	[redacted]	[redacted]	7	60.0%	No	No
Andre Lortz	[redacted]	[redacted]	[redacted]	7	0.0%	No	No
Estate of Thad Call	[redacted]	[redacted]	[redacted]	6	25.5%	No	No
Richard L. Bozzelli	[redacted]	[redacted]	[redacted]	4 Mo.	0.0%	No	No
Kathleen Guion	[redacted]	[redacted]	[redacted]	2	0.0%	No	No
Other Stockholders >10%					12.5%		
					100.0%		

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 #: _____

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 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 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 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]			3	33%	YES ☐ NO ☒	YES ☐ NO ☒
Telesforo Sandoval				3	" "	YES ☐ NO ☒	YES ☐ NO ☒
Cristina Sandoval				3	" "	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: $ 25,000 (25 %)
(Line 2) Food Sales: $ 100,000 (75 %)
(Line 3) Gross Sales: $ 125,000 (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: **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 7th day of May, 2021 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature)	Vanessa Sandoval (Printed Name)	Owner (Title)
2) (Signature)	Cristina Sandoval (Printed Name)	Owner (Title)
3) (Signature)	Telesforo Sandoval (Printed Name)	Owner (Title)
4) (Signature)	(Printed Name)	(Title)

Witness my hand and official seal:

CYNTHIA BAKER NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISION 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 #:	B 4701	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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**~~ 1128 12th Street
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)

(specify months of operation) from JAN to DEC

☐ SEASONAL/PART-TIME

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

☐ NON-OPERATIONAL/PARKED

HOURS OF OPERATION (e.g. 10a - 2a) from 12:00 pm to 7:00 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 1 paragraph 3 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 2 paragraph 5 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

ELISE MILLER - NOTARY PUBLIC
COUNTY OF PARK
STATE OF WYOMING
My Commission Expires February 07, 2024

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?
X Michele Prevost	12	[redacted]	[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 29th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) [signature] (Signature)	Michele Prevost (Printed Name)	Owner Title
2) ____ (Signature)	____ (Printed Name)	____ Title
3) ____ (Signature)	____ (Printed Name)	____ Title
4) ____ (Signature)	____ (Printed Name)	____ Title

ELISE MILLER - NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
My Commission Expires February 07, 2024
(SEAL)

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

My commission expires: February 07, 2024

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

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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. 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 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_____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?
Gary Jonston	[redacted]				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: $399,740.95 (23.6 %)
(Line 2) Food Sales: $1,206,513.57 (76.4 %)
(Line 3) Gross Sales: $1,606,254.52 (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:
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 14 day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	Gary Johnston	member
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)

Signature of Notary Public

My commission expires: June 13, 2020

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

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 to DEC

DAYS OF WEEK (e.g. Mon through Sat) from SUN 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_____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?
Gary Jonston	[redacted]				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) Powell ☑ 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 14 day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)		Gary Johnston	member
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)

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, LLC

X Please renew our outdoor serving area.

X I am requesting approval of a new outdoor serving area (not previously approved). Add extension of existing.

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 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

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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) M-F 11-2 / 4-9
from 5 12-2 to 4-9

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. 6/30/21

(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]			14 yrs	50%	YES ☐ NO ☒	YES ☐ NO ☒
Ikuko Miura				4	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: $ 3422/.55 (6.3 %)
(Line 2) Food Sales: $ 504816.16 (93.7 %)
(Line 3) Gross Sales: $ 538037.71 (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: **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 30th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) YUJI MIURA (Printed Name) owner (Title)
2) _____ (Signature) IKUKO MIURA (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 #:	C 4398	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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: **OLIVE GLENN GOLF & COUNTRY CLUB INC**

Trade/Business Name (dba): **OLIVE GLENN GOLF & COUNTRY CLUB**

Building Address: (Building to be licensed) **802 MEADOW LN**
CODY, WY 82414 PARK

Mailing Address: **PO BOX 26**
CODY, WY 82414

Business Telephone Number: (307) 587-5688 Fax Number: (307) 587-4591

E-Mail Address: ogcc@wyoming.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 8am 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_____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?
DENNIS GRAHAM	[redacted]			1	-0-	YES ☐ NO ☒	YES ☐ NO ☒
Rick Manchester				3	-0-	YES ☐ NO ☒	YES ☐ NO ☒
Kelly Eissinger				4	0	YES ☐ NO ☒	YES ☐ NO ☒

(If more i[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)

KAYL MITCHELL NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JULY 1, 2020

Signed and sworn to before me on this 14th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Timothy J. Morrison (Signature)	TIMOTHY J. MORRISON (Printed Name)	PRESIDENT (Title)
2) Rick Manchester (Signature)	Rick Manchester (Printed Name)	VICE PRESIDENT (Title)
3) Dennis Graham (Signature)	DENNIS GRAHAM (Printed Name)	TREASURER (Title)
4) Kelly Eissinger (Signature)	Kelly Eissinger (Printed Name)	Secretary (Title)

KAYL MITCHELL NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JULY 1, 2020

(SEAL)

Witness my hand and official seal:

Signature of Notary Public

My commission expires: July 1 2020

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?
Matt Hamer	[redacted]			1	0 %	YES ☐ NO ☒	YES ☐ NO ☒
Dan Haman				1	0 %	YES ☐ NO ☒	YES ☐ NO ☒
Tay Shine				3	0%	YES ☐ NO ☒	YES ☐ NO ☒

(If more [redacted] **aper 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 _____)

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?
Timothy Mau	[redacted]			3	0%	YES ☐ NO ☒	YES ☒ NO ☐
Karl Mitchell	[redacted]			3	0	YES ☐ NO ☒	YES ☐ NO ☒
David Klym	[redacted]			1.50	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)

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: Olive Glenn Golf & Country Club

✓ 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:

License Term: 8/1/2020 Through 7/31/2021

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: **PANIOLO PROPERTIES LLC**

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

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

CODY, WY 82414 PARK

Mailing Address: **1696 ALA MOANA BLVD**

HONOLULU, HI 96791

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

E-Mail Address: mariah@equushotel.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)

(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 2pm to 9.30pm

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.)

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: $ 25,393 (%)
(Line 2) Food Sales: $ 0 (%)
(Line 3) Gross Sales: $ 25,393 (%)

(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: 12 x 13 in the NE corner of the building.
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~~ Hawaii s.p.)
) *SS.*
COUNTY OF Honolulu)

Signed and sworn to before me on this 12th day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature) Michael K. Daley (Printed Name) Partner Title
2) (Signature) (Printed Name) Title
3) (Signature) (Printed Name) Title
4) (Signature) (Printed Name) Title

Doc. Date: 5/12/20 # Pages: 3
Stacey Pak First Circuit
Doc. Description Liquor License Renewal Application

Notary Signature (SEAL) 5/12/20 Date

NOTARY CERTIFICATION

STACEY PAK NOTARY PUBLIC No. 05-488 STATE OF HAWAII

Witness my hand and official seal:

Signature of Notary Public

My commission expires: July 19, 2023

Q3. LLC MEMBERSHIP

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip *DO NOT LIST PO BOXES*	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Rebecca Dailey	[redacted]	[redacted]	[redacted]		40%	YES ☐ NO ☒	YES ☐ NO ☒
Michael Dailey	[redacted]	[redacted]	[redacted]		20%	YES ☐ NO ☒	YES ☐ NO ☒
Mariah Dailey	[redacted]	[redacted]	[redacted]		20%	YES ☐ NO ☒	YES ☐ NO ☒
Devon Dailey	[redacted]	[redacted]	[redacted]		20%	YES ☐ NO ☒	YES ☐ NO ☒

Checklist Item #1: Lease Agreement

No Lease as premises are operated by ownership, Paniolo Properties, LLC

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip ***DO NOT LIST PO BOXES***	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Rebecca Dailey	[redacted]				40%	YES ☐ NO ☒	YES ☐ NO ☒
Michael Dailey					20%	YES ☐ NO ☒	YES ☐ NO ☒
Mariah Dailey					20%	YES ☐ NO ☒	YES ☐ NO ☒
Devon Dailey					20%	YES ☐ NO ☒	YES ☐ NO ☒

Checklist Item #4: Outdoor Serving Area Request/Renewal

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: Chamberlin Inn / Paniolo Properties, 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 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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 January to December

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

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_____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?
Leonard Moore	[redacted]			7	90%	YES ☐ NO ☒	YES ☒ DUI 1980 Calif. 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: $36,630 (7 %)
(Line 2) Food Sales: $527,714 (93 %)
(Line 3) Gross Sales: $564,344 (%)

(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 20th day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

1) Leonard R 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:

LUKE SKATES NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES SEPTEMBER 4, 2021

(SEAL)

Signature of Notary Public

My commission expires: 9/4/21

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

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 #:	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

Date filed with clerk: ___/___/___

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

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 January to December

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

HOURS OF OPERATION (e.g. 10a - 2a) from 10 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_____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?
Leonard Moore		[redacted]		7	90%	YES ☐ NO ☒	YES ☒ NO ☐ DUI 1980 (4) 1.5
						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 28th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	LL R Moore	Leonard Moore	Manager
2)			
3)			
4)			

Witness my hand and official seal:

LUKE SKATES NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES SEPTEMBER 4, 2021

(SEAL)

Signature of Notary Public

My commission expires: 9/4/21

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

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 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

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks)

June 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 DPetersonJr@yahoo.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 11 to 10

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?
David Peterson		[redacted]		1 mo	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 30 day of March, 20 20 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) David Peterson (Printed Name) CEO 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 WYOMING MY COMMISION EXPIRES JUNE 17, 2021

Signature of Notary Public

(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: Proud Cut Salon 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 550	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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.)

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?
				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]			45	.3%	YES ☐ NO ☒	YES ☐ NO ☒
James M. Blair				22	6.8%	YES ☐ NO ☒	YES ☐ NO ☒
Timothy R. O'Leary				25	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 21 day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) Frederick Q Blair (Printed Name) CEO (Title)

2) T R O'Leary (Signature) Tim R. O'Leary (Printed Name) CFO (Title)

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

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

MELINDA JONES - NOTARY PUBLIC
COUNTY OF PARK
MY COMMISSION EXPIRES JAN 3, 2023

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 JAN 3, 2023

My commission expires: Jan 3, 2023

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?
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.)

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 _____ day of _____, 20____ that the facts alleged in the foregoing instrument are true by the following:

1) _____ _____ _____
(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:

_____
Signature of Notary Public

(SEAL)

My commission expires:_____

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 #: _____

License Fees — Annual Fee: $ 1,500.00 — Date filed with clerk: ___/___/___

Prorated Fee: $ ___.___ — Advertising Dates: (2 Weeks)

Transfer Fee: $ ___.___ — June 2nd & June 11th

Publishing Fee: $ 25.00 — Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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: 307-899-5755

E-Mail Address: ~~roadgrill@gmail.com~~ ~~roadgrill~~ lynn55lampe@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 06/01/2020 to 09/01/2020

DAYS OF WEEK (e.g. Mon through Sat) from ~~5:00~~ Thursday pm to ~~9:00~~ Thursday pm

HOURS OF OPERATION (e.g. 10a - 2a) from 5:00pm to 9:00pm

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]			18	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 22 day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Lynn Lampe (Signature)	Lynn Lampe (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

(SEAL)

Witness my hand and official 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 #:	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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 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 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.)

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]			3.5	50%	YES ☐ NO ☒	YES ☒ NO ☐
Charles W Struemke				3.5	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: $ 51,014 (23 %)
(Line 2) Food Sales: $ 170,788 (77 %)
(Line 3) Gross Sales: $ 221,802 (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 11 day of May, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) Charles W Struemke (Signature) Charles W Struemke (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:

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

Signature of Notary Public

(SEAL) My commission expires: 6/17/2021

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: Chuck Struemke Gasthaus Cardi

__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 5426	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees — Annual Fee: $ 1,500.00 — Date filed with clerk: ____/____/____

Prorated Fee: $ _____ — Advertising Dates: (2 Weeks)

Transfer Fee: $ _____ — June 2nd & June 11th

Publishing Fee: $ 25.00 — Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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) from 7AM to 12PM Friday (7AM 11PM Sat-Thurs)

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.)

JESSICA L. EVENSON
Notary Public - Wyoming
My Commission Expires Jan 7, 2021

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]	[redacted]	[redacted]	22	50	YES ☐ NO ☒	YES ☒ NO ☐
Kelly Michelle McArtor	[redacted]	[redacted]	[redacted]	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 Campbell)

Signed and sworn to before me on this 6 day of May, 2020 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)			

JESSICA J. EVENSON
Notary Public - Wyoming
Campbell County
My Commission Expires Jan 21, 2023
(SEAL)

Witness my hand and official seal: Jessica J Evenson
Signature of Notary Public
My commission expires: January 21, 2023

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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 to 11:00 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]			13	100%	YES ☐ NO ☒	YES ☐ NO ☒
Lindsay J. Garlow	[redacted]			13		YES ☐ NO ☒	YES ☐ NO ☒
Ivy M. Garlow	[redacted]			9		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.

NOTARY PUBLIC STATE OF WYOMING MY COMMISSION EXPIRES MARCH 27, 2021

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

Signed and sworn to before me on this 17th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

1) _____ (Signature) WILLIAM GARLOW (Printed Name) PRES. (Title)
2) _____ (Signature) _____ (Printed Name) _____ (Title)
3) _____ (Signature) _____ (Printed Name) _____ (Title)
4) _____ (Signature) _____ (Printed Name) _____ (Title)

Witness my hand and official seal:

Signature of Notary Public

(SEAL)

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

OR LIQUOR DIVISION USE ONLY		
Customer #:	B 5462	
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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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]			15	51%	YES ☐ NO ☒	YES ☐ NO ☒
Pennie Kaye Morgan				15	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 28 day of April, 20 20 that the facts alleged in the foregoing instrument are true by the following:

1) (Signature)	Ronald K Morgan (Printed Name)	Owner (Title)
2) Pennie K Morgan (Signature)	Pennie K Morgan (Printed Name)	Manager/owner (Title)
3) (Signature)	(Printed Name)	(Title)
4) (Signature)	(Printed Name)	(Title)

Witness my hand and official seal: Cynthia Baker

Signature of Notary Public

My commission expires: 6/17/21

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

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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

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)
(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 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_____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 J Jarvis	[redacted]			2	75%	YES ☐ NO ☒	YES ☐ NO ☒
Andrew Whitlock				2	25%	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: $216625.43 (10 %)
(Line 2) Food Sales: $250202.62 (90 %)
(Line 3) Gross Sales: $276828.05 (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 29th day of April, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	William J. Jarvis	Owner
2)			
3)			
4)			

Witness my hand and official seal: [signature]

Signature of Notary Public

SANDRA D. CORDES - NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES NOV. 17, 2020

My commission expires: November 17, 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

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

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

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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: jessicalaughlinwwbc@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)
(specify months of operation)
from Jan. to Dec.

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

☐ 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_____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 J. Jarvis	[redacted]			2	75%	YES ☐ NO ☒	YES ☐ NO ☒
Andrew Whitlock				2	25%	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, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	[signature]	William J. Jarvis	Owner
2)			
3)			
4)			

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

SANDRA D. CORDES - NOTARY PUBLIC
COUNTY OF PARK STATE OF WYOMING
MY COMMISSION EXPIRES NOV. 17, 2020
(SEAL)

My commission expires: November 17, 2020

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

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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)
PTN 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 Tues to Sunday

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 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.)

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?
				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 D Kardos	[redacted]			1.5	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: $ 189,48[illegible] (22 %)
(Line 2) Food Sales: $671,814 (78 %)
(Line 3) Gross Sales: $861,300 (%)

(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 28th day of April, 20 20 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)

Witness my hand and official seal:

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

[signature]
Signature of Notary Public

My commission expires: 6/17/2021

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: Trailhead Italian & Wood Fired Pizza

_____ 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 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: ____/____/____

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

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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: **PO BOX 2352**
CODY, WY 82414

Business Telephone Number: (307) 272-5770 Fax Number:

E-Mail Address: pendleygreg@gmail.com 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 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)
- ☒ SEASONAL/PART-TIME
- ☐ NON-OPERATIONAL/PARKED

(specify months of operation) from May to Sept

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

HOURS OF OPERATION (e.g. 10a - 2a) from 5 PM 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 B 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?
GREG PENDLEY	[redacted]			1	50	YES ☐ NO ☒	YES ☐ NO ☒
ANN PENDLEY				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 41927 (19 %)
(Line 2) Food Sales 180601 (81 %)
(Line 3) Gross Sales 222528 (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: **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 _____)

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

	(Signature)	(Printed Name)	Title
1)	Greg Pendley	GREG PENDLEY	PRESIDENT
2)	Ann Pendley	ANN PENDLEY	VICE PRESIDENT
3)			
4)			

Witness my hand and official seal:

K.L. HOLLIDAY NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES JUNE 2, 2023

(SEAL)

Signature of Notary Public

My commission expires: 6-2-2023

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 #: _____

License Fees Annual Fee: $ 600.00

Prorated Fee: $ _____

Transfer Fee: $ _____

Publishing Fee: $ 25.00

Publishing Fee Direct Billed to Applicant: ☐

Date filed with clerk: ____/____/____

Advertising Dates: (2 Weeks)

June 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: **8/1/2020** Through **7/31/2021**

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.)

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?
CORY E ALEXANDER	[redacted]			YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
RJ Ludwick				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 14th day of April, 2020 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: March 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 #: _____

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 2nd & June 11th

Hearing Date: 6 / 16 / 2020

License Term: 8/1/2020 Through 7/31/2021

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
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 Sunday to Saturday

HOURS OF OPERATION (e.g. 10a - 2a) from 6am 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?
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 _____)

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

1) (Signature)	John Scudder (Printed Name)	SVP, Chief Ethics & Compliance Officer – U.S. (Title)
2) (Signature)	David Reading (Printed Name)	Asst. Secretary (Title)
3) (Signature)	(Printed Name)	(Title)
4) (Signature)	(Printed Name)	(Title)

Witness my hand and official seal: C Chambers
Signature of Notary Public

CHARMAINE CHAMBERS
NOTARY PUBLIC - ARKANSAS
BENTON COUNTY
MY COMMISSION EXPIRES 01-01-2026
COMM. # 12696857
(SEAL)

My commission expires: 01-01-2026

Walmart

CORPORATE OFFICERS

NAME AND TITLE	BUSINESS ADDRESS
Carl Douglas McMillon President & CEO DOB Number of Years in Corp	[redacted]
Matthew Allen Assistant Treasurer DOB Number of Years in Corp	
John Scudder Sr. VP and CECO DOB Number of Years in Corp	
David Reading Assistant Secretary DOB Number of Years in Corp	

The above officers / directors own less than 1% stock of Walmart Inc. a public corporation.

WLD-28 (5/17)

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

OR LIQUOR DIVISION USE ONLY		
Customer #:	H 6350	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: _____

License Fees — Annual Fee: $ 1,000.00 — Date filed with clerk: ___/___/___

Prorated Fee: $ ___.___ — Advertising Dates: (2 Weeks)

Transfer Fee: $ ___.___ — June 2nd & June 11th

Publishing Fee: $ 25.00 — Hearing Date: 6 / 16 / 2020

Publishing Fee Direct Billed to Applicant: ☐

License Term: **8/1/2020** Through **7/31/2021**

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 ☐ 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 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 1 paragraph 1 of lease document.

(ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page 1 paragraph 3 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?
				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 Mowatt	[redacted]			26	100%	YES ☐ NO ☑	YES ☐ NO ☑
Miles Bollwell				—		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: $157,090 (15%)
(Line 2) Food Sales: $832,274.93 (85%)
(Line 3) Gross Sales: $989,364.95 (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: **9' X 11' ROOM IN SW PORTION OF BLDG**
2nd Room:

157,090.02 15%
832,274.93 85%
989,364.95 100%

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 April, 2020 that the facts alleged in the foregoing instrument are true by the following:

	(Signature)	(Printed Name)	Title
1)	C Mowatt	C Mowatt	President
2)	Miles R Bullowell	MILES R BULLOWELL	TREASURER
3)			
4)			

Witness my hand and official seal:

MIKE NELSON NOTARY PUBLIC COUNTY OF PARK STATE OF WYOMING MY COMMISSION EXPIRES FEBRUARY 27, 2021

(SEAL)

Signature of Notary Public

My commission expires: 02/27/2021

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: Zapatas' 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 will be notified of the date you have been scheduled to appear. You may also be contacted by City staff prior to the meeting to address concerns or provide additional information. Some requests may not require appearing before the Council for approval.

Please provide the following detailed information relating to your concern or request. **This form (and any relevant attachments) should be submitted in a timely manner, preferably at least 14 days prior to allow sufficient time for internal review. Untimely submission may result in the inability to be considered for approval.** Council packets are prepared in advance prior to 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 Claudia Wade

Organization Represented Park County Travel Council

Date you wish to appear before the Council June 16

Email Address pctc@codychamber.org Telephone 307-587-8589

Names of all individuals who will speak on this topic Claudia Wade

Event Title (if applicable)_____

Date(s) of Event (if applicable)_____

Location of Event (if applicable)_____

Full description of topic to be discussed (include all relevant information including any street closures, times of event, any special requirements or request etc., attach additional sheet if necessary and map showing location of event where applicable)

I will present a 2% Park County Lodging Tax Resolution to be voted on in the Nov. 3 General Election.

Which City employee(s) have you spoken to about this issue? Cindy Baker

Signature_____ Date May 27, 2020

RESOLUTION NO. 2020 - 12
RESOLUTION APPROVING PROPOSITION TO IMPOSE A TWO PERCENT (2%) LODGING TAX IN PARK COUNTY, STATE OF WYOMING, SAID PROPOSITION TO BE PLACED ON THE GENERAL ELECTION BALLOT ON NOVEMBER 3, 2020

WHEREAS, the Wyoming Legislature has provided, pursuant to W.S. §39-15-204(a)(ii) for counties and towns to impose a local lodging tax not to exceed two percent (2%) upon the sales price paid for lodging services, the purpose of which is for local travel and tourism promotion and funds to the general fund of the Town of Meeteetse, Cities of Powell and Cody, and Park County; and

WHEREAS, the Board of County Commissioners of Park County and the Councils of the Town of Meeteetse and Cities of Powell and Cody have decided to place on the November 3, 2020 General election ballot the proposition to impose a lodging tax of two percent (2%); and

WHEREAS, the resolution must be approved by the county commissioners and the governing bodies of at least 2/3 of the incorporated municipalities within the county; and

WHEREAS, the Town of Meeteetse and Cities of Powell and Cody are the only incorporated municipalities in Park County; and

WHEREAS, the Board of County Commissioners of Park County and the Councils of the Town of Meeteetse and Cities of Powell and Cody hereby notify the Park County Clerk prior to July 10, 2020 of their intention to place the two percent (2%) tax lodging on the November 3, 2020 General election ballot.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PARK COUNTY, WYOMING, AND COUNCILS OF THE TOWN OF MEETEETSE AND CITIES OF POWELL AND CODY THAT:

1. The Board of County Commissioners of Park County and the Councils of the Town of Meeteetse and Cities of Powell and Cody hereby agree to place a two percent (2%) Lodging Tax question on the November 3, 2020 General election ballot, and further hereby endorse, adopt and approve the procedures set forth in W.S. §39-15-203(a)(ii).

2. The tax shall be imposed upon the sales price paid for lodging services within Park County and the Town of Meeteetse and Cities of Powell and Cody.

3. The purpose of the tax is for local travel and tourism promotion.

4. It is anticipated that Park County will qualify under W.S. §39-15-211(a)(ii)(B)(I) and W.S. §39-15-211(a)(ii)(B)(II) to allow for a split of the lodging tax as follows: ninety percent (90%) to promote travel and tourism and ten percent (10%) to the general fund of the Town of Meeteetse, Cities of Powell and Cody, and Park County.

5. The Park County Board of County Commissioners and the Councils of the Town of Meeteetse and Cities of Powell and Cody hereby direct the County Clerk to place this proposition upon the November 3, 2020 General Election Ballot.

6. The following proposition shall be stated on the ballot:

SHALL PARK COUNTY, WYOMING IMPOSE AN ADDITIONAL TWO PERCENT (2%) LODGING TAX FOR FOUR YEARS BEGINNING JANUARY 1, 2021 UPON ACCOMMODATIONS OR SPACE FOR TRANSIENT VISITORS OR TOURISTS?

a. The ballots shall contain the language “FOR THE COUNTY LODGING TAX” and “AGAINST THE COUNTY LODGING TAX.”

b. The four percent (4%) proposition was approved at the 2016 election, and the two percent (2%) proposition is now being submitted at the General election, November 3, 2020 and four (4) years thereafter beginning January 1, 2021. If the proposition is successful at the November 3, 2020 General election, the tax shall remain in place for an additional four (4) years.

c. If the proposition to renew the tax is defeated the proposition shall not again be submitted to the electors of the county for at least eleven (11) months.

d. If the proposition is approved by the qualified electors, the Board of County Commissioners and the Councils of the Town of Meeteetse and Cities of Powell

and Cody shall impose a two percent (2%) lodging tax upon the sales price paid for lodging services as defined by W.S. §35-15-101(a)(i).

e. The tax shall be implemented and enforced pursuant to Wyoming Statutes Title 39 Taxation and Revenue, Chapter 15 Sales Tax, Article 1 State Sales Tax, with the exception of W.S. §39-15-102(a), insofar as it relates to sales taxes except the name of the county as the taxing agency shall be substituted for that of the state and an additional license to engage in business shall not be required if the vendor has been issued a state license pursuant to law.

f. Any amendments made to Article 1 State Sales Tax of Chapter 15, Title 39 within the Wyoming Statutes, not in conflict, shall become a part of this resolution.

g. Prior to the effective date of imposition of the tax, the County Clerk shall ensure that a contractual relationship is in place with the State of Wyoming, Department of Revenue to perform all functions incident to the administration of the sales tax.

h. The amount subject to the tax shall not include the amount of any sales tax imposed by the State of Wyoming.

7. Should any part or provision of this resolution ever be judicially determined to be invalid or unenforceable, such determination shall not affect the remaining parts and provisions hereof, the intention being that each part or provision of this resolution is severable.

PASSED AND APPROVED this 16 day of June 2020.

.

By the **CITY OF CODY OF PARK COUNTY, WYOMING**

_____

Matt Hall, Mayor

(SEAL)

Attest:

_____

Cynthia Baker, Administrative Services Director

MEETING DATE: JUNE 16, 2020
DEPARTMENT: FINANCE
PRESENTED BY: LESLIE BRUMAGE

AGENDA ITEM SUMMARY REPORT

Resolution 2020-13

ACTION TO BE TAKEN:
Approve Resolution 2020-13 for the appropriation of remaining and excess specific purpose tax funds.

SUMMARY OF INFORMATION:
In 2016 Park County voters approved a one-cent specific purpose tax for Park County for a total amount of $13,680,000 of which the City of Cody's portion of this tax was $5,000,000 for chip sealing, ADA ramp improvements, and the wastewater treatment facility.

The tax collection ended April 2019 and due to the combination of remaining tax funds, excess tax funds, and interest earnings, there is a fund balance of $1,195,965 in the Specific Purpose Tax Fund.

Per State Statues, after a public hearing, with notice of the public hearing published in a newspaper of general circulation in the county at least thirty (30) days before the public hearing, the governing body of the county and each municipality may appropriate its proportion of excess funds for other specific purposes authorized by a majority vote of the governing body, which shall not include the ordinary operations of local government. The public hearing was advertised in the Cody Enterprise on May 12, 2020.

The following is a list of projects that the leadership team has identified that can be funded through the excess tax collections and interest earnings:

Law Enforcement Center parking lot project	$ 36,200
Demaris Street overlay	$ 45,550
Extending the chip sealing program into 2022	$ 614,215
Transportation Alternatives Project (TAP)	$ 500,000
	$1,195,965

FISCAL IMPACT
The transportation alternatives project is grant funded with a 20% match so the City would receive grant reimbursements of $400,000. The cash flow projections for the specific purpose tax fund is as follows:

AGENDA ITEM NO. _____

Beginning Cash Balance July 1, 2020	**$**	**1,928,136**
Interest Revenue	$	4,257
Grant Reimbursement	$	220,000
Chip Sealing 2020	$	(250,000)
LEC Parking Lot Project	$	(36,200)
ADA Ramps	$	(3,000)
Transportation Alternatives Project	$	(275,000)
Demaris Street Overlay	$	(45,550)
Wastewater Treatement Facility	$	(1,133,428)
Projected Ending Cash June 30, 2021	**$**	**409,215**
Beginning Cash Balance July 1, 2021	**$**	**409,215**
Grant Reimbursement	$	180,000
Transportation Alternatives Project	$	(225,000)
Chip Sealing 2021	$	(250,000)
Projected Ending Cash June 30, 2022	**$**	**114,215**
Beginning Cash Balance July 1, 2022	**$**	**114,215**
Chip Sealing 2022 (partial)	$	(114,215)
Projected Ending Cash June 30, 2023	**$**	**-**

ATTACHMENTS

1. Resolution 2020-13

AGENDA ITEM NO. _____

R E S O L U T I O N NO. 2020-13

A RESOLUTION OF THE CITY OF CODY, WYOMING FOR THE APPROPRIATION OF REMAINING AND EXCESS SPECIFIC PURPOSE TAX FUNDS.

WHEREAS, in 2016 Park County voters approved a one-cent specific purpose tax for Park County for a total amount of $13,680,000; and

WHEREAS, the City of Cody's portion of this tax was $5,000,000 for chip sealing, ADA ramp improvements, and the wastewater treatment facility; and

WHEREAS, due to the combination of remaining tax funds, excess tax funds, and interest earnings, there is a fund balance of $1,195,965 in the Specific Purpose Tax Fund; and

WHEREAS, after a public hearing, with notice of the public hearing published in a newspaper of general circulation in the county at least thirty (30) days before the public hearing, the governing body of the county and each municipality may appropriate its proportion of excess funds for other specific purposes authorized by a majority vote of the governing body, which shall not include the ordinary operations of local government; and

WHEREAS, the public hearing was advertised in the Cody Enterprise on May 12, 2020; and

WHEREAS, the proposed appropriation of the funds is as follows:

Law Enforcement Center parking lot project	$ 36,200
Demaris Street overlay	$ 45,550
Extending the chip sealing program into 2022 (see attachment A)	$ 614,215
Transportation Alternatives Project (TAP)	$ 500,000
	$1,195,965

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF CODY, PARK COUNTY, WYOMING hereby approves the appropriation of remaining and excess specific purpose tax funds to the projects described in this Resolution.
PASSED, APPROVED, AND ADOPTED this 16th day of June, 2020.

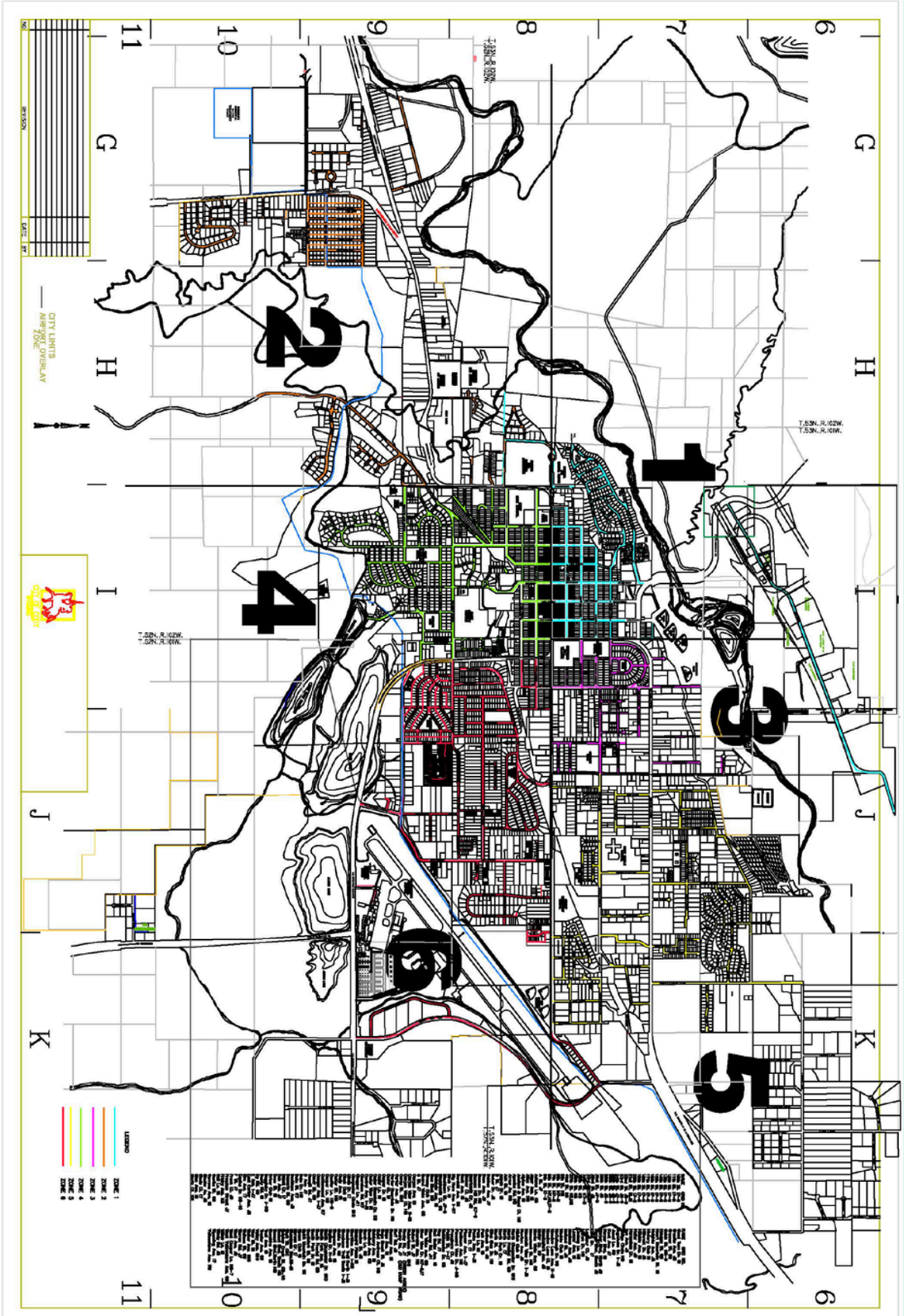
_____
Matt Hall, Mayor

ATTEST:

_____
Cindy Baker, Administrative Services Officer

R E S O L U T I O N NO. 2020-13

Attachment A



MEETING DATE: JUNE 16, 2020

DEPARTMENT: ADMINISTRATION
RECREATION
PREPARED BY: CINDY BAKER
PRESENTED BY: CINDY BAKER/BARRY COOK

AGENDA ITEM SUMMARY REPORT
Recreation Center July 3rd and or 4th

ACTION TO BE TAKEN:
Consider closing the Recreation Center both July 3rd and July 4th.

SUMMARY OF INFORMATION:
Over the past few years July 3rd and 4th have fallen during the normal work week and the Recreation Center has been open (sometimes reduced hours) on July 3rd and closed on July 4th. This year July 4th falls on Saturday with the observance (Holiday) on Friday, July 3rd. Thus, the issue, does the Recreation Center remain open on the 3rd knowing staff working that day would be receiving overtime pay? Does the Recreation Center close the 3rd but open the 4th, staff working would only be receiving overtime pay if already worked 40 hours in the work week? Or does the Recreation Center close both the 3rd and 4th allowing staff to spend this holiday with family and friends and open normal hours on Sunday, July 5th? It has been close to 10 years since the Recreation Center was open on the 4th of July, so there is no data as to the number of patrons that may take advantage of the facility if open. The Stampede Run this year will be a virtual run, thus no staff were planned for this event as typically has happened in the past.

FISCAL IMPACT
The additional cost would be approximately $1350-$1750 depending on which particular staff worked, which day the Center was open and the hours of operations.

ALTERNATIVES
1. Close both July 3rd and 4th
2. Open July 3rd
3. Open July 4th (Noon to 6 pm)

ATTACHMENTS
None

AGENDA & SUMMARY REPORT TO:
None

AGENDA ITEM NO. _____

MEETING DATE: JUNE 16, 2020

DEPARTMENT: ADMINISTRATION
RECREATION
PREPARED BY: CINDY BAKER
PRESENTED BY: CINDY BAKER/BARRY COOK

AGENDA ITEM SUMMARY REPORT
Staffing for July 3rd and/or 4th Parade

ACTION TO BE TAKEN:
Consider full staffing for July 3rd and 4th parade which could result in the need for a future budget amendment to cover overtime cost depending on division wages were allocated to for employees working the parade.

SUMMARY OF INFORMATION:
During the budget process and due to anticipated revenue shortfalls, the overtime budget for Administrative Services, Parks, Recreation, Aquatics and Community Development was reduced if not totally eliminated in some divisions. Typically, the staffing needs for the Stampede parade is 24 employees, with 10 employees being comprised from the Streets Division and the on-call employees for Electric and Water. The remaining 14 employees typically are made up from a variety of divisions including those divisions that the overtime was reduced or eliminated during the budget process. If the Stampede Parades are approved to continue this year with the pandemic, and if the Council wishes to continue to support and fund staffing for the street closures and detours staff is recommending that the Council approves any overtime associated with those employees who will main the street closure areas for these parades and authorize a budget amendment for said overtime for any division where applicable. The Parade July 2nd is not being requested additional overtime hours as this parade is during the normal work week and normal work hours. However staffing may still be an issue for this parade date.

PPE (Personal Protective Equipment) will be made available to any staff working the parades. PPE includes N95 mask, googles and hand sanitizer.

FISCAL IMPACT
The additional cost would be approximately $2,750-$3,500/per day depending on which particular staff worked, which division or department staff time is normally allocated to and the exact hours required to work for each parade.

ALTERNATIVES
1. Provide full staff for both parades and approve overtime budget amendment at a future meeting where applicable.
2. Request Stampede Parade Committee to provide additional staff (possible outriders) to man certain street closure areas.
3. In the event of not being able to staff event internally higher outside personnel and fund.

AGENDA ITEM NO. _____

4. Rescind previous approval of street closure for said event (action and approval previously taken at the 3/17/20 council meeting)

AGENDA ITEM NO. _____

MEETING DATE:	JUNE 16, 2020
DEPARTMENT:	COMMUNITY DEVELOPMENT
PREPARED BY:	TODD STOWELL, AICP
CITY ADM. APPROVAL:	_____
PRESENTED BY:	TODD STOWELL

AGENDA ITEM SUMMARY REPORT

ENCROACHMENT LICENSE WITH 4C STORAGE, LLC FOR IMPROVEMENTS WITHIN THE UNDEVELOPED "E" AVENUE RIGHT OF WAY AT 1913 BIGHORN AVENUE

ACTION:

Authorize an encroachment license with 4C Storage, LLC for a proposed storm water channel that would run across the undeveloped "E" Avenue right-of-way.

SUMMARY:

Rick Cook of 4C Storage, LLC is developing two additional storage buildings at 1913 Bighorn Avenue. As part of the development, he is installing a storm water management and retention system. Water collected on the property south of the "E" Avenue right-of-way is proposed to be taken to an infiltration pond on the north side of the "E" Avenue right-of-way. The topography of the "E" Avenue right-of-way is complex and the future "E" Avenue has not been designed. As such, it is impossible to speculate at what elevation the road and therefore any culvert crossing should be installed. Due to these limitations, the storm water is proposed to be carried across the "E" Avenue right-of-way at the surface, in a storm water channel.

The Encroachment License process is used to assure that maintenance and liability issues are covered, and that reasonable compensation is made for private use of the public right-of-way.

If at some time in the future, the City has means and desires to install a street or major utility in the "E" Avenue right-of-way, it is quite possible that the drainage channel would need to be removed and replaced with a piped system (e.g. catch basin, culvert, outlet). Staff believes that the property owner should be responsible for those associated costs, which is reflected in the proposed license.

There are other scenarios that could occur. Rather than outline each of those scenarios in the agreement, it is noted that the proposed agreement could always be amended in the future to address other options.

The site plan and storm water improvements have been reviewed and authorized by the Planning and Zoning Board, subject to City Council authorizing an encroachment license for the storm water channel crossing.

Rather than collect an ongoing license fee, it is proposed to collect a small amount for time spent processing the license, and to establish that any future costs to replace the swale with a piped system is with the owner of 1913 Bighorn Avenue.

AGENDA ITEM NO. _____

FISCAL IMPACT
No immediate direct costs to City budget. Part of the purpose of the agreement is to ensure no future costs to the City regarding the storm water crossing of “E” Avenue.

ALTERNATIVES
Authorize or don’t authorize the Mayor to sign an Encroachment License for 4C Storage, LLC.

RECOMMENDATION
Authorize the Mayor to sign an Agreement for Encroachment License with 4C Storage, LLC to authorize the storm water channel across the “E” Avenue right-of-way subject to the provisions of the license agreement.

If the City attorney has not authorized the language of the agreement before the City Council meeting, the approval would be subject to review and approval of the encroachment license by the City attorney.

ATTACHMENTS
Agreement for Encroachment License, with attachments.

AGENDA & SUMMARY REPORT TO:
Rick Cook, 4C Storage LLC

AGENDA ITEM NO. _____

AGREEMENT FOR ENCROACHMENT LICENSE

The parties to this agreement are the City of Cody, Wyoming, (hereinafter CITY), a municipal corporation in Park County, Wyoming, and 4C Storage, LLC a Wyoming Limited Liability Company (hereinafter OWNER). This Agreement for Encroachment License is made and entered into as of the date last signed by the parties to this agreement.

WITNESSETH:

WHEREAS, Owner is the owner of certain real property located at 1913 Big Horn Avenue, Cody, Wyoming 82414, described as follows:

Township 53 North, Range 101 West, 6th P.M., Park County, Wyoming, Section 28: E ½ of W ½ of W ½ of SW ¼ of the SW ¼, Original Survey, being Part of Tract 40, Resurvey. Excepting therefrom, that portion conveyed to the City of Cody by Warranty Deed recorded July 15, 1986 in MF Book 130, Page 683.

WHEREAS, the area conveyed to the City of Cody by the warranty deed in MF Book 130, Page 683 was acquired for a future street known as E Avenue;

WHEREAS, Owner desires to install a storm water retention system that would involve a drainage channel across the E Avenue property, as depicted by the attached exhibits, which drainage channel improvements constitute an encroachment on land owned by the City; and,

WHEREAS, City wishes to establish responsibility for the costs of replacing the drainage channel with a pipe system across the E Avenue property if and when a street is constructed in E Avenue.

NOW, THEREFORE, in consideration of the mutual covenants and promises described herein, the parties agree as follows:

1. City hereby grants to Owner a revocable encroachment license for the storm water drainage channel across the E Avenue property (right-of-way), as generally depicted by the attached exhibits.

2. Owner shall pay to the City the sum of $25.00 for the use of the E Avenue property for the drainage channel, and commit to paying all costs associated with replacing the drainage channel with an underground pipe system across the E Avenue property if and when a street is constructed in E Avenue, or if the drainage channel is incompatible with future City utility improvements.

3. Notwithstanding the term outlined above, the license for encroachment is given as a matter of convenience and the same may be revoked by the City at any time for any reason whatsoever, upon sixty (60) days written notice given by the CITY. Upon the expiration of the 60-day written notice, Owner shall have an additional sixty (60) days to remove the encroachments from the city right-of-way to the satisfaction of the CITY, at the sole cost and expense of Owner.

4. In the event that the City or other utility provider is required to install, repair, modify, replace, upgrade, add to, or otherwise access utilities near or beneath the improvements noted herein, the City or other utility provider performing the work shall not be responsible for removal or replacement costs of the encroachments. Owner shall be solely responsible for all expenses of such removal and/or replacement, and Owner accepts the risk associated with having the encroachments on the public right of way. The City, or other utility provider, as applicable to the party performing the work, shall be responsible for restoring any trench areas to the original ground surface and assuring proper compaction. In the event that the City or other utility provider is required to repair or modify existing utilities beneath the aforementioned

improvements, the City will endeavor to minimize the disruption to the existing improvements.

5. Owner assumes all liability for themselves, their lessees, agents, representatives, employees, guests, and invitees, and shall indemnify and hold harmless CITY, its agents, representatives, employees, officers, council members and agents from any and all claims, actions, lawsuits, disputes and controversies regarding use of the public right-of-way pursuant to this agreement. This indemnification shall include but not be limited to claims and actions for personal injury, property damage, economic loss, death and all other liabilities and losses to the extent arising under this agreement or from the use of the public right-of-way by Owner, their lessees, agents, representatives, employees or officers. This indemnification shall include reasonable attorney's fees incurred by CITY in defense of any action brought by any party against CITY to the extent arising out of this agreement or Owner's use of the public right-of-way. Nothing in this indemnification shall be construed to extend the CITY's governmental liability established under Wyo. Stat. Ann. § 1-39-118.

6. By entering into this agreement, CITY does not waive its sovereign immunity or governmental immunity, or any of the immunities, defenses or limitations available to it under the Wyoming Constitution and Wyoming law.

7. No provision of this agreement is intended or shall be construed to confer upon or give to any person or entity other than the signatories to this agreement any rights, remedies or other benefits under or by reason of this agreement.

8. This agreement contains the entire understanding of the parties and there are no other promises, covenants or understanding beyond the scope of this written agreement pertaining to these items. This agreement can only be amended in writing, approved and signed by both parties.

CITY OF CODY, WYOMING:

By:_____
Matt Hall, Mayor

Attest: _____
Cynthia D. Baker, Administrative Services Officer

4C STORAGE, LLC,
a Wyoming Limited Liability Company

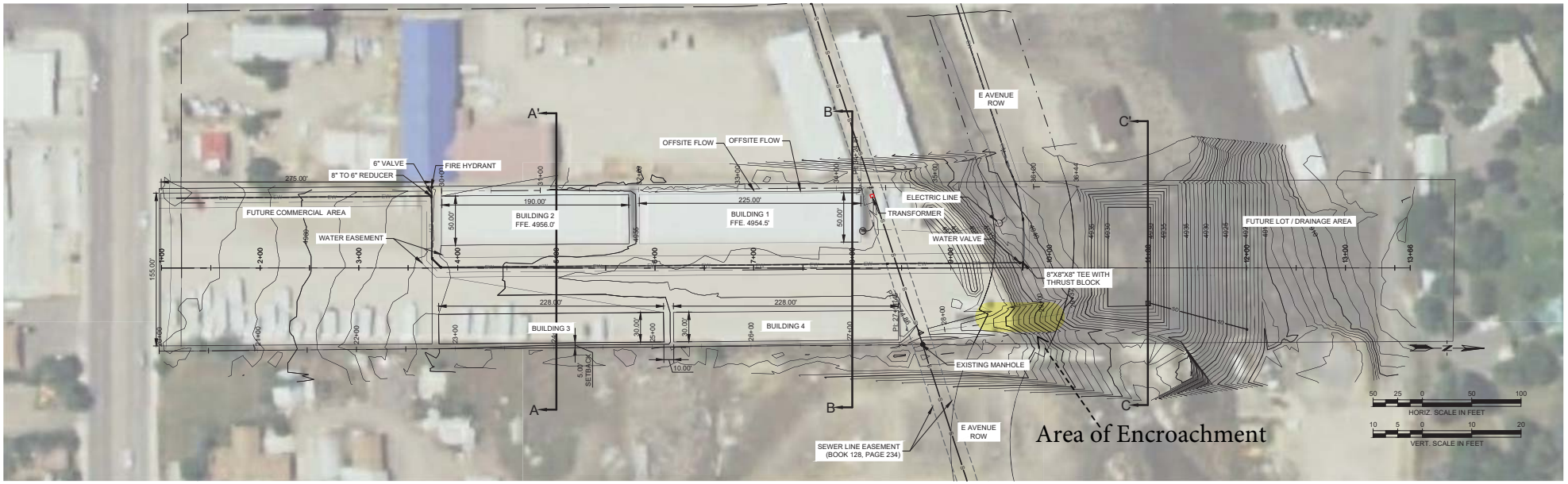
By: _____
Richard T. Cook
Title:

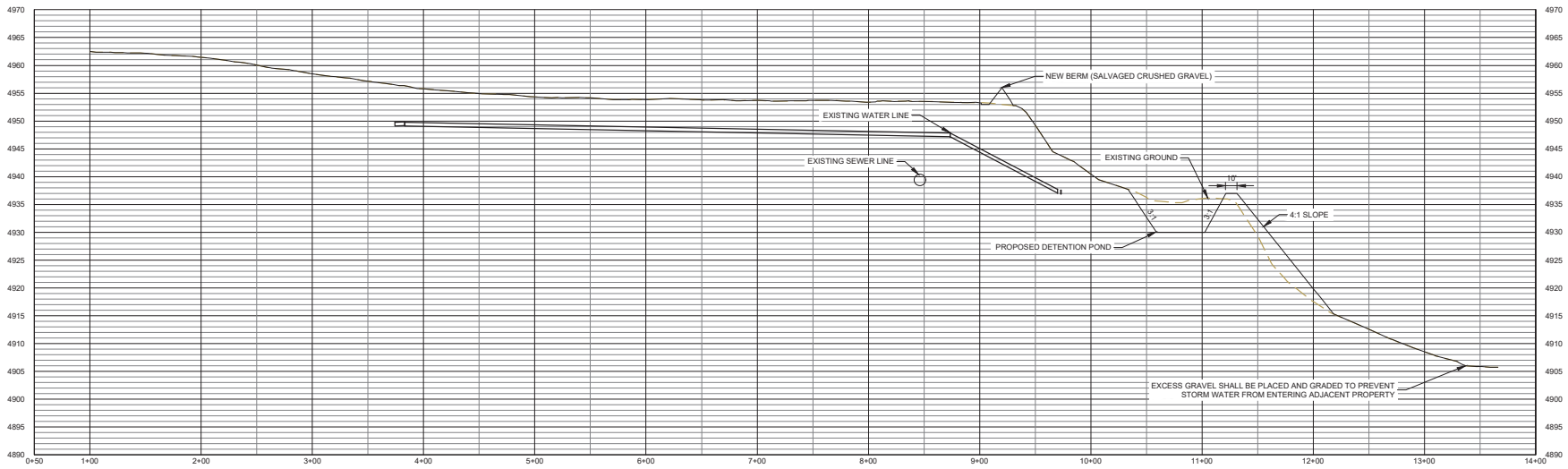
STATE OF WYOMING)
) SS.
COUNTY OF Park)

The foregoing instrument was acknowledged before me this _____ day of _____, 2020, by_____as _____ of 4C Storage, LLC.

WITNESS my hand and official seal.

_____
Notary Public
My commission expires_____





VERIFY SCALE!

THESE PRINTS MAY BE REDUCED. LINE BELOW MEASURES ONE INCH ON ORIGINAL DRAWING.

MODIFY SCALE ACCORDINGLY!

REVISIONS

NO.	DESCRIPTION	BY	DATE
1	DRAINAGE POND REVISION	KJM	5/29/2020

J:\5627 COOK MOVING - RICK\003 BUILDING #3\ACAD\SHEETS\CIVIL\DRAINAGE CL PP SHEET 1.DWG PLOTTED BY:KYLE MUCK ON May/29/2020

Morrison Maierle
engineers ▪ surveyors ▪ planners ▪ scientists
1402 Stampede Avenue
Cody, WY 82414
307.587.6281
www.m-m.net

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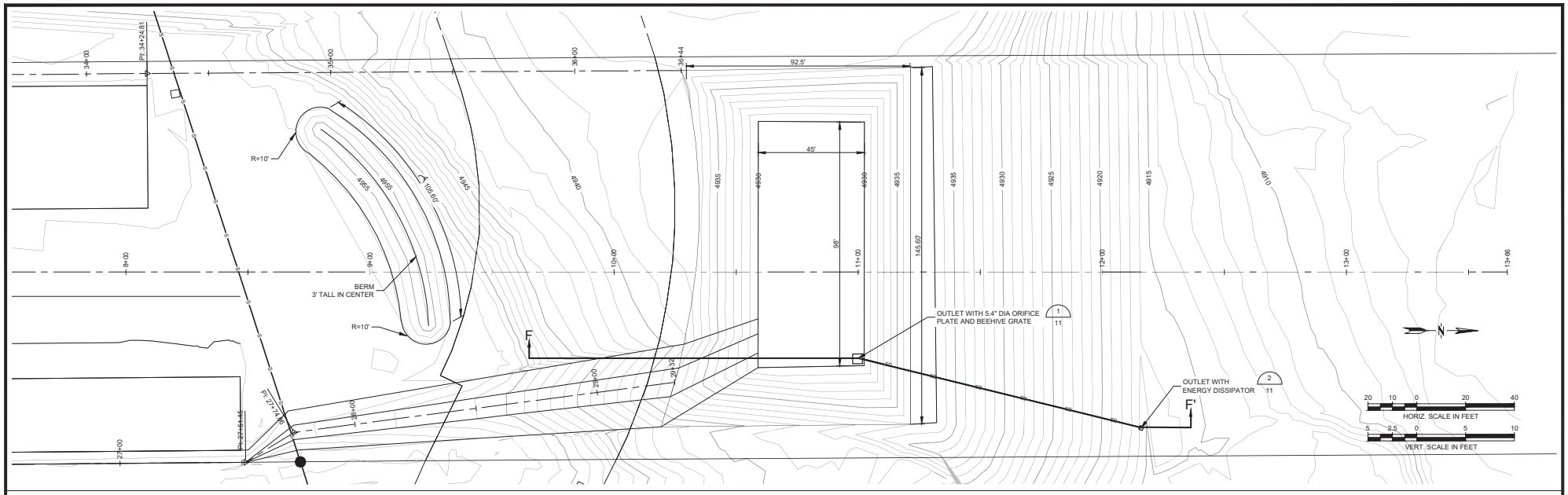
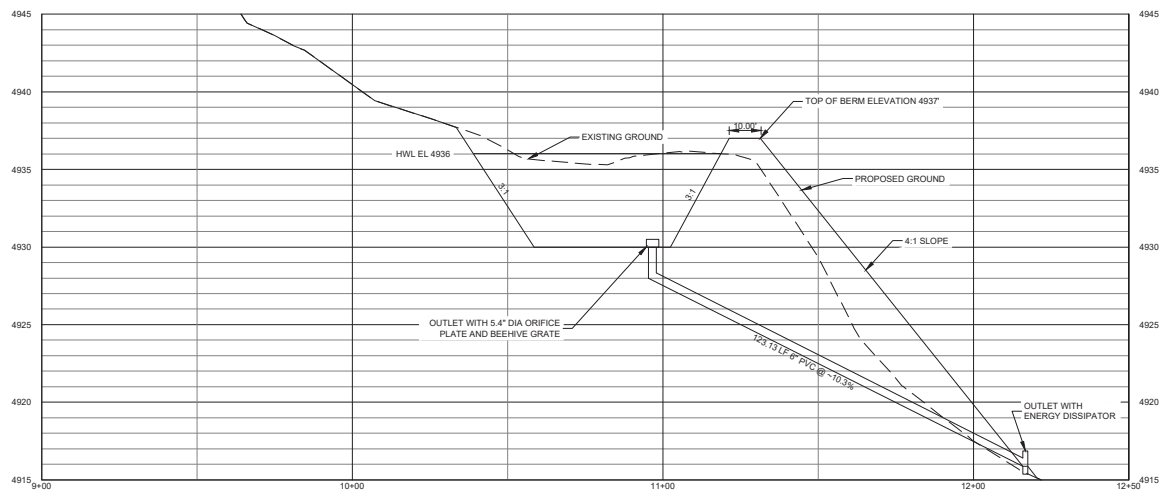
DRAWN BY: KJM
DSGN. BY: FMP
APPR. BY: FMP
DATE: 5/2020
Q.C. REVIEW
BY: _____
DATE: _____

4C STORAGE
STORAGE BUILDING #3 & #4
CODY WYOMING

PLAN AND PROFILE

PROJECT NUMBER 5627.003
SHEET NUMBER
DRAWING NUMBER 4





SECTION F-F'

VERIFY SCALE!

THESE PRINTS MAY BE REDUCED. LINE BELOW MEASURES ONE INCH ON ORIGINAL DRAWING.

MODIFY SCALE ACCORDINGLY!

REVISIONS

NO.	DESCRIPTION	BY	DATE
1	DRAINAGE POND REVISION	KJM	6/1/2020

J:\5627 COOK MOVING - RICK\003 BUILDING #3\ACAD\CIVIL\WORKSHEET\5627003 CVL WKSHT.DWG PLOTTED BY:KYLE MUCK ON Jun/01/2020

Morrison Maierle
engineers ▪ surveyors ▪ planners ▪ scientists

1 Engineering Place
Helena, MT 59602
406.442.3050
www.m-m.net

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DRAWN BY: KJM
DSGN. BY: FMP
APPR. BY: FMP
DATE: 5/2020

Q.C. REVIEW
BY: _____
DATE: _____

4C STORAGE
STORAGE BUILDING #3 & #4

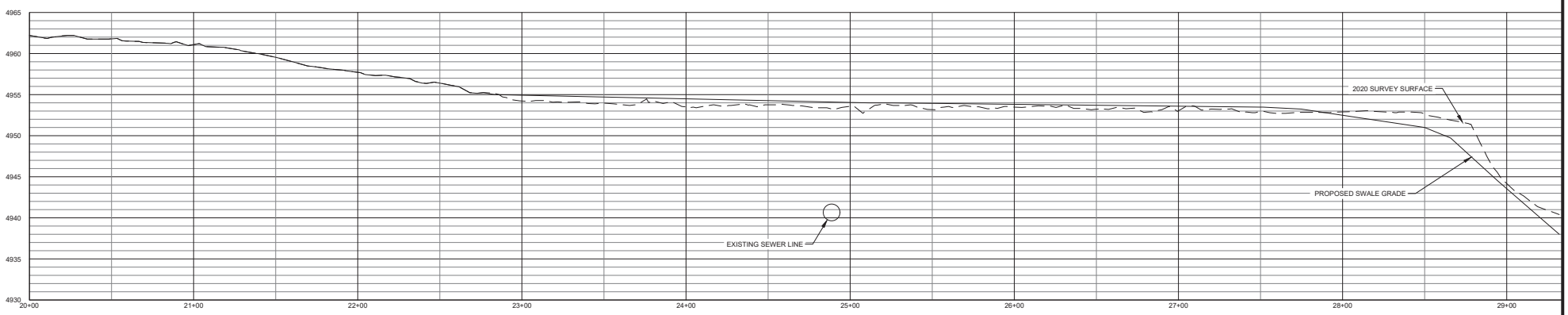
Cody WYOMING

PLAN AND PROFILE
DRAINAGE POND

PROJECT NUMBER
5627.003

SHEET NUMBER

DRAWING NUMBER
5



SECTION E-E'

VERIFY SCALE!

THESE PRINTS MAY BE REDUCED. LINE BELOW MEASURES ONE INCH ON ORIGINAL DRAWING.

MODIFY SCALE ACCORDINGLY!

REVISIONS

NO.	DESCRIPTION	BY	DATE
1	EAST SWALE REVISION	KJM	5/29/2020
#	#	#	#
#	#	#	#
#	#	#	#

J:\5627 COOK MOVING - RICK\003 BUILDING #3\ACAD\SHEETS\CIVIL\EAST SWALE PP SHEET 1.DWG PLOTTED BY:KYLE MUCK ON May/29/2020

Morrison Maierle
engineers ▪ surveyors ▪ planners ▪ scientists

1402 Stampede Avenue
Cody, WY 82414
307.587.6281
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DRAWN BY: KJM
DSGN. BY: FMP
APPR. BY: FMP
DATE: 5/2020

Q.C. REVIEW
BY: #
DATE: #

4C STORAGE
STORAGE BUILDING #3 & #4

CODY WYOMING

EAST SWALE
PLAN AND PROFILE

PROJECT NUMBER
5627.003

SHEET NUMBER

DRAWING NUMBER
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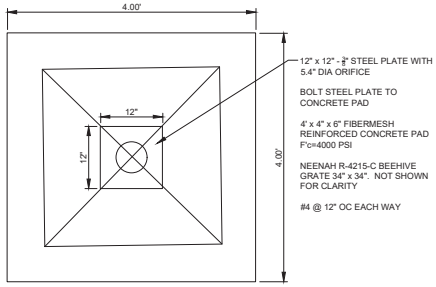
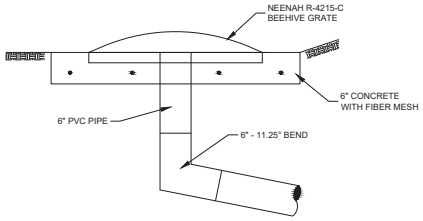
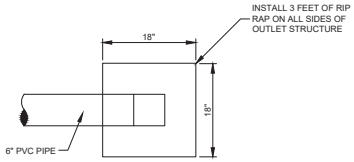


TOP VIEW

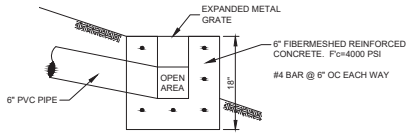


FRONT VIEW

1 DETENTION POND INLET STRUCTURE
11
SCALE: 1" = 1'

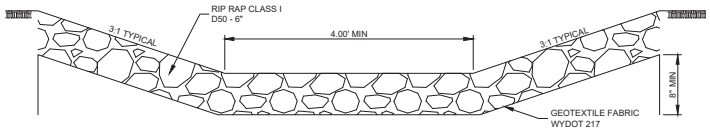


TOP VIEW

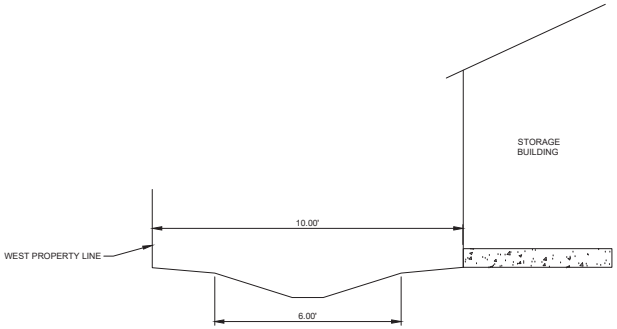


FRONT VIEW

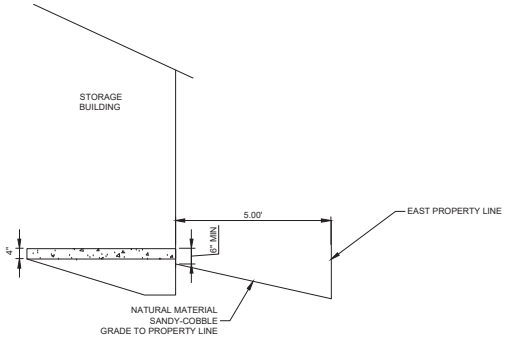
2 DETENTION POND OUTLET STRUCTURE
11
SCALE: 1" = 1'



3 RIP RAP LINED DRAINAGE SWALE
11
SCALE: 1" = 1'



4 WEST DRAINAGE SWALE
11
SCALE: 1" = 2'



5 EAST DRAINAGE SWALE
11
SCALE: 1" = 2'

VERIFY SCALE!

THESE PRINTS MAY BE REDUCED. LINE BELOW MEASURES ONE INCH ON ORIGINAL DRAWING.

MODIFY SCALE ACCORDINGLY!

REVISIONS

NO.	DESCRIPTION	BY	DATE
1	DETAIL 5 REVISION	KJM	5/29/2020

J:\5627 COOK MOVING - RICK\003 BUILDING #3\ACAD\SHEETS\CIVIL\DETAILS.DWG PLOTTED BY:KYLE MUCK ON Jun/01/2020

Morrison Maierle
engineers ▪ surveyors ▪ planners ▪ scientists
1 Engineering Place
Helena, MT 59602
406.442.3050
www.m-m.net

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DRAWN BY: KJM
DSGN. BY: FMP
APPR. BY: FMP
DATE: 5/2020

Q.C. REVIEW
BY: _____
DATE: _____

4C STORAGE
STORAGE BUILDING #3 & #4
CODY WYOMING

DETAILS

PROJECT NUMBER 5627.003

SHEET NUMBER

DRAWING NUMBER 11

MEETING DATE:	JUNE 16, 2020
DEPARTMENT:	COMMUNITY DEVELOPMENT
PREPARED BY:	TODD STOWELL
CITY ADM. APPROVAL:	_____

AGENDA ITEM SUMMARY REPORT
Final Plat of the Anvil Minor Subdivision

ACTIONS TO BE TAKEN

Approve the final plat of the Anvil Minor Subdivision, a 2-lot subdivision by Thomas Schulz, subject to conditions.

SUMMARY

The proposal is to divide a 7,000 square foot lot, located at the southwest corner of the Wyoming Avenue and 13th Street intersection into two lots. An existing house is located on the south lot and a new home is under construction on the north lot. The property is in the R-4 residential zone, which requires 1,800 square feet of lot size per dwelling unit.

The Preliminary Plat was approved subject to the following conditions. The status is noted following each.

1. *Modify the domestic water plans as noted in the staff report, and complete the connections before the final plat is recorded.*

   Status: The domestic water plans have been modified as required. The connections are in process.

2. *If raw water (City irrigation) is to be installed for the south lot as part of the subdivision, pay the connection fee and modify the raw water (irrigation) plan as noted in the staff report.*

   Status: The raw water plan has been modified as required. It is still not clear if irrigation to the south lot will be installed now or in the future, either way is an option. The method to obtain a raw water tap is to pay the $500 connection fee and the City crews do the work.

3. *Sidewalk must be installed along the property frontage to city standards, including the ramp at the intersection corner. The sidewalk can be located against the curb and will need to be completed before the final plat is recorded.*

   Status: The City Council discussed the sidewalk requirement when they reviewed the preliminary plat and agreed to further discuss it when they see the final plat. In essence, some Council members appeared uncomfortable requiring the developer to bear the cost of the sidewalk improvements. It is not believed that there is opposition to installing the sidewalk, but whether the developer should bear all of those costs in this particular instance. Rather than view the

AGENDA ITEM NO. _____

requirement for installation of the sidewalk as an all or nothing decision, staff has taken the view of partnering with the property owner in order to accomplish the installation of the sidewalk. Specifically, Public Works has agreed to contribute $2,000 towards the handicap ramp (amount is approximately 50% of what the City recently paid per ADA ramp), require only a 4-foot wide sidewalk instead of the current 5-foot standard, and reduce the asphalt cut from the standard 5 feet to 2 feet in any section where the curb and gutter needs to be removed (at ramp and any new driveway cut). The timing could also be extended to allow completion of the sidewalk prior to occupancy of the house under construction.

Because the property owner is a licensed concrete contractor and has the skills needed to perform the work, he can self-perform the work instead of hiring it out and apply the full $2,000 contribution to material costs. The $2,000 should cover all of the gravel base, stakes, forms, and concrete material costs. It may not be enough to cover all of the asphalt patch costs, curbing for any new driveway cut, or equipment rental, but definitely goes a long way towards accomplishing the sidewalk installation.

It is further noted that sidewalks are not a new requirement. If anything, it appears that sidewalk was not previously installed when it should have been. The City now has an opportunity to fix the non-compliant situation by applying the adopted code, and is willing to cost share to help make it happen.

A map of sidewalks in the area is below, with green indicating where sidewalk exists and orange where it currently lacks.

4. *Provide the final plat in accordance with the subdivision ordinance. Also provide a clean copy of the preliminary plat, reflecting the final utility plans and correcting the typos.*

Status: Provided, although the lots sizes still need to be identified.

AGENDA ITEM NO. _____

RECOMMENDED MOTION:

The Planning and Zoning Board recommends that the City Council approve the final plat of the Anvil Minor Subdivision final plat subject to the following conditions:

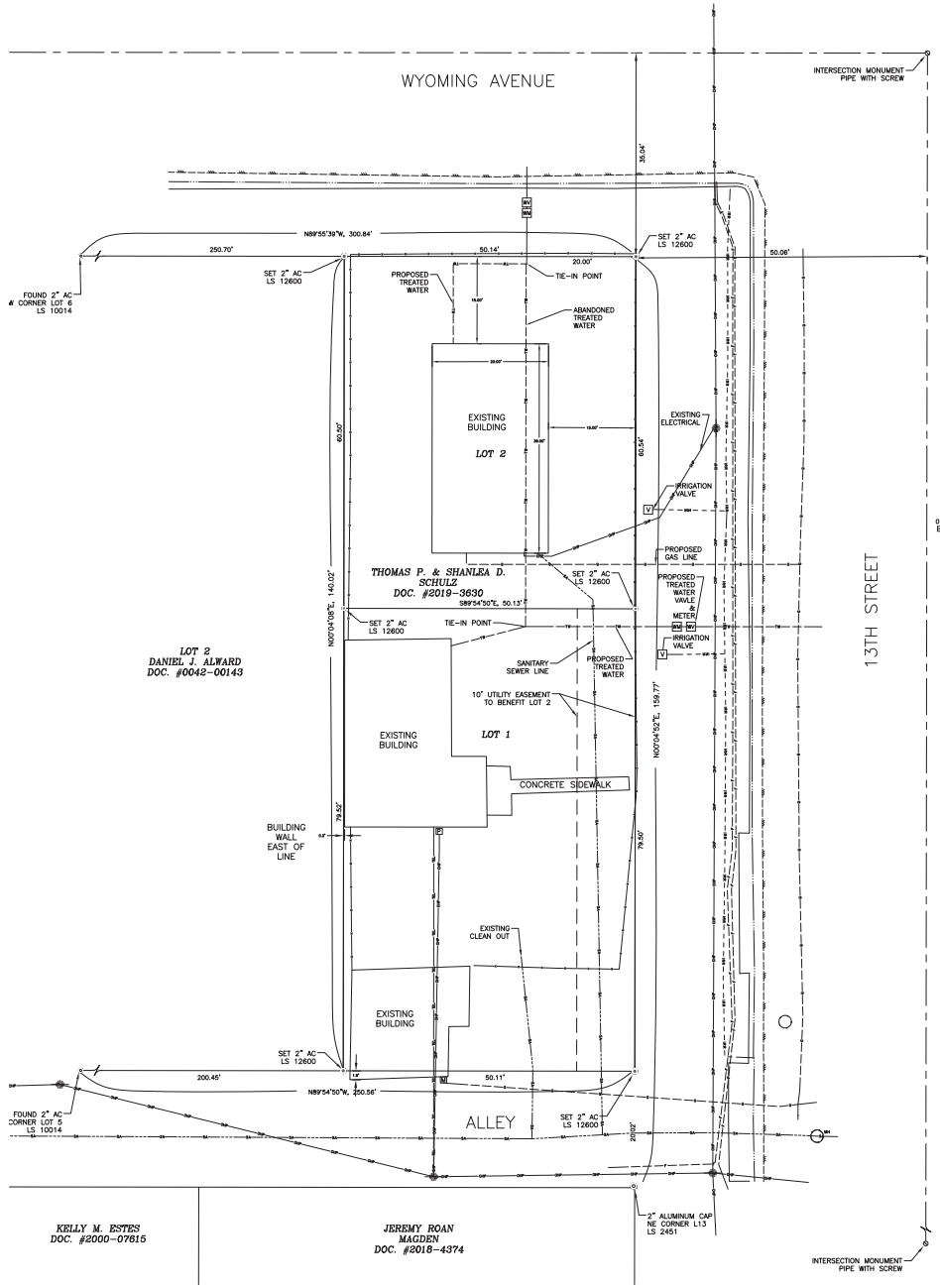
1. Complete the domestic water service connections prior to recording the final plat.
2. Install sidewalk along the property frontage to City standards prior to either recording the final plat, or issuance of a certificate of occupancy for the new house on Lot 2, whichever occurs later. Public works will contribute $2,000 to the costs.
3. Add the lot sizes to the final plat.

ATTACHMENTS:

Final Plat and utility plan

H:\PLANNING DEPARTMENT\FILE REVIEWS\MAJOR-MINOR SUBDIVISION\2020\SUB2020-04 701 13TH STREET - SCHULZ, THOMAS\AGENDA SUMMARY SCHULZ ANVIL FINAL PLAT.DOCX

AGENDA ITEM NO. _____



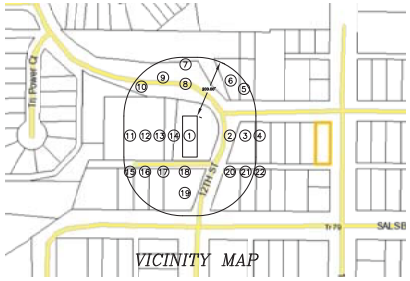
1. BEARINGS ARE BASED ON THE CITY OF CODY COORDINATE SYSTEM, WHICH IS BASED ON THE WYOMING COORDINATE SYSTEM NAD83 WEST CENTRAL ZONE.

LEGEND

- FOUND 2" DIA. ALUMINUM CAP, UNLESS OTHERWISE NOTED.
- SET 2" DIA. ALUMINUM CAP ON 5/8" DIA. STEEL BAR.
- EXACT UTILITY LOCATION UNKNOWN.
- OHP — OVERHEAD POWER LINE.
- TV — OVERHEAD CABLE OR PHONE LINE.
- T — BURIED TELEPHONE LINE.
- G — BURIED NATURAL GAS LINE.
- TW — BURIED TREATED WATER LINE.
- RW — BURIED RAW WATER LINE.
- SA — BURIED SANITARY SEWER LINE.
- MH — MANHOLE LID. UTILITY AND STRUCTURE TYPES VARY.
- WATER METER.
- GAS METER.
- ELECTRIC METER.
- UTILITY PIPE LINE VALVES.
- UTILITY POLE.
- PROPOSED SUBDIVISION LOT LINES.

0 5 10 20
SCALE (FT)

RESURVEY T.53N., R.101W. CITY OF CODY



VICINITY MAP

0 100 200 400
SCALE (FT)

LANDOWNER KEY

1. THOMAS P. & SHANLEA D. SCHULZ, 13 ARAPAHOE TRAIL, CODY, WY 82414
2. ANTHONY SYME, 714 13TH STREET, CODY, WY 82414
3. JOSHUA D. HOLLINGER, 1308 WYOMING AVE, CODY, WY 82414
4. GAMBILL, RONALD K. & JOAN H. Mail Addr: 2114 14TH STREET Mail Addr: CODY, WY 82414
5. CHADWICK LIVING TRUST Mail Addr: PO BOX 72 Mail Addr: CODY, WY 82414
6. WALTER DAVID & SHERRY LYNN HERBERT, 1005 OMALLEY DR., BILLINGS, MT 59102
7. BEVERLY ANN ELLIS, 625 13TH ST., CODY, WY 82414
8. ROBERT W. & BARBARA E. KELLEY, 1241 WYOMING AVENUE, CODY, WY 82414
9. 8-N HOLDINGS, LLC ATTN: PAYNE, TALLY, P.O. BOX 3172, CODY, WY 82414
10. RICHARD & LEANNE MICHAELS TRUSTEES, 2620 CAREY STREET, CODY, WY 82414
11. CNB REVOCABLE TRUST, 204 ROAD 1AB, POWELL, WY 82435
12. LINDSAY DIANE ROSS, 1214 WYOMING AVE, CODY, WY 82414
13. LISA ROLLINS, P.O. BOX 12428, EVERETT, WA 98206
14. DANIEL J. ALWARD, 1236 WYOMING AVE., CODY, WY 82414
15. HARVEY LEE & DEBORAH LYNN BREMER, 1219 SALSBURY AVE., CODY, WY 82414
16. JAMES M. NEELY, P.O. BOX 1872, CODY, WY 82414
17. KELLY M. ESTES, 1239 SALSBURY AVENUE, CODY, WY 82414
18. JEREMY ROAN MAGDEN, 719 13TH STREET, CODY, WY 82414
19. ADAM AVILES, 1243 SALSBURY AVE, CODY, WY 82414
20. RUMSON COMPANY, LLC, 1511 WILD AZALEA LANE, ATHENS, GA 30606
21. DAVID M. BEIER, 1307 SALSBURY AVE, CODY, WY 82414
22. JACK L. HILTZ, P.O. BOX 94, CODY, WY 82414

CERTIFICATE OF OWNER

STATE OF WYOMING }
COUNTY OF PARK } SS.

KNOW ALL MEN BY THESE PRESENTS THAT I/WE, THE UNDERSIGNED, HEREBY CERTIFY THAT I/WE ARE OWNERS AND PROPRIETORS OF LOT 1, BLOCK 2, FIRST ADDITION, AS LOCATED IN BOOK "D" OF PLATS, PAGE 2, ACCORDING TO THE RECORDS OF THE COUNTY CLERK AND RECORDER OF PARK COUNTY, STATE OF WYOMING, AS EVIDENCED BY THAT WARRANTY DEED RECORDED AS DOCUMENT #2019-3630 IN SAID CLERK AND RECORDER'S OFFICE;

THAT WE HAVE CAUSED SAID PROPERTY TO BE SURVEYED AND PLATTED AS SHOWN HEREON AS THE ANVIL MINOR SUBDIVISION LOCATED WITHIN THE CITY OF CODY; THAT THE SUBDIVISION AS APPEARS ON THIS PLAT IS WITH THE FREE CONSENT AND IN ACCORDANCE WITH THE DESIRES OF THE UNDERSIGNED OWNERS AND PROPRIETORS; THAT WE HEREBY DEDICATE EASEMENTS LABELED HEREON TO THE USES SO NOTED; THAT SAID LANDS ARE SUBJECT TO ANY EASEMENTS, RIGHTS-OF-WAY AND MINERAL RIGHTS OR RESERVATIONS ON RECORD; AND THAT ANY RIGHTS BY VIRTUE OF THE HOMESTEAD EXEMPTION LAWS OF THE STATE OF WYOMING ARE HEREBY RELEASED AND WAIVED.

BY: _____
SHANLEA D. SCHULZ

BY: _____
THOMAS P. SCHULZ

STATE OF WYOMING }
COUNTY OF PARK } SS.

THE FOREGOING CERTIFICATE OF OWNER WAS ACKNOWLEGED BEFORE ME BY SHANLEA D. & THOMAS P. SCHULZ, THIS _____ DAY OF _____, 20___. WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES: _____

_____
NOTARY PUBLIC

CERTIFICATE OF SURVEYOR

I, LYLE J. CASCIATO, OF ENGINEERING ASSOCIATES, HEREBY CERTIFY THAT THIS MAP WAS PREPARED USING DOCUMENTS ON FILE IN THE OFFICE OF THE PARK COUNTY CLERK, AND FROM NOTES TAKEN DURING ACTUAL SURVEYS PERFORMED UNDER MY DIRECTION BETWEEN OCTOBER 23, 2019 TO NOVEMBER 14, 2019; AND, THAT TO MY KNOWLEDGE, THIS MAP SHOWS THE SITUATION ON THE GROUND AT THE TIME OF ITS PREPARATION.

Professional Land Surveyor
LYLE J. CASCIATO
12600
Date
WYOMING

CITY PLANNING AND ZONING BOARD

APPROVED AS OF _____DAY OF _____, 2019 BY THE CITY PLANNING AND ZONING BOARD OF CODY, WYOMING.

_____
CHAIRMAN

CITY COUNCIL APPROVAL

APPROVED AS OF_____DAY OF _____, 2019 BY THE CITY COUNCIL OF CODY, WYOMING.

_____
MAYOR – MATT HALL

_____
ATTEST: CINDY BAKER
ADMINISTRATIVE SERVICES OFFICER

CLERK AND RECORDER ACCEPTANCE

THIS PLAT WAS ACCEPTED IN THE OFFICE OF THE CLERK AND RECORDER, PARK COUNTY, WYOMING, AT _____O'CLOCK _M. ON THIS _____ DAY OF _____ 20____, FILED FOR RECORDING IN BOOK OR PLAT CABINET _____ AT PAGE _____ AND RECORDED AS COMPUTER RECORD DOCUMENT NUMBER _____.

_____
PARK COUNTY CLERK

BY: _____ DEPUTY.

– PLAT SHOWING – ANVIL MINOR SUBDIVISION

BEING A FURTHER SUBDIVISION
OF
LOT 1,
BLOCK 2,
FIRST ADDITION TO CODY,
CITY OF CODY, PARK COUNTY, WYOMING

PREPARED FOR: THOMAS & SHANLEA SCHULZ
13 ARAPAHOE TRAIL
CODY, WY 82414

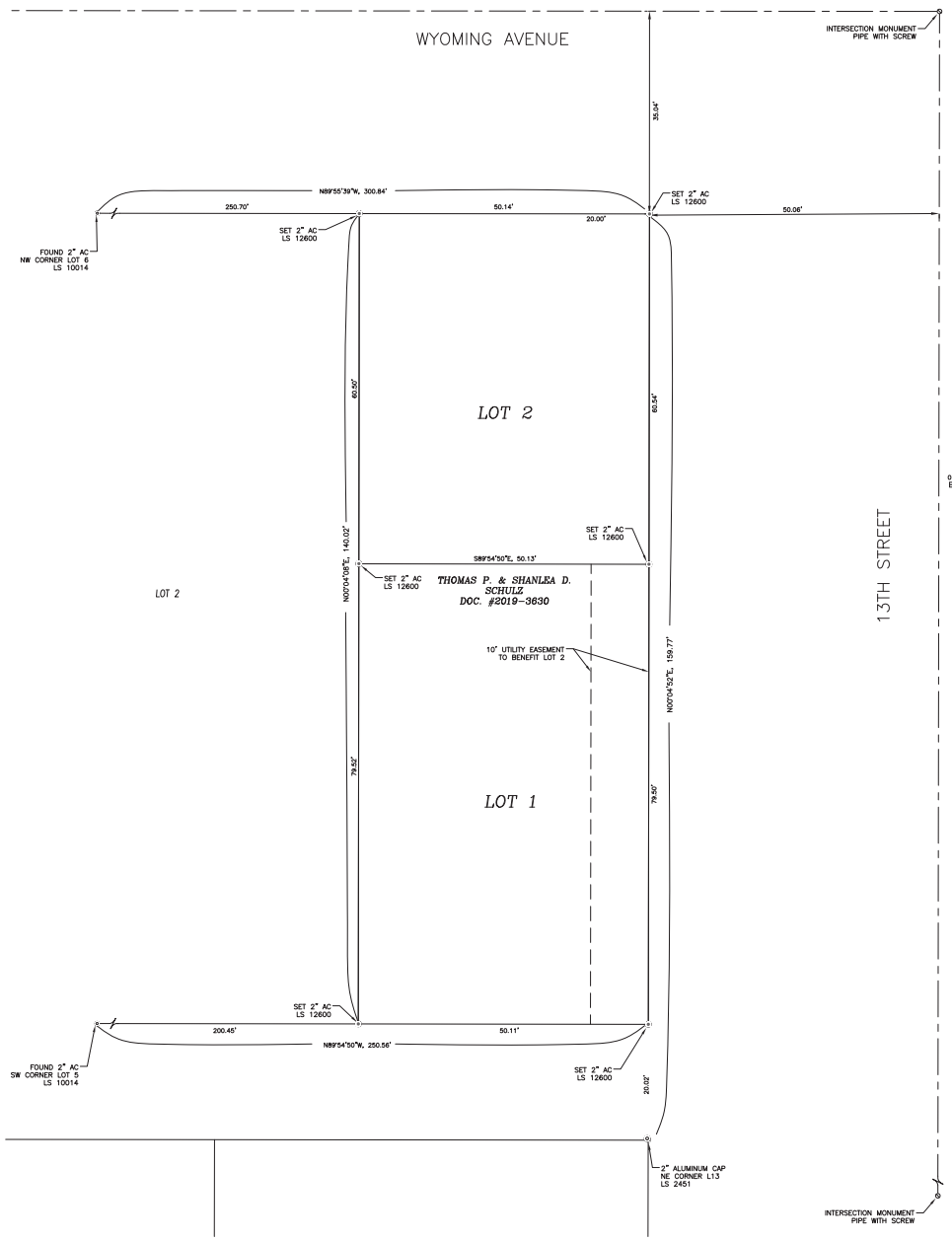
PREPARED BY: ENGINEERING ASSOCIATES
CONSULTING ENGINEERS & SURVEYORS
P.O. BOX 1900
CODY, WYOMING 82414

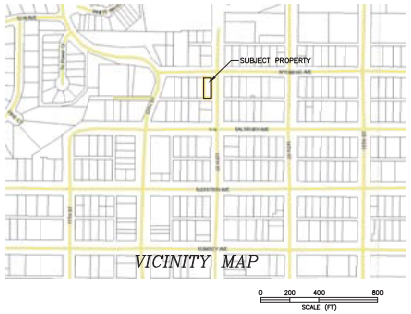
NSH

JOB NO. 19000.86 BOOK NO. 480
06/03/2020 P:\19000.86

P:\2019\19000 Misc. Surveys - North\19000.86 Schulz Minor Subd - City Of Cody\19000.86 Schulz Base.dwg 24X36 PLAT SITE PLAN 6/3/20 NICK

RESURVEY T.53N., R.101W.
CITY OF CODY





NOTES

1. BEARINGS ARE BASED ON THE CITY OF CODY COORDINATE SYSTEM, WHICH IS BASED ON THE WYOMING COORDINATE SYSTEM NAD83 WEST CENTRAL ZONE.

LEGEND

- FOUND 2" DIA. ALUMINUM CAP, UNLESS OTHERWISE NOTED.
- SET 2" DIA. ALUMINUM CAP ON 5/8" DIA. STEEL REBAR.
- SUBDIVISION LOT LINES.
- EASEMENTS CREATED BY THIS PLAT

0 5 10 20
SCALE (FT)

CERTIFICATE OF OWNER

STATE OF WYOMING }
COUNTY OF PARK } SS.

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BY: _____
SHANLEA D. SCHULZ

BY: _____
THOMAS P. SCHULZ

STATE OF WYOMING }
COUNTY OF PARK } SS.

THE FOREGOING CERTIFICATE OF OWNER WAS ACKNOWLEGED BEFORE ME BY SHANLEA D. & THOMAS P. SCHULZ, THIS _____ DAY OF _____, 20___, WITNESS MY HAND AND OFFICIAL SEAL.

MY COMMISSION EXPIRES: _____

_____
NOTARY PUBLIC

CERTIFICATE OF SURVEYOR

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Professional Land Surveyor
LYLE J. CASCIATO
12600
Date
WYOMING

CITY PLANNING AND ZONING BOARD

APPROVED AS OF _____DAY OF _____, 2020 BY THE CITY PLANNING AND ZONING BOARD OF CODY, WYOMING.

_____
CHAIRMAN

CITY COUNCIL APPROVAL

APPROVED AS OF_____DAY OF _____, 2020 BY THE CITY COUNCIL OF CODY, WYOMING.

_____
MAYOR – MATT HALL

_____
ATTEST: CINDY BAKER
ADMINISTRATIVE SERVICES OFFICER

CLERK AND RECORDER ACCEPTANCE

THIS PLAT WAS ACCEPTED IN THE OFFICE OF THE CLERK AND RECORDER, PARK COUNTY, WYOMING, AT _____O'CLOCK _M. ON THIS _____ DAY OF _____ 20____, FILED FOR RECORDING IN BOOK OR PLAT CABINET _____ AT PAGE _____ AND RECORDED AS COMPUTER RECORD DOCUMENT NUMBER _____.

_____
PARK COUNTY CLERK

BY: _____, DEPUTY.

– PLAT SHOWING –
ANVIL MINOR SUBDIVISION

BEING A FURTHER SUBDIVISION
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PREPARED BY: ENGINEERING ASSOCIATES
CONSULTING ENGINEERS & SURVEYORS
P.O. BOX 1900
CODY, WYOMING 82414

NSH/LJC

JOB NO. 19000.86 BOOK NO. 480
06/03/2020 P:\19000.86

P:\2019\19000 Misc. Surveys - North\19000.86 Schulz Minor Subd - City Of Cody\19000.86 Schulz Base.dwg 24X36 PLAT2 6/3/20 NCK

ORDINANCE NO. 2020-08

AN ORDINANCE AMENDING TITLE 1 ADMINISTRATION, CHAPTER 7 ADMINISTRATIVE PROVISIONS, SECTION 1-7-1 INTRODUCTION, ARTICLE C APPOINTED OFFICERS AND EMPLOYEES, SECTION 1-7C-5 SALARIES, OF THE CITY OF CODY CODE

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF CODY, PARK COUNTY, WYOMING:

Title 1, Chapter 7, Section 1-7-1, Article 1-7C-5, of the City of Cody Code, shall be amended to provide as follows:

1-7C-5: SALARIES:

A. The annual salary for the mayor shall be twenty-four thousand dollars ($24,000.00) commencing January 1, 2009, and shall be paid in twenty-six (26) biweekly installments.

B. Each governing body member shall be paid compensation quarterly in the sum of one hundred dollars ($100.00) for actual attendance at each regular or special meeting of the governing body, or any committee meeting.

C. The annual salary for the municipal court judge shall be ~~thirty-six thousand dollars ($36,000.00)~~twenty-four thousand five hundred dollars ($24,500) and shall be paid in twenty four (24) installments. Alternate municipal court judges shall receive compensation at the rate of one hundred dollars ($100.00) per hour for each hour, or proportion thereof, such alternate judge provides services to the city as a municipal court judge. (Ord. 2016-17, 1-3-2017)

PASSED ON FIRST READING: __6/2/2020_____
PASSED ON SECOND READING: _____
PASSED ON THIRD READING: _____

_____
MATT HALL, Mayor

ATTEST:

_____
Cynthia D. Baker Administrative Services Director

ORDINANCE NO. 2020 - 09

AN ORDINANCE AMENNDING TITLE 1, CHAPTER 7, ARTICLE C, OF THE CITY OF CODY CODE BY ADDING SECTION 8: CLERK AND TREASURER

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF CODY, PARK COUNTY, WYOMING:

Title 1, Chapter 7, Article C, of the City of Cody Code, shall be amended by adding Section 8, which shall provide as follows:

1-7C-8: CLERK AND TREASURER

The City Administrator shall appoint a city clerk and treasurer for the City of Cody.

A. The duties of the city clerk shall be as follows:

1. To keep safely the seal, papers, records and books of the city;

2. To attend meetings of the governing body unless excused and record the minutes thereof;

3. To preserve a consecutive record of all the resolutions and ordinances passed by the city council in a book kept for that purpose;

4. To attest the signature of the mayor and affix the seal of the city to documents as necessary;

5. To issue all licenses in accordance with the law;

B. The duties of the city treasurer shall be as follows:

1. To attest all warrants and orders upon the treasurer and keep an accurate record thereof;

2. To endorse or attach to every bond or other evidence of indebtedness issued by the city pursuant to the law, a certificate that the same is within the lawful debt limit of the city and is issued pursuant to law, and to sign such certificate in his or her official capacity;

3. To perform all of the duties of city treasurer as provided by the laws of the state, by resolution of the Governing Body, and as directed by the City Administrator;

4. To endorse the date of presentation across the back of any orders and warrants which are not paid for lack of funds, and the reason for nonpayment.

This Ordinance shall become effective at the final passage and publication in the Cody Enterprise as required by law.

PASSED ON FIRST READING: JUNE 2, 2020
PASSED ON SECOND READING:
PASSED ON THIRD READING:

ATTEST:

_____ _____
MATT HALL, Mayor Cynthia D. Baker
Administrative Services Director

MEETING DATE: JUNE 16, 2020
DEPARTMENT: PUBLIC WORKS – SOLID WASTE
PREPARED BY: PHILLIP BOWMAN, P.E.
PRESENTED BY: PHILLIP BOWMAN, P.E.

AGENDA ITEM SUMMARY REPORT

Ordinance 2020-10 Amending Title 4, Chapter 4, Article I, Section 6 to Modify the Large Item Pick Up and Tree and Brush Removal Programs

ACTION TO BE TAKEN
Consider Ordinance 2020-10 on Third and Final Reading to modify the City's Large Item Pick Up and Tree and Brush Removal programs.

SUMMARY OF INFORMATION
The City of Cody provides municipal solid waste collection and disposal, and recycling program services through the Solid Waste enterprise fund. Additional components of the municipal solid waste collection and disposal program are (1) large item pick up and (2) tree limb and brush removal. Both of these components have historically been provided for only a portion of the year (November through March) and are discontinued during the remaining months of the year.

Through previous discussions with the City Council at work sessions and during the development of the FY2020-2021 Proposed Budget, changes to the large item pick up service are being proposed through Ordinance 2020-10. These changes are summarized as follows:

A. Large item pick up service is modified to be available during all months of the year for residential customers
B. The frequency of large item pick up and total number of large item pick up occurrences per calendar year are defined for each residential account
C. Clarifications are made to the tree limb and brush removal service, which are generally minor and of a "housekeeping" nature

The affected City Code sections are referenced in Ordinance 2020-10 as attached. There have been no changes to the proposed ordinance since approval at Second Reading.

FISCAL IMPACT
With approval of Ordinance 2020-10, additional cost would be incurred in the Solid Waste enterprise fund by extending the large item pick up service to take place during all months of the year. If Ordinance 2020-13 is approved, these additional costs will be offset by proposed revenue. If Ordinance 2020-13 is <u>not</u> approved, there will be no revenue for the additional services provided by Ordinance 2020-10.

ALTERNATIVES
Approve, deny, or amend proposed Ordinance 2020-10.

RECOMMENDATION
It is recommended that Ordinance 2020-10 be approved on Third and Final Reading as presented.

ATTACHMENTS
Ordinance 2020-10

AGENDA ITEM NO. _____

ORDINANCE 2020 – 10

AN ORDINANCE AMENDING TITLE 4, CHAPTER 4, ARTICLE I, SECTION 6, OF THE CODY CITY CODE TO MODIFY THE LARGE ITEM PICK UP AND TREE AND BRUSH REMOVAL PROGRAMS

Title 4, Chapter 4, Article I, Section 6, shall be hereby amended as follows effective July 1, 2020:

4-4-6: LARGE ITEM PICK UP AND TREE AND BRUSH REMOVAL:

At times designated by the mayor and approved by the governing body, a large item pick up and tree and brush removal program may be available for general clean up.

A. Large Item Pick Up: Generally, the large item pick up will be available all year round excluding the weeks of city observed holidays. One large item pick up per month and a maximum of six (6) large item pick ups per calendar year will be allowed per residential customer paying for solid waste services within the city. Eligible items must be placed in the street next to the curb in front of the resident's dwelling. Items shall not be placed in such fashion that blocks other residents' driveways or impedes traffic. The administrative services director, or his/her designee, shall maintain a copy of the current program outlining those items that are eligible for pick up at city hall for citizens to view or receive a copy thereof.

B. Trees And Brush: Generally, the tree and brush program will be available from November through March each year. One tree limb and brush pick up per month will be allowed per residential customer paying for solid waste services within the city. Tree limbs must be less than ten inches (10") in diameter. Tree limbs and brush must be stacked in an orderly fashion and placed in the street next to the curb in front of the resident's dwelling. Tree limbs and brush shall not be placed in such fashion that blocks other residents' driveways or impedes traffic. The administrative services director, or his/her designee, shall maintain a copy of the current program outlining the details of the program.

The services outlined above will be subject to fees and charges as outlined in section 4-4-13. Requests for services made outside of the time periods or limitations stated may be considered by the city, but will be subject to a fee equivalent to the current cost of personnel per hour per each request. (Ord. 2014-03, 5-6-2014, eff. 6-1-2014).

** END OF AMENDMENT **

This Ordinance shall become effective at the final passage after third reading and publication in the Cody Enterprise as required by law.

PASSED ON FIRST READING: June 2, 2020
PASSED ON SECOND READING: June 9, 2020
PASSED ON THIRD READING: _____

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia D. Baker, Administrative Services Officer

MEETING DATE: JUNE 16, 2020
DEPARTMENT: PUBLIC WORKS - SANITATION
PREPARED BY: PHILLIP BOWMAN, P.E.
PRESENTED BY: PHILLIP BOWMAN, P.E.

AGENDA ITEM SUMMARY REPORT

Ordinance 2020-13 Amending Title 4, Chapter 4, Article I, Section 13 to Establish a Large Item Pick Up Charge

ACTION TO BE TAKEN

Consider Ordinance 2020-13 on Third and Final Reading to establish and set a monthly large item pick up charge.

SUMMARY OF INFORMATION

The City of Cody provides municipal solid waste collection and disposal, and recycling program services through the Solid Waste enterprise fund. Additional components of the municipal solid waste collection and disposal are (1) large item pick up and (2) tree limb and brush removal. Both of these components have historically been provided for only a portion of the year (November through March) and are discontinued during the remaining months of the year.

Through previous discussions with the City Council at work sessions and during the development of the FY2020-2021 Proposed Budget, changes to the large item pick up service are being proposed with Ordinance 2020-10 and a monthly large item pick up charge is being proposed with Ordinance 2020-13.

Ordinance 2020-13 was amended and approved on Second Reading to set the monthly charge amount at $0.70 per residential account. The affected City Code sections are referenced in Ordinance 2020-13 as attached. There have been no changes to the proposed ordinance since amendment and approval at Second Reading.

FISCAL IMPACT

With approval of Ordinance 2020-13 and the establishment of a large item pick up charge of $0.70 per month included in the FY2020-2021 Proposed Budget, the Solid Waste enterprise fund will have an increase in revenue of approximately $32,800 per fiscal year. The estimated cost of the modified large item pick up program will be $37,700 per fiscal year for salaries, benefits, payroll taxes, tipping fees, equipment cost repayment (to repay the Solid Waste enterprise fund reserves), fuel, and contracted services.

ALTERNATIVES

Approve, deny, or amend proposed Ordinance 2020-13.

RECOMMENDATION

It is recommended that Ordinance 2020-13 be approved on Third and Final Reading as presented.

ATTACHMENTS

Ordinance 2020-13

AGENDA ITEM NO. _____

ORDINANCE 2020 – 13

AN ORDINANCE AMENDING TITLE 4, CHAPTER 4, ARTICLE III, SECTION 13 OF THE CODY CITY CODE TO ESTABLISH A LARGE ITEM PICK UP CHARGE

Title 4, Chapter 4, Article III, Section 13, shall be hereby amended as follows effective July 1, 2020:

4-4-13: FEE SCHEDULE:

There is hereby levied and assessed a service charge against persons and/or businesses in the city requiring garbage and debris disposal as outlined in section 4-4-3 of this chapter, for all bills generated after July 1, 2020, as follows:

A. Monthly Charge For Residences: For a residence, there shall be a basic monthly minimum charge as follows:

RESIDENTIAL RATES

	Monthly Solid Waste Fee	**Monthly County Landfill Fee**	**Total Monthly Fee (1)**
Dumpster	$12.06	$8.62	$20.68
One (1) Roll-out container	$12.06	$8.62	$20.68
Two (2) Roll-out containers	$14.90	$9.96	$24.86
Three (3) Roll-out containers	$20.00	$14.30	$34.30

Note 1 (for Total Monthly Fee)

a. In addition, there shall be a basic monthly minimum charge of $1.30 for recycling operations regardless of the user's production and usage of recycling services.

b. In addition, there shall be a basic monthly minimum charge of $0.70 for large item pick up as outlined in section 4-4-6, regardless of the actual usage of large item pick up services.

** END OF AMENDMENT **

This Ordinance shall become effective at the final passage after third reading and publication in the Cody Enterprise as required by law.

PASSED ON FIRST READING: June 2, 2020
PASSED ON SECOND READING: June 9, 2020
PASSED ON THIRD READING: _____

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia D. Baker, Administrative Services Officer

ORDINANCE 2020-11

AN ORDINANCE PROVIDING FOR THE AMOUNT OF TAX LEVY FOR THE CITY OF CODY, WYOMING FOR THE FISCAL YEAR ENDING JUNE 30, 2021.

BE IT ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY OF CODY, WYOMING:

SECTION 1: That the amount of General Property Tax for the fiscal year ending June 30, 2021 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 6/2/2020

PASSED ON SECOND READING:

PASSED, ADOPTED, AND ORDERED
PUBLISHED ON THIRD AND FINAL READING:

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia Baker
Administrative Services Officer

ORDINANCE 2020-12

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, 2021.

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 $36,384,183.

SECTION 2. The City anticipates having $31,682,516 available in revenue and $28,221,541 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 $36,384,183 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	$ 6,469,424	$ 8,777,089	$ 15,246,513	$ 9,288,348
Vehicle Replacement Fund	$ 3,161,263	$ 664,515	$ 3,825,778	$ 1,266,476
Lodging Tax Fund	$ 48,048	$ -	$ 48,048	$ 48,048
Cody Public Arts Fund	$ 4,792	$ -	$ 4,792	$ -
Pass Through Grants Fund	$ -	$ -	$ -	$ 450
Specific Purpose Tax Fund	$ 1,928,136	$ 224,257	$ 2,152,393	$ 1,841,978
Solid Waste Fund	$ 2,756,512	$ 2,292,781	$ 5,049,293	$ 2,625,716
Water Fund	$ 4,689,426	$ 4,820,919	$ 9,510,345	$ 5,531,046
Wastewater Fund	$ 3,424,334	$ 2,487,437	$ 5,911,771	$ 3,224,628
Electric Fund	$ 5,739,606	$ 12,415,518	$ 18,155,124	$ 12,557,493
Total City Appropriation	$ 28,221,541	$ 31,682,516	$ 59,904,057	$ 36,384,183

PASSED ON FIRST READING: ____6/2/2020_____

PASSED ON SECOND READING: _____
PASSED, ADOPTED, AND ORDERED PUBLISHED
ON THIRD AND FINAL READING: _____

_____
Matt Hall, Mayor

ATTEST:

_____
Cynthia Baker, Administrative Services Officer