## **NEW OR TRANSFER** LIQUOR LICENSE OR DERMIT APPLICATION

FO	R LIQUOR DIVIS	SION USE ON	ILY
Customer #:			
Trf from:			
Reviewer:	Initials	Da	te
Agent:		/	/
Chief:			

I FIZIMILI WLI	Chief:	
To be completed by City/Count	y Clerk Local License #:	
License Fees Annual Fee: \$	Date filed with clerk:	61412019
Prorated Fee: \$	Advertising Dates: (2 We	
Transfer Fee: \$	100 00 June 11, 2019	
Publishing Fee: \$  Publishing Fee Direct Billed to Applicant	Hearing Date:	07 1 02 12019
		21
License Term: / Month Day	/ Through 23	
OR DENY THE APPLICATION UNT	promptly. As W.S. 12-4-104(d) specifies: <b>NO LIC</b> TIL THE LIQUOR DIVISION HAS CERTIFIED TH	HE APPLICATION IS COMPLETE.
Applicant: Softor Gillette	ZNC ,	
Trade/Business Name (dba): <u> </u>	Sushi Hibachi	
Building to be licensed/Building Address:	1000 E Boxelder 1	200d
	Gillette Wy 87	718
	City Stat	
Mailing Address: _	Number & Street or P.O. Box	oncl
	Gillette WY 814	£82718
27.2	City Stat	· / -
Business Telephone Number: (307) 3		67)363-4796
	yahov. com	
Brief legal description and the zoning of th	e licensed building or site for licensed build	ing: W.S. 12-4-102 (a) (vi)
FILING FOR	FILING IN (CHOOSE ONLY ONE)	FILING AS (CHOOSE ONLY ONE)
☐ NEW LICENSE	☐ CITY OF:	☐ INDIVIDUAL ☐ PARTNERSHIP
☐ TRANSFER OF LOCATION	COUNTY OF:	LP/LLP
M		□ B CORPORATION
TRANSFER OWNERSHIP	ASSIGNMENT LETTER ATTACHED	☐ LTD PARTNERSHIP☐ ORGANIZATION
FORMERLY HELD BY: SAPPORO	WYOMING Inc.	OTHER
TYPE (	OF LICENSE OR PERMIT (CHOOSE ONLY	(ONE)
RETAIL LIQUOR LICENSE	RESTAURANT LIQUOR LICENSE	MICROBREWERY
ON-PREMISE ONLY (BAR)	RESORT LIQUOR LICENSE BAR AND GRILL	<ul><li>☐ WINERY</li><li>☐ DISTILLERY SATELLITE</li></ul>
☐ OFF-PREMISE ONLY	LIMITED RETAIL (CLUB)	<ul><li>☐ WINERY SATELLITE</li><li>☐ COUNTY RETAIL or SPECIAL</li></ul>
(PACKAGE STORE)	☐ VETERANS CLUB	MALT BEVERAGE PERMIT
☐ COMBINATION ON/OFF PREMISE	☐ FRATERNAL CLUB ☐ GOLF CLUB	SPECIAL DESIGNATIONS  CONVENTION FACILITY
(BOTH BAR & PACKAGE STORE)	SOCIAL CLUB	☐ CIVIC CENTER/EVENT CENTER/ PUBLIC AUDITORIUM
		☐ GOLF CLUB
		☐ GUEST RANCH ☐ RESORT
To Assist the Liquor Division with schedul	ing inspections: WHEN DO YOU OPERAT	E?
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 Jan to Dec	from to	from to
ALL APPLICANTS MUST COMPLETE QUE	ESTIONS 1-6	
<ol> <li>BUILDING OWNERSHIP: Does the appl</li> </ol>	icant? W.S. 12-4-103 (a) (iii)	
(1) OWN the licensed building?		YES (own)
(2) LEASE the licensed building? (Leas	a must be through the term of the liquer liganes.	DD 1/20 //

- YES (lease)

- If Yes, please submit a copy of the lease and indicate:
  - (A) When the lease expires, located on page\_ \_paragraph\_
  - (B) Where the **Sales** provision for alcoholic or malt beverages is located, on page (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)
- \_paragraph\_ of lease.

WL	D-31 (4/17)		
2.	To operate your liquor business, have you assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license and the licensed building? W.S. 12-4-601 (b)	☐ YES	ĭXį no
3.	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 there within:		
4.	Does the <u>applicant</u> have any interest or intent to acquire an interest in any other liquor issued by <u>this</u> licensing authority? W.S. 12-4-103 (b)  If "YES", explain:	license	 ⊠ NO
5.	If applicant is filing as an <u>Individual, Partnership or Club</u> : W.S. 12-4-102 (a) (ii) & (	iii)	

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

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 🗆	YES 🗆	YES 🗆
				NO 🗆	NO 🗆	NO 🗆
				YES 🗆	YES 🗆	YES 🗆
				NO 🗆	NO 🗆	NO 🗆
				YES 🗆	YES 🗆	YES 🗆
				NO 🗆	NO 🗆	NO 🗆
				YES 🗆	YES 🗆	YES 🗆
			e x	NO 🗆	NO 🗆	NO 🗆
				YES 🗆	YES 🗌	YES 🗆
				NO 🗆	NO 🗆	NO 🗆
				YES 🗆	YES 🗌	YES 🗆
				NO 🗆	NO 🗆	NO 🗆

(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: 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.

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?
huanBin Lin	1983	1106 N Meadow Brink of Billette, WY 82718	347 662-8896		100/	YES 🗆	YES 🗆
11.01 (31.4 (31.4	(-10)	Elmere, W/ 82118	502 00 10		100/-	NO 🛛	NO 🗵
						YES 🗆	YES 🗆
						NO 🗆	NO 🗆
						YES 🗆	YES
						NO 🗆	NO 🗆
						YES 🗆	YES 🗆
						NO 🗆	NO 🗆
						YES 🗆	YES 🗆
					8	NO 🗆	NO 🗆
						YES 🗆	YES 🗆
						NO 🗆	NO 🗆
						YES 🗆	YES 🗆
						NO 🗆	NO 🗆

7.	BAR AND GRILL LICENSE:				
	Have you submitted a valid food service permit or application? W.S. 12-4-413 (a)	☐ YES ☐ NO			
8.	RESTAURANT LICENSE:				
	(a) Give a description of the dispensing room(s) and state where it is located in the building. W.S. 12-4-408 (e.g. 10 x 12 room in SE corner of building):				
	(b) Have you submitted a valid food service permit or application? W.S. 12-4-407 (a)	☐ YES ☐ NO			
	(c) Have you attached a drawing of the establishment that includes the restaurant dispensing room(s)? W.S. 12-4-410 (f)	☐ YES ☐ NO			
9.	RESORT LICENSE:				
	Does the resort complex:				
	<ul> <li>(a) Have an actual valuation of at least one million dollars, or have you committed or expeleast one million dollars (\$1,000,000.00) on the complex, excluding the value of the lar W.S. 12-4-401(b)(i)</li> </ul>	ended at nd? YES  NO			
	<ul><li>(b) Include a restaurant and a convention facility which will seat at least one hundred (100 persons? W.S. 12-4-401(b)(ii)</li></ul>	)) □ YES □ NO			
	(c) Include motel, hotel or privately owned condominium, town house or home accommoda approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii)	ations			
	(d) If no on question (c), have a ski resort facility open to the general public in which you have committed or expended not less than 10 million dollars (\$10,000,000.00)? W.S. 12-4-401(b)(iv)	☐ YES ☐ NO			
	(e) Are you contracting/leasing the food and beverage services? W.S. 12-4-403(b)				
	If Yes, have you submitted a copy of the food and beverage contract/lease?	YES NO			
10.	MICROBREWERY LICENSE:				
	Will the license be held in conjunction with another liquor license? W.S. 12-4-412(b)(iii)	☐ YES ☐ NO			
	(a) If "YES", please specify type: ☐ RETAIL ☐ RESTAURANT ☐ RESORT ☐ BAR AND GR	ILL   WINERY			
	<ul><li>(b) Do you self distribute your products? W.S. 12-2-201(a)</li><li>(Requires wholesaler license with the Liquor Division)</li></ul>	☐ YES ☐ NO			
	<ul> <li>(c) Do you distribute your products through an existing malt beverage wholesaler?</li> <li>W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division)</li> </ul>	☐ YES ☐ NO			
11.	WINERY LICENSE:				
	Will the license be held in conjunction with another liquor license? W.S. 12-4-412(b)(iii)  (a) If "YES", please specify type: ☐ RETAIL ☐ RESTAURANT ☐ RESORT ☐ BAR AND GRILL ☐ I	YES NO			
12.	LIMITED RETAIL (CLUB) LICENSE:	647			
FR	ATERNAL CLUBS W.S. 12-1-101(a)(iii)(B)				
	(a) Has the fraternal organization been actively operating in at least thirty-six (36) states?	☐ YES ☐ NO			
	(b) Has the fraternal organization been actively in existence for at least twenty (20) years?	YES NO			
	LIMITED RETAIL (CLUB) LICENSE: TERANS CLUBS W.S. 12-1-101(a)(iii)(A):	•			
	(a) Does the Veteran's organization hold a charter by the Congress of the United States?	☐ YES ☐ NO			
	(b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary?	☐ YES ☐ NO			
0.5520020					
	LIMITED RETAIL (CLUB) LICENSE:				
30	LF CLUBS W.S. 12-1-101(a)(iii)(D)/W.S. 12-4-301(e):				
	<ul><li>(a) Do you have more than fifty (50) bona fide members?</li><li>(b) Do you own, maintain, or operate a bona fide golf course together with clubhouse?</li></ul>	☐ YES ☐ NO			
	(c) Are you a political subdivision of the state that owns, maintains, or operates a golf	☐ YES ☐ NO			
	course?  1. Are you contracting/leasing the food and beverage convices? W.S. 43 5 204(a)	YES NO			
	<ol> <li>Are you contracting/leasing the food and beverage services? W.S. 12-5-201(g)</li> <li>If Yes, have you submitted a copy of the food and beverage contract/lease?</li> </ol>	YES NO			
	, ,	☐ YES ☐ NO			

15. LIMIT	ED RETAIL (CLUB) LICENSE:	
SOCIAL C	CLUBS W.S. 12-1-101(a)(iii)(E)/W.S. 12-4-301(b):	
(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 record 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?	ded 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 this application?	☐ 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? (Petition Attached)	☐ YES ☐ NO
REQUIRE	ED ATTACHMENTS:	
	A statement indicating the financial condition and financial stability of the applicant W.S. 12-4-102 (a) (vi).	
	Restaurants: include a drawing of the establishment that includes the dispensing room(s W.S. 12-4-410 (f).	3)
	Attach any lease agreements (especially for resort/political subdivisions leasing out f services) W.S. 12-4-103 (a) (iii)/ W.S. 12-4-403(b)/W.S. 12-4-301(e).	ood & beverage
U	If transferring a license from one ownership to another, a form of assignment from the collicensee to the new applicant authorizing the transfer W.S. 12-4-601 (b).	urrent
Offic that	quires signatures by <b>ALL</b> Individuals, <b>ALL</b> Partners, <b>ONE (1)</b> LLC Member, or <b>TW</b> cers or Directors except that if all the stock of the corporation is owned by <b>ONE (1)</b> individual may sign and verify the application upon his oath, or <b>TWO (2)</b> Club Off D2(b)	individual then
U	nder penalty of perjury, and the possible revocation or cancellation of the l I swear the above stated facts, are true and accurate.	icense,
STATE OI	F WYOMING )	
COLINITY	OF Campbell ) SS.	
COUNTY	OF <u>Campbell</u> )	
Sig	and sworn to before me on this day of	,
20 <u>19</u> th	nat the facts alleged in the foregoing instrument are true by the following:	
· Chu	chuan Bing Lin	
- Civi	(Signature) (Printed Name)	Title
2)		11110
	(Signature) (Printed Name)	Title
)		
4)	(Signature) (Printed Name)	Title
0	(Signature) (Printed Name)	Title
)	(Signature) (Printed Name)	Title
,	(Signature) (Printed Name)	Title
	Witness my hand and official seal:	



Cindy Staskiewicz Signature of Notary Public WLD-31 (4/17)

(SEAL)

My commission expires: 8/18/2022