

-----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)

<u>To be completed by the City, Town or County Clerk:</u>		Applicant: <u>KNIGHTS OF COLUMBUS OF GILLETTE</u> <u>3477 CLUB INC</u>	
Date Filed: / /		Trade Name (dba): <u>KNIGHTS OF COLUMBUS</u>	
Annual Fee			
Basic Fee		\$ _____	
Additional Disp Rm Fee		\$ _____	
Total Lic Fee Collected		\$ _____	
Publishing Fee Collected		\$ _____	
Required Attachments Received Yes <input type="checkbox"/>		Premise Address: <u>4905 HITT BLVD</u> <small>Number & Street</small>	
Advertising Dates(2 wks): <u>DEC 22 & DEC 29, 2014</u>		<u>GILLETTE, WY 82718 CAMPBELL</u> <small>City State Zip County</small>	
Hearing Date: <u>01 / 06 / 2015</u>		Mailing Address: <u>PO BOX 271</u> <small>Number & Street or P.O. Box</small>	
Local Licensing Number: _____		<u>GILLETTE, WY 827170763</u> <small>City State Zip</small>	
For the license term: <u>02 / 07 / 2015</u> <small>Month Day Year</small>		Business Telephone Number: <u>(307) 682-8496</u>	
Through: <u>03 / 31 / 2015</u> <small>Month Day Year</small>		Fax Number:	
A copy must be immediately forwarded to: State of Wyoming Liquor Division 6601 Campstool Rd. Cheyenne WY 82002-0110		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.	

<u>FILING IN</u> <input type="checkbox"/> CITY OF GILLETTE <u>FILING AS</u> (CHOOSE ONLY ONE) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)	<u>TYPE OF LICENSE OR PERMIT</u> (CHOOSE ONLY ONE) <input type="checkbox"/> RETAIL LIQUOR LICENSE <input type="checkbox"/> on-premise only (Bar) <input type="checkbox"/> off-premise only (Package Store) <input type="checkbox"/> combination on/off premise (Both) <input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT <input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <input type="checkbox"/> BAR AND GRILL	To Assist the Liquor Division with scheduling inspections: <u>DO YOU OPERATE?</u> <input type="checkbox"/> FULL TIME (e.g. Jan through Dec) <input type="checkbox"/> SEASONAL/PART-TIME (specify months of operation) from _____ to _____ DAYS OF WEEK (e.g. Mon through Sat) HOURS OF OPERATION (e.g. 10a - 2a) _____
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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)**
16' X 22' ROOM ON E END 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:
LOT 1, KNIGHTS OF COLUMBUS SUBDIVISION

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: W.S.12-4-408(b)
- Gross Sales: \$ _____

Food Sales: \$ _____ (____%)

Liquor Sales: \$ _____ (____%)
- b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)
- ☐ YES

☐ NO

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.

		DO NOT LIST PO BOXES		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?	
True and Correct Name	Date of Birth	Residence Address, Street, City, State & Zip	Residence Phone Number						
				YES	<input type="checkbox"/>	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
				YES	<input type="checkbox"/>	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
				YES	<input type="checkbox"/>	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
				NO	<input type="checkbox"/>	NO	<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.

		DO NOT LIST PO BOXES					Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
True and Correct Name	Date of Birth	Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	
						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:		