

11/2018

**CITY OF POWELL
APPLICATION FOR MALT BEVERAGE PERMIT**

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: _____

Applicants that are receiving anything of value (money, goods and/or services) from any industry representative must answer the following:

As an applicant for a 24 hour malt beverage permit, are you:

- | | | |
|---|-----|----|
| 1. A nonprofit corporation organized under the laws of the state? | YES | NO |
| 2. Qualified as tax exempt under the Internal Revenue Code? | YES | NO |
| 3. Have been in continuous operation for not less than 2 years? | YES | NO |

This application is for a malt beverage permit authorizing the sale of malt beverages **ONLY** within the City of Powell (W.S. 12-4-502a). No person or organization shall receive more than a total of 12 malt beverage permits at the same premises in any one year. No alcoholic liquor other than malt beverages may be sold or consumed on the premises authorized by this permit and no malt beverages may be sold or consumed off the premises.

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. Further, I acknowledge under penalty of perjury that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above.

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____
Council Agenda for consideration: _____, 20____

Approved: Yes _____ No _____

Signature of Licensing Authority _____ Title _____ Date _____

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

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