

**CITY OF LANDER**  
**APPLICATION FOR 24 HOUR MALT BEVERAGE/CATERING PERMIT**

Name of Organization/Business : \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Permit From \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_ Time from \_\_\_\_\_ to \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Business Location Address: \_\_\_\_\_

Organization/Business Mailing 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, 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

The City of Lander  
A Municipal Corporation

ATTEST:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

