

1/2019

Copy of Driver License _____

**CITY OF POWELL
APPLICATION FOR CATERING PERMIT**

Submit 30 days before event

Requires City Council Approval

Applicant Name: _____ Name of Event: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Location of Sales: _____ Time of Sales: _____

Permit Date: _____ Deposit: \$100 # days: _____ x\$50 = Fee \$ Total: _____

This application is for a permit, issued to any retail liquor license holder within the City of Powell, or with written permission from their licensing authority. This catering permit authorizes the sale of both alcoholic and malt beverages for sales within the City of Powell (W.S. 12-4-502a). No license holder shall receive more than 36 catering permits for sales at the same premises in any one year. No licensee holding a catering permit shall sell or permit consumption of any alcoholic or malt beverages off the premises described in this permit.

By filling out this application, I agree to operate in the City of Powell under the requirements of City Ordinances and **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and remit sales taxes.

By signing this application, I acknowledge for _____ that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. Further, I acknowledge under penalty of perjury, and the possible revocation or cancellation of the license, that all the information provided in this application is true and correct.

Date: _____

Signature of Applicant

PERSONALLY APPEARED AND
SIGNED BEFORE ME THIS _____ DAY OF
_____, 20____

Notary Public in and for the State of Wyoming
in Park County.

My Commission Expires: _____

Clerk's Office Only: _____

Date application received: _____, 20____
Approved: Yes No

Council Agenda for consideration: _____, 20

Signature of Licensing Authority Date

Forwarded for refund processing: _____, 20____ By: _____

Refund issued to: _____ Amount: _____ Check No: _____
Date Issued: _____ Initials: _____
