

FOR NEW LICENSES AND TRANSFER  
**LICENSE AND/OR PERMIT APPLICATION**  
 FOR LIQUOR, COUNTY MALT BEVERAGE, LIMITED, WINERY OR MICROBREWERY

To be completed by the City, Town or County Clerk:

Date Filed: 12 / 3 / 2013

Basic Fee: Annual Fee \$ \_\_\_\_\_ Prorated Fee \$ 250.02

Add'l Dispensing Room Fee: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Transfer Fee: \$ \_\_\_\_\_

Total License Fee \$ \_\_\_\_\_ \$ 250.02

Collected

Publishing Fee Collect: \$ 80.-

Required Attachments Received: Yes ☒

Advertising Dates(4): 12/6, 12/13, 12/20, 12/27

Hearing Date: 1 / 7 / 2014

Local Licensing Number: R10

For the license term: 1 / 7 / 2014

Through: 3 / 31 / 2014

A copy must be immediately forwarded to:

State of Wyoming Liquor Division

6601 Campstool Rd.

Cheyenne WY 82002-0110

Formerly Held by: \_\_\_\_\_

Applicant: McWilliams Smith Inc

Trade Name (dba): C J Roosters

Premise Address: 1414 West 2nd Street

Gillette WY 82116 Campbell

City State Zip County

Mailing Address: 1201 Wagonhammer Ln

Gillette WY 82116

City State Zip

Business Telephone Number: (307) 687-1200

Fax Number: ( )

E-Mail Address: cameal682@hotmail.com

**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.**

**FILING FOR**

- ☒ NEW  
☐ TRANSFER LOCATION  
☐ TRANSFER OWNERSHIP

**FILING IN (CHOOSE ONLY ONE)**

- ☒ CITY OF Gillette, WY  
☐ COUNTY OF \_\_\_\_\_

**FILING AS (CHOOSE ONLY ONE)**

- ☐ INDIVIDUAL ☐ LLC  
☐ PARTNERSHIP ☐ LLP  
☒ CORPORATION  
☐ LTD PARTNERSHIP  
☐ ASSOCIATION  
☐ ORGANIZATION

**TYPE OF LICENSE OR PERMIT**

- (CHOOSE ONLY ONE)  
☐ RETAIL LIQUOR LICENSE  
     ☐ on-premise only  
     ☐ off-premise only  
     ☐ combination on/off premise  
☒ RESTAURANT LIQUOR LICENSE  
☐ RESORT LIQUOR LICENSE  
☐ COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT  
☐ VETERANS CLUB  
☐ FRATERNAL CLUB  
☐ GOLF CLUB  
☐ SOCIAL CLUB  
☐ MICROBREWERY  
☐ WINERY  
☐ BAR AND GRILL  
☐ LOCATED WITHIN 5 MILES OF CITY (County License only)

To Assist the Liquor Division with scheduling inspections:

**DO YOU OPERATE?**

- ☒ FULL TIME (e.g. Jan through Dec)

☐ SEASONAL/PART-TIME

(specify months of operation)

from \_\_\_\_\_ to \_\_\_\_\_

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

7

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

Mon-Sun 6A-8P

**1. Location of License:**

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10x12 room in SE corner of 1st floor of building). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: If **Winery** or **Microbrewery**, also list manufacturing facility. W.S. 12-4-102(a)(i): (Please submit a drawing of dispensing room)

10 x 15 room in northwest corner of building.

(b) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(c) Provide the legal description and the zoning of the site where the applicant will conduct business:

Lot 7 Block 10 Westside Subdivision

**2. Do you W.S. 12-4-103 (a) (iii):**

- (1) **OWN** the building in which sales room is located?  
 (2) **LEASE** the building in which sales room is located?

- ☒ YES (own)  
☐ YES (lease)

(A) **DATE** lease expires \_\_\_\_\_ located on page \_\_\_\_\_ paragraph \_\_\_\_\_ of lease document.

(B) Provision for **SALE** of alcoholic or malt beverages located on page \_\_\_\_\_ paragraph \_\_\_\_\_ of lease.

**NOTE:** Attach a true copy of the lease to application. Lease MUST contain provision for SALE OF ALCOHOLIC or MALT BEVERAGES and be valid THROUGH the TERM OF THE LICENSE W.S. 12-4-103(a)(iii).

**3. Have you already assigned, leased, transferred or do you intend to assign, lease, transfer, contract or in any other manner agree with any person or firm other than yourself as licensee to operate and assert control or partial control of the license and the licensed room to carry on the licensed liquor business?** ☐ YES ☒ NO

4. Does any manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm: W.S. 12-5-401, 12-5-402, 12-5-403

- (a) Hold any interest in the license applied for? ☐ YES ☒ NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in your business? ☐ YES ☒ NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? ☐ YES ☒ NO
- (d) If you answered YES to any of the above, explain fully and submit any documents in connection therewith:

5. Does applicant have any interest or intent to acquire an interest in any other retail liquor license to be issued by this licensing authority? W.S. 12-4-103(b) ☐ YES ☒ NO

If "YES", explain: \_\_\_\_\_

6. Is applicant a mayor, member of a city or town council, or member of the board of county commissioners within the jurisdiction of this licensing authority? W.S. 12-4-103(a)(i) ☐ YES ☒ NO

7. Is applicant employed by the State, City or Town, or County as a law enforcement officer, or hold office as a law enforcement officer through election? W.S. 12-4-103(a)(ii) ☐ YES ☒ NO

**RESTAURANT OR BAR AND GRILL LICENSE: Complete questions 8(a) and 8(b):**

8. (a) Have you submitted a valid food service permit upon application?

W.S. 12-4-407(a) W.S. 12-4-413(a)

☒ YES ☐ NO

(b) Was your dispensing room for alcoholic and/or malt beverages in existence and open for consumption purposes prior to February 1, 1979? W.S. 12-4-410(b) ☒ YES ☐ NO ☐ N/A

**RESORT LICENSE: Complete questions 9(a) through 9(c):**

9. (a) Is the actual valuation of the resort complex at least one million dollars, or have you committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) ☐ YES ☐ NO

(b) Does the resort complex include a restaurant and a convention facility which will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) ☐ YES ☐ NO

(c) Does the resort complex include motel or hotel accommodations with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) ☐ YES ☐ NO

**MICROBREWERY AND/OR WINERY LICENSE: Complete questions 10 through 11:**

10. Is premise to be co-existent with a retail, restaurant, resort or bar and grill liquor license?

W.S. 12-4-412(b)(iii)

☐ YES ☐ NO

If "YES", please specify type: ☐ Microbrewery ☐ Winery ☐ Retail  
☐ Restaurant ☐ Resort ☐ Bar & Grill:

11. (a) Do you self distribute your products? ☐ YES ☐ NO

(b) Do you distribute your products through an existing malt beverage wholesaler? ☐ YES ☐ NO

**ORGANIZATION AND/OR CLUB LICENSE: Complete questions 12 through 15 as applicable:**

12. **FRATERNAL CLUBS** W.S. 12-1-101(a)(iii)(B)

(a) The name and address of the grand lodge or national organization is:

(b) Does lodge or fraternal organization hold a charter from a national organization or national grand lodge? ☐ YES ☐ NO

(c) Has the fraternal organization been actively operating in at least thirty-six (36) states? ☐ YES ☐ NO

(d) Has the fraternal organization been actively in existence for at least twenty (20) years? ☐ YES ☐ NO

13. **VETERANS CLUBS** W.S. 12-1-101(a)(iii)(A):

(a) The name and address of the National Veterans organization is:

(b) Has the Veteran's organization been chartered by the Congress of the United States for patriotic, fraternal or benevolent purposes? ☐ YES ☐ NO

(c) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? ☐ YES ☐ NO

14. SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E):

- (a) Do you have more than one hundred (100) bona fide members who are residents of the county in which the club is located?

☐ YES ☐ NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state?

☐ YES ☐ NO
- (c) Is the club qualified as a tax exempt organization under the Internal Revenue Service?

☐ YES ☐ NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year?

☐ YES ☐ NO
- (e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues?

☐ YES ☐ NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club?

☐ YES ☐ NO
- (g) Have you filed a true copy of your bylaws with the local licensing authority and the Wyoming Liquor Division?

☐ YES ☐ NO
- (h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License?

☐ YES ☐ NO
- (THE PETITION MUST BE ATTACHED TO APPLICATION)

☐ YES ☐ NO
- (i) Have you filed with the licensing authority and the Wyoming Liquor Division a detailed statement of your activities during the preceding year which were undertaken or furthered in pursuit of the objectives of the club, along with an itemized statement expended for such activities?

☐ YES ☐ NO

15. GOLF CLUBS W.S. 12-1-101(a)(iii)(D):

- (a) Do you have more than fifty (50) bona fide members?

☐ YES ☐ NO
- (b) Do you own, maintain, or operate a bona fide golf course together with clubhouse?

☐ YES ☐ NO

16. (a) If applicant is an Individual or Partnership: State the name, date of birth and residence of each applicant or partner, if the application is made by more than one individual or by a partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

| True and Correct Name | Date of Birth | DONOT LIST<br>PO BOXES<br><br>Residence Address No. & Street<br>City, State & Zip | 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 <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                       |               |                                                                                   |                        | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                       |               |                                                                                   |                        | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                       |               |                                                                                   |                        | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                       |               |                                                                                   |                        | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                       |               |                                                                                   |                        | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                       |               |                                                                                   |                        | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                                                           | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |

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

- (b) If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: State the name, date of birth and residence of 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.

| True and Correct Name  | Date of Birth | DONOT LIST<br>PO BOXES<br><br>Residence Address No. & Street<br>City, State & Zip | Residence Phone Number | No. of Years in Corp or LLC | % of Stock Held | Have you been Convicted of a Felony Violation?                         | Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages? |
|------------------------|---------------|-----------------------------------------------------------------------------------|------------------------|-----------------------------|-----------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                        |               |                                                                                   |                        |                             |                 | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
| Deborah Ann McWilliams | 7/23/57       | 1201 Waggonhammer Ln Gillette WY 82416                                            | 307-686-3293           | 1 month                     | 100%            | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>                 |
|                        |               |                                                                                   |                        |                             |                 | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>                 |
|                        |               |                                                                                   |                        |                             |                 | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/> | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>                 |
|                        |               |                                                                                   |                        |                             |                 | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                        |               |                                                                                   |                        |                             |                 | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |
|                        |               |                                                                                   |                        |                             |                 | YES <input type="checkbox"/><br>NO <input type="checkbox"/>            | YES <input type="checkbox"/><br>NO <input type="checkbox"/>                            |

(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 )

COUNTY OF Campbell SS.

Before Me, Tori L. Jewell, (specify)  
(Printed name of Notary or other officer authorized to administer oaths)

a Notary Public, Officer authorized to administer oaths in and for

Campbell County, State of Wyoming, personally appeared

Deborah McWilliams and Rocky McWilliams name he/she being first duly sworn  
(Insert Names)

by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)



1. Deborah McWilliams  
2. [Signature]  
3. \_\_\_\_\_  
4. \_\_\_\_\_

My Commission expires: 7/8/2017

Witness my hand and official seal:

Tori L. Jewell  
(Notary Public or other officer authorized to administer oaths)

Title Administrative Specialist

Dated: 12/3/13

REQUIRED ATTACHMENTS:

- (a) Attach any lease agreements W.S. 12-4-103 (a) (iii).
- (b) If the building is not in existence, an architect's drawing or suitable plans of the room and the premises to be licensed must be attached W.S. 12-4-102 (a) (i).
- (c) A statement indicating the financial condition and financial stability of the applicant W.S. 12-4-102 (a) (v).
- (d) Restaurant or Bar & Grill Liquor License applicants must include a copy of the CURRENT food service permit W.S. 12-4-407 (a) or 12-4-413 (a).
- (e) Include a drawing of the dispensing room W.S. 12-5-201 (a).
- (f) Check or bank draft as payment for the application and publishing the notice of application (Direct billing is permissible for publication fees) W.S. 12-4-101-4 (a).
- (g) If transferring a license from one ownership to another, a form of assignment from the current licensee to the new applicant authorizing the transfer W.S. 12-4-601 (b).

ADVERTISING REQUIREMENTS W.S. 12-4-104(a):

When an application for a license, permit, renewal or any transfer of location or ownership thereof has been filed with a licensing authority, the clerk shall promptly prepare a notice of application, place the notice conspicuously upon the premises shown by the application as the proposed place of sale and public the notice in a newspaper of local circulation once a week for four (4) consecutive weeks. The notice shall state that a named applicant has applied for a license, permit, renewal or transfer thereof, and that protests against the issuance, renewal, or transfer of the license or permit will be heard at a designated meeting of the licensing authority.

| FOR LIQUOR DIVISION USE ONLY |          |      |
|------------------------------|----------|------|
| Reviewer                     | Initials | Date |
| Agent:                       |          |      |
| Chief:                       |          |      |
| Acct.:                       |          |      |