

CITY OF LANDER
APPLICATION FOR 24 HOUR MALT BEVERAGE/CATERING PERMIT
(Application must be turned in no later than 1 week prior to event)

Name of Organization/Business : _____

Name of Event: _____ Location: _____

Please Designate which application you are applying for: Malt Beverage _____ Catering _____

Wyoming State Statutes state:

A **malt beverage permit** authorizing the sale of malt beverages only may be issued by the appropriate licensing authority to any responsible person or organization for sales at a picnic, bazaar, fair, rodeo, special holiday or similar public gathering. No person or organization holding the special permit shall sell any alcoholic liquor other than malt beverages on the premises described on the permit, nor shall any malt beverage be sold or consumed off the premises authorized by the permit.

A **catering permit** authorizing the sale of alcoholic and malt beverages may be issued by the appropriate licensing authority to any person holding a retail or resort retail liquor license authorizing the off-premises sale of both alcoholic and malt beverages, for sales at meetings, conventions, private parties and dinners or at other similar gatherings not capable of being held within the licensee's licensed premises. No licensee holding a catering permit shall sell or permit consumption of any alcoholic or malt beverage off the premises described in the permit. Notwithstanding any other provision of this subsection, closed-container items sold at auction for the benefit of a nonprofit organization may be taken off-premises.

Permit From ___/___/___ to ___/___/___ Time from _____ to _____

\$50.00 Fee Per Day Total Fee: \$ _____

Contact Person: _____ Phone: _____

Organization/Business Location Address: _____

Organization/Business Mailing Address: _____

Sales Tax # _____ Liability Insurance Carrier: _____

Organization Email Address: _____

The minimum age of attendees will be _____. **If ALL AGES will be present the applicant MUST explain how minors will be monitored and underage drinking will be prevented.**

Applicant shall provide adequate staff and security at applicant's cost. Adequate security shall be determined by the Lander City Council and/or the Lander Police Department to ensure that minors are not served nor consuming alcoholic beverages in or on the premises nor allowed in the bar area. **Applicant will provide security for event. Names of security will be provided with signatures.**

Name of Security Person

Name of Security Person

Signature

Signature

Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:

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

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 _____
(organization or business name) that all of the information provided is true and correct and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

The applicant must be present at the Council meeting in the event there are questions concerning the application. If you are NOT present and there are questions, your application WILL BE DENIED.

VERIFICATION OF APPLICATION (State of Wyoming requires that signatures must be signed as follows: ALL individuals, ALL partners, ONE (1) LLC Member, TWO (2) Corporate Officers/Directors or TWO (2) Organization Officers. WS12-4-102(b))

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

Dated this _____ day of _____, 2_____

Applicant

Applicant

Police Department

Approve _____ **Date** _____

Deny _____ **Date** _____

PD Personnel Initial _____

ATTEST:

The City of Lander

A Municipal Corporation

Mayor

City Clerk