

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

| FOR LIQUOR DIVISION USE ONLY | | |
|------------------------------|----------|------|
| Customer #: | A 6861 | |
| Reviewer: | Initials | Date |
| Agent: | | / / |
| Mgr: | | / / |

To be completed by City/County Clerk

License Fees Annual Fee: \$ 500.00 Local License #: _____
 Prorated Fee: \$ _____ Date filed with clerk: October 4, 2021
 Transfer Fee: \$ _____ Advertising Dates: (2 Weeks) October 13, 2021 & October 20, 2021
 Publishing Fee: \$ _____ Hearing Date: 11 / 01 / 2021
 Publishing Fee Direct Billed to Applicant:

License Term: 12/7/2021 Through 12/6/2022

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

Applicant: WYOMING SODA FOUNTAIN LLC

Trade/Business Name (dba): CHUGWATER SODA FOUNTAIN

Building Address: 314 1ST ST
(Building to be licensed)

CHUGWATER, WY 82210 PLATTE

Local Mailing Address: 314 1ST ST

CHUGWATER, WY 82210

Local Business Telephone Number: (307) 422-3222

Fax Number: _____

Business E-Mail Address: christian.winger@outlook.com

FILING IN

TOWN OF CHUGWATER

FILING AS (CHOOSE ONLY ONE)

- | | |
|---|--|
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> CORPORATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> LTD PARTNERSHIP |
| <input type="checkbox"/> LP/LLP | <input type="checkbox"/> ORGANIZATION |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> OTHER _____ |

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE

ON-PREMISE ONLY (BAR)

OFF-PREMISE ONLY (PACKAGE STORE)

COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 BAR AND GRILL

LIMITED RETAIL (CLUB)

- VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB

- MICROBREWERY
 WINERY
 DISTILLERY SATELLITE
 WINERY SATELLITE
 COUNTY RETAIL/SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS:

To Assist the Liquor Division with scheduling inspections: OPERATIONAL STATUS

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

NON-OPERATIONAL/PARKED

(specify months of operation)

DAYS OF WEEK (e.g. Mon through Sat)

HOURS OF OPERATION (e.g. 10a - 2a)

from January to December

from Sunday to Saturday

from 8:00 AM to 6:00 PM

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(a) **OWN** the licensed building?

YES (own)

(b) **LEASE** the licensed building? (Lease must be through the term of the liquor license)

YES (lease)

3. MICROBREWERY LICENSE HOLDERS ONLY:

(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix)

YES NO

(b) Do you self distribute your products? W.S. 12-2-201(a)

YES NO

(Requires wholesale malt beverage license with the Liquor Division)

4 SOCIAL CLUB LICENSE HOLDERS ONLY:

(a) Have you files a detailed statement of your activities during the year with an itemized statement of amounts expended?

YES NO

5. If applicant is filing as an Individual, Partnership or Club: W.S. 12-4-102(a)(ii) & (iii)

Each individual, partner or club officer must complete the box below.

Table with 7 columns: True and Correct Name, Date of Birth, Residence Address No. & Street City, State & Zip (DO NOT LIST PO BOXES), Residence Phone Number, Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?, Have you been Convicted of a Felony Violation?, Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages? (YES/NO checkboxes).

(If more information is required, list on a separate piece of paper and attach to this application.)

6. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:

Per W.S. 12-4-102(a)(iv) & (v) each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete the box below.

Table with 8 columns: True and Correct Name, Date of Birth, Residence Address No. & Street City, State & Zip (DO NOT LIST PO BOXES), Residence Phone Number, No. of Years in Corp or LLC, % of Corporate Stock Held, Have you been Convicted of a Felony Violation?, Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages? (Handwritten entries for Christian Winger and Jill Winger).

(If more information is required, list on a separate piece of paper and attach to this application)

OATH OR VERIFICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

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

STATE OF WYOMING)
)SS.
COUNTY OF Platte)

Signed and sworn to before me on this 1st day of October, 2021 that the facts alleged