



24-HOUR/DAILY ALCOHOL BEVERAGE SALES PERMIT

Applicant: _____

Business/Trade Name (DBA): _____

Address: _____

Phone: _____ Email Address: _____

_____ Day(s) at \$50 /Day Total Permit Fee: \$ _____ (non-refundable)

Event Name/Purpose: _____

Event Date & Time/Location (Address): _____

<input type="checkbox"/> MALT BEVERAGE PERMIT (W.S. §12-4-502(a)/W.S. §12-2-201(b)) Malt beverage permit applicants receiving anything of value; i.e. money, goods and or services from any industry representative must answer the following: Nonprofit corporation under the laws of Wyoming? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Exempt Organization under the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No And has the applicant been in continuous operation for not less than two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CATERING PERMIT (W.S. §12-4-502(b)) For currently licensed Retail or Resort license holders only	<input type="checkbox"/> MANUFACTURER'S OFF-PREMISE PERMIT (W.S. §12-2-203(g)(iii)) For the sale of the manufacturer's own Wyoming manufactured products only <input type="checkbox"/> MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. §12-4-415(e)) For the sale of the microbrewery's own Wyoming brewed products only <input type="checkbox"/> WINERY OFF-PREMISE PERMIT (W.S. §12-4-414(g)) For the sale of the winery's own Wyoming manufactured products only
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If licensed within another jurisdiction, I affirm by checking this box that I have secured written approval of the licensing authority of that jurisdiction prior to filing this permit application. (W.S. 12-4-502(d))

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable state and local laws and rules, and submit any required sales tax and reports.

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

_____/_____/_____
Applicant Signature Printed Name Date