P.O. Box 518 Gillette, WY 82717 Website: www.gillettewy.gov

Administration: (307) 686-5232 Non-Emergency: (307) 682-5155 Administration Fax: (307) 686-5385

## Chief of Police James A. Hloucal

## LIQUOR LICENSE OPERATION PLAN

Name as	it appears on license:	COMPADRES	LLC	
Common	name (doing busines	sas): Los Comp	ADRES MEXICAN RESTAUR	AN
Street ad	dress: 1760 w	HWY 14-16 GICE	GTTE WY 82718	
Phone #:	307-682-11	01 // 508-813.	-7395 (EN#)	
Type of I	icense: Retail Limit	ed Restaurant Bar &	LOS COMPADRES MEXICAN RESTAURANT  14-16 GICLETTE MY 82718  (508-813-7395 (EN.#)  Restaurant Bar & Grill  11:30 Am to 9:30 pm (UTNTER)  closing and last service will be 30 minutes before closing.  RESTAURANT  Egylar Events  Special Events	
Hours of	<u>Operation</u>	business as): LOS COMPADRES MEXICAN DESTAURANT  WHAY 14-16 CICLETTE MY 82718  32-1101 / 508-813-7395 (EN #)  II Limited Restaurant Bar & Grill  Operation are: 11-30 Am To 9 30 pm (UTNTER)  LOS OPEN  Inutes before closing and last service will be 30 minutes before closing.  Perated as: RESTAURANT  Siness Regular Events Special Events		
Our plan	ned hours of operation	nare: 11:30 Am to	9 30 pm WTNTER	
<u>Format</u>			ce will be <u>30</u> minutes before closing.	
Include:	Nature of business Bar	Happy hour	Competitions of strength	
	Package Liquor Restaurant	Live Entertainment	Sexually oriented entertainment Other special events	

(All outside events require a malt beverage or catering permit.)



The official capacity limit for our business is: 7 \$ 1 \tau \tau \tau \tau \tau \tau \tau \tau
In order to comply with our capacity limits we shall: <u>FNCLOSED</u> THE TENTION AREA WITH TO FNOURE ALLYSS AND SECURITY OF OUR PATRONS
We shall maintain peace and order in and around our business by:
Rules of the establishment shall be enforced by: LHS AND CHWERT OR AUTHORIZED PERSONAL
Alcohol Management
To comply with laws regarding alcoholic and malt beverages, including the use of eighteen to twenty year old servers in restaurants if applicable, our establishment will:
4/14/15
Signature of License Holder  Date  Lois A Robles  Printed Name