

**CITY OF SUNDANCE  
APPLICATION FOR 24 HR CATERING 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: \_\_\_\_\_

Location of Sales: \_\_\_\_\_

**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 catering permit, are you:	
A nonprofit corporation organized under the laws of this state;	YES <input type="checkbox"/> NO <input type="checkbox"/>
Qualified as a tax exempt organization under the Internal Revenue Code;	YES <input type="checkbox"/> NO <input type="checkbox"/>
And have been in continuous operation for not less than two (2) years.	YES <input type="checkbox"/> NO <input type="checkbox"/>

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502(b)** 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: \_\_\_\_\_