

CITY OF SUNDANCE
APPLICATION FOR 24 HR ADDITIONAL DISPENSING ROOM PERMIT

PERMIT FEES: \$30 .00 per day, & Rally Day Wednesday \$100.00

NOTE: CHIEF OF POLICE RESERVES THE RIGHT TO DENY APPROVAL OF ANY APPLICATION TO PROTECT THE HEALTH, SAFETY AND WELFARE OF THE PUBLIC.

Name of Event: _____

Permit From: ____ / ____ / ____ **To:** ____ / ____ / ____ **Local Permit Number:** _____

Number of Days Permitted: _____ **Fee per day:** _____ **Total Fee:** _____

Applicant: _____ **D/B/A:** _____

Contact Person: _____ **Phone:** (____) _____ - _____

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

Business Phone: _____ **Residence Phone:** _____

Dispensing Room Description: _____

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-5-201(c)** 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. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

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 _____, _____. _____
Applicant

Applicant

FOR CITY CLERK'S OFFICE USE ONLY	
APPROVAL – CHIEF OF POLICE	
APPROVAL – MAYOR	/ /
APPROVAL – CITY CLERK	Date
FEE PAID \$ _____ RECEIPT # _____ DATE ISSUED: ____ / ____ / ____ BY: _____	