

**-----FOR RENEWALS ONLY-----**  
**RENEWAL OF LICENSE AND/OR PERMIT APPLICATION**  
**FOR LIQUOR, WINERY OR MICROBREWERY**

**NOTE TO APPLICANT:** To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

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

Date Filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	<b>Annual Fee</b>
Basic Fee	\$00.00
Additional Disp Rm Fee	\$00.00
Total Lic Fee Collected	\$00.00
Publishing Fee Collected	\$00.00

Required Attachments Received Yes

Advertising Dates(2 wks): DEC 22 & DEC 29, 2014

Hearing Date: JANUARY 6, 2015

Local Licensing Number: \_\_\_\_\_

For the license term: 02/07/2015 Month Day Year

Through: 03/31/2015 Month Day Year

**A copy must be immediately forwarded to:**  
**State of Wyoming Liquor Division**  
**6601 Campstool Rd.**  
**Cheyenne WY 82002-0110**

Applicant: FAMILY FUN FRONTIER CENTER LLC

Trade Name (dba): FAMILY FUN FRONTIER CENTER

Premise Address: 5700 S DOUGLAS HWY  
Number & Street

GILLETTE, WY 82718 CAMPBELL  
City State Zip County

Mailing Address: PO BOX 2589  
Number & Street or P.O. Box

GILLETTE, WY 82717  
City State Zip

Business Telephone Number: (307) 687-0261

Fax Number: (307) 686-5663

E-Mail Address: \_\_\_\_\_

**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.**

<p><b><u>FILING IN</u></b></p> <p>X CITY OF <b>GILLETTE</b></p> <p><b><u>FILING AS</u></b> (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL      X LLC</p> <p><input type="checkbox"/> PARTNERSHIP      <input type="checkbox"/> LLP</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)</p>	<p align="center"><b><u>TYPE OF LICENSE OR PERMIT</u></b> (CHOOSE ONLY ONE)</p> <p>X RETAIL LIQUOR LICENSE</p> <p><input type="checkbox"/> on-premise only (Bar)</p> <p><input type="checkbox"/> off-premise only (Package Store)</p> <p><input type="checkbox"/> combination on/off premise (Both)</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p><b><u>DO YOU OPERATE?</u></b></p> <p>X FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation)</p> <p>from _____ to _____</p> <p><b><u>DAYS OF WEEK</u></b> (e.g. Mon through Sat)</p> <p><b><u>HOURS OF OPERATION</u></b> (e.g. 10a - 2a)</p>
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**Minimum Purchase Requirement:**

**RETAIL:**       (ON PREMISE ONLY)       (OFF PREMISE ONLY)       (COMBINATION ON/OFF PREMISE)

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term?       YES       NO

**RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:**

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term?       YES       NO

W.S.12-4-103(c)

**TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}**

**1. Location of License:**

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10 x 12 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: W.S. 12-4-102(a)(i): **(Please submit a drawing of dispensing room)**

**10' X 15' ROOM IN NE CENTER OF BLDG**

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

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

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

**SWNW, SEC 12, T49N, R72W, ZONE C-1**

**2. Have there been any changes in the physical location of the dispensing room since the last application was filed?**

(If yes, submit a drawing of the changes in the dispensing room.)       YES       NO

a) Do you anticipate any changes in the next twelve (12) months?       YES       NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) **DATE** lease expires: \_\_\_\_/\_\_\_\_/\_\_\_\_, located on page \_\_\_\_\_, paragraph \_\_\_\_\_ of lease document.
- b) Provision for **SALE** of alcohol or malt beverages located on page \_\_\_\_\_, paragraph \_\_\_\_\_ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from: Gross Sales: \$ \_\_\_\_\_  
 W.S.12-4-408(b) Food Sales: \$ \_\_\_\_\_ (\_\_\_\_%)  
Liquor Sales: \$ \_\_\_\_\_ (\_\_\_\_%)
- b) Did you attach a copy of your valid food service permit to this application.  YES  NO  
 W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix)  YES  NO
- b) Do you self distribute your products?  YES  NO
- c) Do you distribute your own products through an existing malt beverage wholesaler?  YES  NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or 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	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State &amp; Zip</i>	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"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

7. **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	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State &amp; Zip</i>	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?
DAVID LYNN GEER	4/12/1973	5700 S DOUGLAS HWY GILLETTE, WY 82718	687-0261	6	50	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
TINA JO GEER	8/14/1968	5700 S DOUGLAS HWY GILLETTE, WY 82718	687-0261	6	50	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

**VERIFICATION OF APPLICATION**

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **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.  
 Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant

THE STATE OF WYOMING }  
 COUNTY OF \_\_\_\_\_ } SS.

\_\_\_\_\_  
Applicant

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public or Person Authorized to Administer Oath

My Commission expires: \_\_\_\_\_

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