

**CITY OF SUNDANCE
APPLICATION FOR 24 HR MALT BEVERAGE PERMIT**

PERMIT FEES: \$30.00 per day

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 24 hour malt beverage 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 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(a)** 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: _____	