

Uinta County

24-Hour Malt Beverage, Catering or 2nd Dispensing Room Permit

Permit Type: Malt Beverage Catering Second Dispensing Room

Local Licensing Authority: _____ Date Submitted: _____

Name of Event: _____ Permit Number: _____

Event Physical Address: _____

Permit From: ____/____/____ Through: ____/____/____ # Days at \$10/day _____ Total Fee: _____

Applicant: _____ dba: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name/Association with Event: _____

Contact Phone: _____ Alternate Phone: _____ E-Mail: _____

Physical Location of Sales (Dispensing): _____

Complete the following ONLY if you are receiving anything of value (money, goods, services) from an industry representative

As an applicant for a 24 hour malt beverage or catering permit, are you:

- A nonprofit corporation organized under the laws of this state YES NO
- Qualified as a tax exempt organization under the Internal Revenue Code; YES NO
- And have been in continuous operation for not less than two (2) years. YES NO

Filing As (Choose One)

Individual Partnership Corporation LLC LLP

Individual and Partnership filers must have been domiciled residents of Wyoming for at least one year and not claimed residence in any other state in the last twelve months. If a corporation, LLC or LLP list the full names and residence address of all officers and directors and all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC or LLP. Use back of form if additional space is needed.

<i>For Corp, LLC, LLP Applicant's Legal Name</i>	<i>Date of Birth</i>	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</i>	<i>Residence Phone Number</i>	<i>No of years in Corp or LLC</i>	<i>% of Stock Held</i>	<i>Have you been Convicted of a Felony Violation?</i>	<i>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?</i>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, complete in identical format on the back of this form.)

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes. By signing this application, I acknowledge for _____ (Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above.

Verification Of Application: (This application must be signed by an owner, partner, corporate officer or LLC/LLP member.)

ALL Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers/Directors, or **TWO (2)** Club Officers must sign this form under W.S.12-4-102(b).

Under penalty of perjury, and possible revocation or cancellation of the license, I swear the above stated facts are true and accurate.

Dated this _____ day of _____, _____

Applicant Signature

Applicant Signature

Signature of Licensing Authority Official

Date

Title of Licensing Authority Official

Attest: County Clerk