



TOWN OF JACKSON TOWN COUNCIL AGENDA DOCUMENTATION

PREPARATION DATE: July 6, 2018
MEETING DATE: August 6, 2018

SUBMITTING DEPARTMENT: Town Clerk
DEPARTMENT DIRECTOR: Roxanne Robinson
PRESENTER: Sandy Birdshaw

SUBJECT: Public Hearing for a new Restaurant Liquor License: Wyoming Inn Holdings LLC d/b/a Wyoming Inn of Jackson Hole

PURPOSE STATEMENT

The Town Council is the local licensing authority for the issuance, renewal and transfer of all liquor licenses within the Town of Jackson.

It is necessary for the Mayor to OPEN A PUBLIC HEARING to hear protests against the issuance of liquor licenses. After public comment has been heard, the Mayor must CLOSE THE PUBLIC HEARING. Then Council is able to act on the application.

BACKGROUND/ALTERNATIVES

The applicant, Wyoming Inn Holdings LLC d/b/a Wyoming Inn of Jackson Hole, applied for a new restaurant liquor license at 930 West Broadway. The facility includes a full kitchen, dining area, and dispensing room off the main lobby of the hotel.

Wyoming Inn plans to offer the full dinner menu and liquor service under seasonal operations; from May to October and then from December to March, covering the summer and winter seasons. Seasonal operations is allowed under Wyoming Statute 12-4-103 (a)(iv) “... *For purposes of this paragraph "remain operational" means operational consecutively, in any license term year, for twelve (12) months or for not less than three (3) months if determined by the local licensing authority to be a seasonal operation,*”

This application has been distributed to the Wyoming Liquor Division, Police Department, Town Attorney, Building and Planning Department, Fire/EMS, and the Town Clerk’s office for review.

The following is an excerpt from Wyoming Statutes (W.S.) 12-4-104 (b) regarding the issuance of a liquor license:

(b) A license or permit shall not be issued, renewed or transferred if the licensing authority finds from evidence presented at the hearing:

- (i) The welfare of the people residing in the vicinity of the proposed license or permit premises shall be adversely and seriously affected;*
- (ii) The purpose of this title shall not be carried out by the issuance, renewal or transfer of the license or permit;*
- (iii) The number, type and location of existing licenses or permits meet the needs of the vicinity under consideration;*
- (iv) The desires of the residents of the county, city or town will not be met or satisfied by the issuance, renewal or transfer of the license or permit; or*

(v) *Any other reasonable restrictions or standards which may be imposed by the licensing authority shall not be carried out by the issuance, renewal or transfer of the license or permit.*

ATTACHMENTS

Restaurant liquor license application

FISCAL IMPACT

Issuance of this license would result in the collection of \$1000 for prorated application fees this year and \$1500 in fees at next year's renewal.

STAFF IMPACT

Minimal.

LEGAL REVIEW

Complete.

RECOMMENDATION

Staff requests the Council to consider this application while keeping in mind the criteria listed in Wyoming Statutes (copied above) regarding issuing liquor licenses and concerns raised from staff review.

The Council has several options available to them at this meeting, which may include:

1. Approve the application with conditions:
 - 1) Prior to license issuance, the applicant shall comply with all Town of Jackson Building Codes, Fire, Health & Safety Codes, and the Land Development Regulations, and will have obtained all required permits and approvals from all applicable Town/County departments.
 - 2) Applicant shall provide TIPS training for staff serving alcohol and malt beverages.
 - 3) Prior to license issuance, the applicant shall provide a copy of the food service permit.
 - 4) Any additional minor corrections deemed necessary by staff and the Wyoming Liquor Division.
2. Deny the application.
3. Postpone action to the next regular meeting.

SUGGESTED MOTION

While staff does not recommend approval or denial of the application, Council motions are generally stated in the affirmative as suggested:

I move to approve the issuance of a restaurant liquor license to Wyoming Inn Holdings LLC d/b/a Wyoming Inn of Jackson Hole for the remaining license year ending 3/31/2019, subject to the conditions listed in the staff report and further direct the Town Clerk to issue the licenses upon confirmation that the conditions of approval have been met within the timeframe set forth in Wyoming Statute 12-4-103(a)(iv).

NEW or TRANSFER LIQUOR LICENSE or PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:			
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Chief:		/	/

To be completed by Town Clerk

License Fees

mths 8

Annual Fee: \$ _____

Prorated Fee: \$ 1000.00

Transfer Fee: \$ _____

Publishing Fee: \$ 100.00

Local License # _____

Date filed with clerk: 6/18/18 incomplete, 7-2-18 completeAdvertising Dates: (2 Weeks) 7/11 & 7/18

License Term:

8 / 6 / 2018

Month

Day

Year

Hearing Date:

8/6/20183 / 31 / 2019

Month

Day

Year

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.

Applicant: Wyoming Inn Holdings, LLCTrade/Business Name (dba): Wyoming Inn of Jackson HoleBuilding to be licensed/Building Address: 930 West Broadway

Number & Street

Local: <u>P.O. Box 8820</u> <u>Jackson 83001</u>	<u>Jackson</u>	WY	83001	Teton
	City	State	Zip	County

Mailing Address: <u>1250 E Oxford Lane</u> <u>Number & Street Name or P.O. Box</u>	<u>Cherry Hills Village</u>	CO	80113
	City	State	Zip

Business Telephone Number: (307) 734-0035 Fax Number: ()E-Mail Address: brad@thewyominginn.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)

22-41-16-32-1-12-002 Lot 4 Plat 001182 Western Inn Addition Amended, Zoned AC

FILING FOR	FILING IN (CHOOSE ONLY ONE)	FILING AS (CHOOSE ONLY ONE)
<input checked="" type="checkbox"/> NEW LICENSE	<input checked="" type="checkbox"/> CITY OF: <u>JACKSON</u>	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> TRANSFER OF LOCATION	<input type="checkbox"/> COUNTY OF: _____	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> TRANSFER OWNERSHIP	<input type="checkbox"/> ASSIGNMENT LETTER ATTACHED	<input type="checkbox"/> LP/LLP
FORMERLY HELD BY: _____		<input checked="" type="checkbox"/> LLC
		<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> LTD PARTNERSHIP
		<input type="checkbox"/> ORGANIZATION
		<input type="checkbox"/> OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE:	<input type="checkbox"/> RESTAURANT LIQUOR LICENSE	<input type="checkbox"/> MICROBREWERY
<input type="checkbox"/> ON-PREMISE ONLY (BAR)	<input type="checkbox"/> RESORT LIQUOR LICENSE	<input type="checkbox"/> WINERY
<input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE)	<input type="checkbox"/> BAR AND GRILL	<input type="checkbox"/> DISTILLERY SATELLITE
<input type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)	 LIMITED RETAIL (CLUB): <input type="checkbox"/> VETERANS CLUB	<input type="checkbox"/> WINERY SATELLITE
	<input type="checkbox"/> FRATERNAL CLUB	<input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
	<input type="checkbox"/> GOLF CLUB	 SPECIAL DESIGNATIONS:
	<input type="checkbox"/> SOCIAL CLUB	<input type="checkbox"/> CONVENTION FACILITY
		<input type="checkbox"/> CIVIC CENTER/EVENT CENTER/ PUBLIC AUDITORIUM
		<input type="checkbox"/> GOLF CLUB
		<input type="checkbox"/> GUEST RANCH
		<input type="checkbox"/> RESORT

To Assist the Liquor Division with scheduling inspections: **WHEN DO YOU OPERATE?**12-4-103 (a) (iv) FULL TIME (e.g. Jan through Dec) BB SEASONAL / PART-TIME NON-OPERATIONAL / PARKED

If not full time, specify:

Months of Operation

from _____ to _____

Days of Week (e.g. Mon through Saturday)

from _____ to _____

Hours of Operation (e.g. 10am to 2am)

from _____ to _____

ALL APPLICANTS MUST COMPLETE QUESTIONS 1-6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)

(1) **OWN** the licensed building? YES (own)(2) **LEASE** the licensed building? (Lease must be through the term of the liquor license) YES (lease)

If Yes, please submit a copy of the lease and indicate:

(A) Lease expiration date _____, located on page _____ paragraph _____ of lease.

(B) Where the **Sales** provision for alcoholic or malt beverages is located, on page _____ paragraph _____ of lease.
(MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

Changed from FT
to seasonal.
Estimated open
months to be:
May - Oct
Nov - Dec - Mar

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 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

- Hold any interest in the license applied for? YES NO
- Furnish by way of loan or any other money or financial assistance for purposes hereof in your business? YES NO
- Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? YES NO
- If you answered YES to any of the above, explain fully and submit any documents in connection there within:

4. Does the applicant have any interest or intent to acquire an interest in any other liquor license issued by this licensing authority? W.S. 12-4-103 (b) YES NO

If "YES", explain: _____

5. If applicant is filing as an Individual, Partnership or Club: W.S. 12-4-102 (a) (ii) & (iii)

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

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

(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)

List 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: Number & Street Name City, State & Zip <i>DO NOT LIST PO BOX</i>	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?
Harold A. Krause	[REDACTED]	[REDACTED]	[REDACTED]	1	90.5% -100%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Kelly Krause	[REDACTED]	[REDACTED]	[REDACTED]	1	7.0 0	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No others hold 10%.							
						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"/>
						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"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application)

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 (b)
(e.g. 10 x 12 room in SE corner of building):7'7" X 2'6" Room NORTH OF DINING AREA(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:

(a) Have an actual valuation of at least one million dollars, or have you committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) YES NO(b) Include a restaurant and a convention facility which will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) YES NO(c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) YES NO(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)
1. 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 GRILL WINERY(b) Do you self distribute your products? W.S. 12-2-201(a)
(Requires wholesaler license with the Liquor Division) YES NO(c) Do you distribute your products through an existing malt beverage wholesaler?
W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) YES NO**11. WINERY 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 GRILL MICROBREWERY**12. LIMITED RETAIL (CLUB) LICENSE:****FRATERNAL 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**13. LIMITED RETAIL (CLUB) LICENSE:****VETERANS 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**14. LIMITED RETAIL (CLUB) LICENSE:****GOLF CLUBS** W.S. 12-1-101(a)(iii)(D) / W.S. 12-4-301(e):(a) Do you have more than fifty (50) bona fide members? YES NO(b) Do you own, maintain, or operate a bona fide golf course together with clubhouse? YES NO(c) Are you a political subdivision of the state that owns, maintains, or operates a golf course? YES NO1. Are you contracting/leasing the food and beverage services? W.S. 12-5-201(g) YES NO2. If Yes, have you submitted a copy of the food and beverage contract/lease? YES NO

15. LIMITED RETAIL (CLUB) LICENSE:**SOCIAL 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 recorded 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? 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

REQUIRED 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).

Attach any lease agreements (especially for resort/political subdivisions leasing out food & beverage services) W.S. 12-4-103 (a) (iii) / W.S. 12-4-403(b) / W.S. 12-4-301(e).

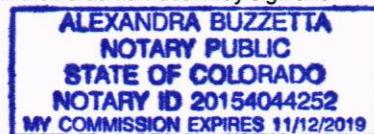
If transferring a license from one ownership to another, a form of assignment from the current licensee to the new applicant authorizing the transfer W.S. 12-4-601 (b).

OATH OR VERIFICATION

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or 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)

Colorado
STATE OF WYOMING)
) SS.
COUNTY OF Wyoming)



Signed and sworn to before me on this 11th day of June, 2018 that the facts alleged in the foregoing instrument are true by the following:

1)	<u>Harold A. Krause</u> (Signature)	Harold A. Krause (Printed Name)	Member Title
2)	 (Signature)	 (Printed Name)	 Title
3)	 (Signature)	 (Printed Name)	 Title
4)	 (Signature)	 (Printed Name)	 Title
5)	 (Signature)	 (Printed Name)	 Title
6)	 (Signature)	 (Printed Name)	 Title

Witness my hand and official seal:

Alexandra Buzzetta
Signature of Notary Public

(SEAL)

My commission expires: 11/12/2019

BANK OF JACKSON HOLE

Bank of Jackson Hole
990 W Broadway
PO Box 7000
Jackson, WY 83002

May 22, 2018

Sandy Birdshaw – Town Clerk
Town of Jackson
PO Box 1687
150 E Pearl
Jackson, WY 83001

Dear Ms Birdshaw,

Please allow this letter to serve as confirmation that the below listed business holds an active account with the Bank of Jackson Hole and is in Good Standing:

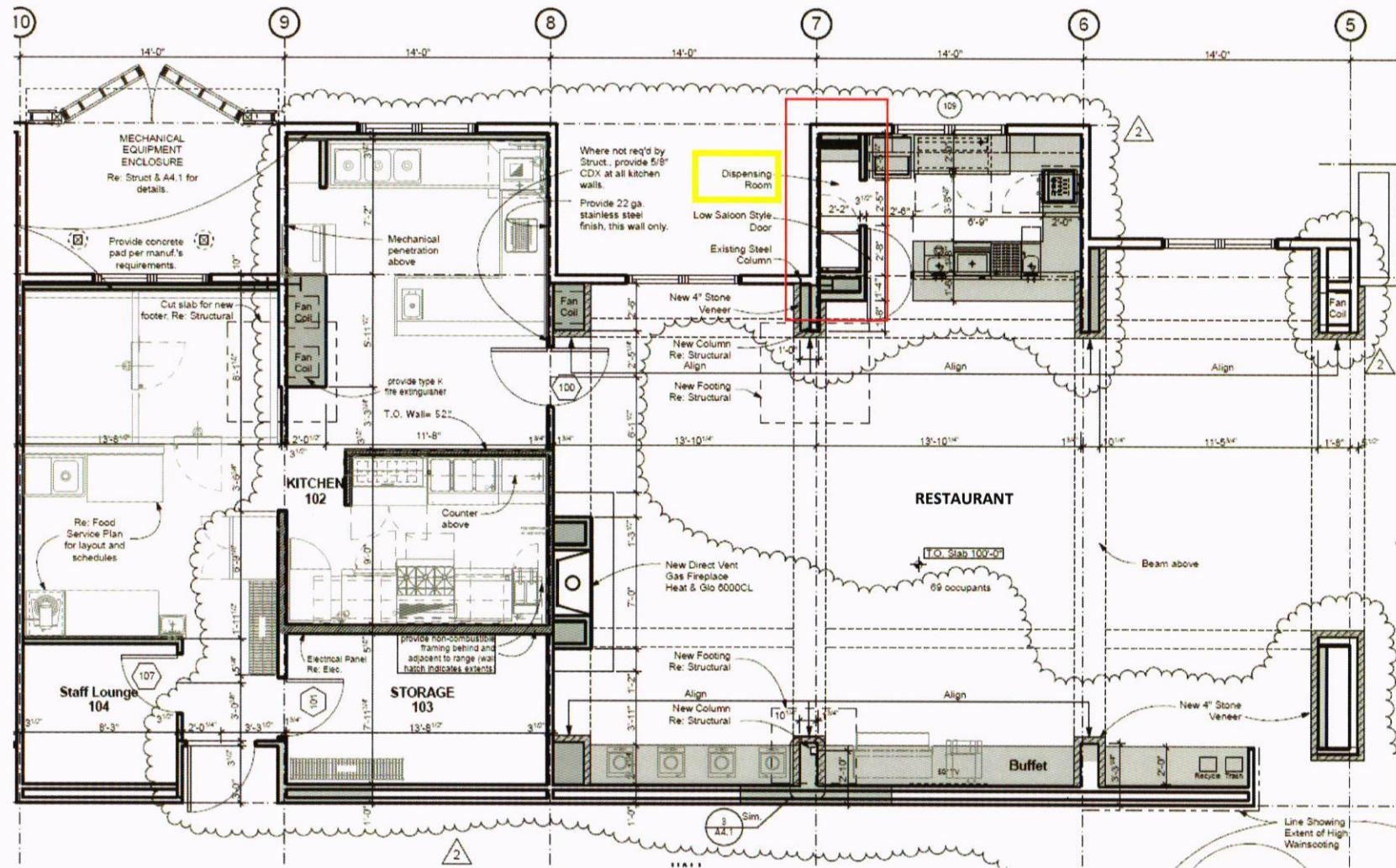
Account Title: Wyoming Inn Holdings LLC

Please contact me should you have any questions.

Sincerely,



Karissa Dabel
Personal Banker Training Specialist
Bank of Jackson Hole
307-733-8064 EXT 1129



APPLICATION FOR FOOD LICENSE

FOOD LICENSE: \$100.00 Initial Fee; \$50.00 Annual Renewal Fee.
(Licenses shall expire one year after date of issuance)

Cheyenne Office Use Only

LICENSE ACCOUNT NUMBER

ACTIVATION DATE

CHECK NO/CASH

77-407-1025

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

New Change of Location Change of Owner

If change of owner or location, previous establishment name/location:

Wyoming Inn of Jackson

Wyoming Inn of Jackson Hole

- Establishment Information -

Establishment Name: Wyoming Inn of Jackson

Person in Charge on Site: Ed Smith

Physical Address: 930 West Broadway

City: Jackson

State: WY Zip: 83001

Business Phone Number: 307-734-6035

Person in Charge on Site Phone: Ed Smith

Email: EDSMITH@STJOHNSGC.COM

Fax: 307-734-6037

- Owner Information -

Name of Owner: KELLY KLAUSE

Form of Organization:

Individual Association Corporation

Parent Company (if applicable):

Partnership Other Entity LLC

Address: 930 West Broadway P.O. Box #83002

City: Jackson

State: WY Zip: 83002

Owner Phone Number: 307-734-6035

INDICATE WHERE TO MAIL ALL CORRESPONDANCE 1 (1=ESTABLISHMENT; 2=OWNER; 3=EMAIL)

Type of Establishment (please check applicable box)

Food Service Grocery Convenience Meat Plant Distributor Warehouse Dietary Supplement Processor Institution
 Guest Ranch Dairy Bulk Water Bar Mobile Commissary Dependent Mobile Retail Processor
 Retail Pre-Packaged School Hotel Bed and Breakfast Seasonal Facility
 Manufactured Food Processor; Type of Food:

I ATTEST TO THE ACCURACY AND INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE WYOMING LAWS AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY ESTABLISHMENT. LATE RENEWAL PAYMENTS WILL RESULT IN DEACTIVATION.

Edward S. Set

5/3/18

SIGNATURE OF APPLICANT

DATE

Erica P. Set

APPROVING OFFICIAL

Teton
COUNTY

Make Checks Payable to:

WYOMING DEPARTMENT OF AGRICULTURE
 CONSUMER HEALTH SERVICES SECTION
 2219 CAREY AVE.
 CHEYENNE, WY 82002
 (307) 777-7211

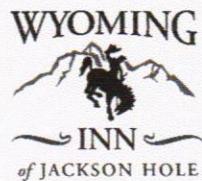
State Relay Service at 7-1-1 or 1 800 877-9965

Instructions: A plan review must be submitted before this application can be considered, unless this is a change of ownership. Submit this application to your inspector of the WY Department of Agriculture or local County Health Dept. Complete all sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

The Whistling Grizzly at The Wyoming Inn

Dinner served 5pm-10pm



APPETIZERS

Calamari	pickled chilies fried capers basil sprouts preserved lemon fennel pomodoro	12
Artichoke Dip	baby spinach boursin cheese roasted artichoke hearts reggiano wood-grilled flatbread	15
Meat & Cheese	seasonal inspiration of cured and smoked meats local and artisanal cheeses crackers wood grilled flatbread	20
Chips & Salsa	fresh made corn tortillas salsa	8
Southwest Eggroll	crispy flour tortillas chicken black beans corn jalapeño jack cheese red peppers spinach served with avocado-ranch	12

SOUP/SALADS

Daily Soup Inspiration	inquire with your server	6
Caesar	romaine hearts reggiano traditional garlic anchovy dressing garlic crouton	side 6/entrée 12
Urban Garden Salad	artisan lettuces frisée shredded jicama goat cheese baby heirloom tomato	side 7/entrée 14

All of our salads may be finished with your choice of our house-made dressings:
ranch, raspberry vinaigrette, Italian, bleu cheese

Our salads may be finished with your choice of: herb-grilled chicken breast 6 or salmon filet* 8

SANDWICHES

Served with house chips. Add fries 3

Turkey Club	bacon avocado tomato red onion lettuce mayo sourdough toast	14
Teton Burger*	cheddar bacon pickles lettuce tomato onion	15
Jackson Hole Chicken Sandwich	grilled chicken breast cheddar sliced avocado sautéed onions lettuce mix tomato mayo toasted buttery roll	13

ENTRÉES

Each entrée is served with fresh dinner rolls, market vegetables and daily starch.

1	Chef's Wild Game Entrée Inspiration	inquire with your server	MP
2	Pasta Pomodoro	angel hair pasta mushrooms fresh herbs roma tomatoes	18
3	Glazed Short Rib	48-hour braise bourbon demi-glace	28
4	Grilled Salmon	lemon beurre blanc	26
5	Grilled Chicken	special herb blend	24

Many items can be prepared allergen free upon request; please notify your server of your dietary restrictions and preferences. All items are freshly prepared – cooking times may vary *Notice: Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food borne illness.

For parties of six or more a 18% gratuity will be added to the check.

The Whistling Grizzly at the



Extras & Add Ons

Saag's All-Natural Chicken and Apple Sausage Link, Daily's Applewood Bacon or Snake River Kurobuta Ham
\$4.00

Stone Ground Bakery 9 Grain or Sourdough Toast, Bonne Maman Strawberry or Wild Blueberry Preserves & butter -
\$3.00

Seasonal Fruit – Freshest of Seasonal Offerings
\$5.00 – bowl/\$3.00 – cup

Beverages

Snake River Roasters Coffee

Organic, Fair Trade Sumatra/Ethiopian Blend, Regular or Decaffeinated
\$3.00

Mighty Leaf Organic Full Leaf Tea

Earl Grey or Breakfast Tea (Caffeinated)
\$3.00

Chamomile Citrus or African Amber Rooibos (Decaffeinated)
\$3.00

Orange Juice Fresh Squeezed Daily
\$4.00

Organic Grapefruit and Cranberry Juice
\$4.00

Milk – Whole, 2%, Skim, Almond
\$3.00

Coca Cola Products – Coke, Diet Coke and Sprite
\$3.00

We are pleased to source our premium products from our following partners:

- Snake River Roasters, Jackson, WY
- Organic Valley Dairy, Logan, UT
- Stone Ground Bakery, Jackson, WY
- Snake River Pork Farms, Boise, ID
- Dailey's Premium Meats, Salt Lake City, UT
- Bob's Red Mill, Milwaukie, OR

The Whistling Grizzly at the



Breakfast Special

Our chef's daily seasonal preparation - ask your server!

\$13.00

Snake River Scramble

Three organic, cage free eggs scrambled with Snake River Kurobuta ham, aged sharp cheddar cheese and topped with scallions. Served with hand cut Yukon Gold Rosemary Potatoes and your choice of 9 Grain or Sourdough Toast, Bonne Maman Strawberry or Wild Blueberry Preserves.

\$13.00

Teton Scramble

Three organic, cage free eggs scrambled with organic spinach, mushrooms, tomatoes & scallions, topped with Gruyere cheese. Served with Yukon Gold Rosemary Potatoes and your choice of 9 Grain or Sourdough Toast, Bonne Maman Strawberry or Wild Blueberry Preserves.

\$14.00

Cowboy Breakfast

Two organic, cage free eggs prepared any style, Yukon Gold Rosemary Potatoes, 9 Grain or Sourdough Toast with Bonne Maman Strawberry or Wild Blueberry Preserves.

\$10.00

Mount Moran French Toast

Brioche Bread from Stone Ground Bakery, soaked overnight in orange custard, topped with a light Orange Custard Sauce and Orange Zest, Drizzled with Vermont Maple Syrup

\$12.00

Ranch Hand Buttermilk Pancakes

Two Scratch Griddle Cakes, Organic Butter & Vermont Maple Syrup

\$10.00

Hidden Falls Oatmeal

Bob's Red Mill 7 Grains prepared to order, accompanied with brown sugar, raisins and your choice of whole, 2% or almond milk.

\$9.00

Mount Owen Granola Parfait

House made - Oats baked with honey, a touch of cinnamon, candied pecans and toasted coconut, served with Vanilla Greek Yogurt and seasonal berries

\$9.00

The Wyoming Inn of Jackson
Hole
The Whistling Grizzly Restaurant



Standard Practice Instruction

Department:
Food and Beverage Operations

CONTENT	Alcohol Dispensing and Service Procedure
OBJECTIVES	To provide instruction to all team members on the process of dispensing and serving alcohol in accordance with State and Local laws.
PROCEDURES	<ul style="list-style-type: none">• All Individuals who are of legal age to serve Alcohol must be trained in the service of alcohol (TIP's, SureSell Now etc.)• Alcoholic and malt beverages shall be dispensed and prepared for consumption in the room adjacent to the bar area in the dining room. (see floor plan) Alcoholic and malt beverages are not be dispensed outside of this room.• No consumption of alcoholic or malt beverages shall be permitted within the dispensing room. All dispensing and service of alcohol must be performed by individuals over the age of 18. Individuals under the age of 18 are not permitted in the dispensing room.• Alcoholic and malt beverages may only be served when food service is available• Only one (1) unsealed bottle of wine for off-premises consumption maybe removed from the restaurant; provided that the patron has purchased a full course meal and consumed a portion of the bottle of wine with the meal on the restaurant premises.

EFFECTIVE DATE	
DISTRIBUTION	General Manager, Restaurant Employees



Layers Info

[Copy to Clipboard](#) [Different map view ▾](#)

- Aerial Photography Date: June 8, 2017

1 Parcel(s) [Zoom to parcel\(s\)](#)

- Parcel: 22-41-16-32-1-12-002 [Clerk's Land Records](#)
- Account Num: R0015156 [Property Detail](#)
- Tax ID: 01-006721 [Property Taxes](#)
- Map Number: 01182 [Scanned Map](#)
- Lot: 4
- Owner: T.E.M. INVESTMENTS WYOMING, LLC & TKMC II, LLC
- MailAddr: 1499 SE TECH CENTER PLACE, SUITE 270
- MailAddr: VANCOUVER, WA 98683
- StAddr: 930 W BROADWAY AVENUE
- Deed: 662 WDNS 92-93
- Location: LOT 4, WESTERN INN ADDITION AMENDED
- TaxClass: Commercial
- Acreage: 1.33

N: 43.47375°, W: 110.78357°
NAD83 UTM Zone 12 X: 517505, Y: 4813449

TOWN OF JACKSON
Office of Town Clerk
P.O. Box 1687 / 150 East Pearl Avenue
Jackson, Wyoming 83001
(307) 733-3932 ext 1113

Wyoming Inn

Liquor License Application
Provide for each person who
signed the application

AFFIDAVIT of AUTHORIZATION

The undersigned applicant hereby states he/she is authorized to sign the attached Liquor License and/or Permit Application form as issued by the Wyoming Liquor Division for use by the Town of Jackson, and authorizes the Town of Jackson and its agents and employees to seek information as set forth in Municipal Code Section 6.20 and conduct investigations into the truth of the foregoing statements as set forth in the application. The applicant hereby agrees to comply fully with the rules and regulations of the Town of Jackson governing the license/permit requested.

AFFIDAVIT of UNDERSTANDING

The undersigned applicant hereby states that he/she understands that the submittal, review, approval, issuance, and/or received payment of the attached Liquor License and/or Permit Application form as issued by the Wyoming Liquor Division for use by the Town of Jackson does not imply that any other reviews, authorizations, permits, and approvals have been made by any Town/County departments or elected bodies. Additional reviews, authorizations, permits, and approvals may be required at any time from additional Town/County departments and/or elected bodies, which may include the time period after approval but before issuance of the attached Liquor License and/or Permit Application form. It is the duty of the applicant to seek any additional required reviews, authorizations, permits, and approvals from any Town/County department or elected bodies.

Applicant please note: Corporations and Limited Liability Companies must submit a listing of all officers and all directors, including dates of birth and Social Security Numbers. Please attach the list to this document.

PRINT

Full Legal Name: Harold

First Name

Allen

Full Middle Name

Krauss

Last Name

Date of Birth

Social Security Number

Driver License: State / Number

Male Female
Circle one

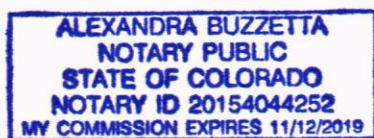
Date Signed

Applicant Signature

State of Colorado)
ss
County of rapahoe)

Subscribed and sworn to before me this 11th day of June, 20 18.

(SEAL)



Alexandra Buzzetta
Notary Public or officer authorized to administer oaths

STATE OF WYOMING * SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

2020 Carey Avenue, Cheyenne, WY 82002-0020

Phone 307-777-7311 · Fax 307-777-5339

Website: <http://soswy.state.wy.us> · Email: business@wyo.gov

Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Wyoming Inn Holdings LLC**

Filing ID **2018-000810096**

Type **Limited Liability Company**

Status

Active

General Information

Old Name

Sub Status

Fictitious Name

Standing - Tax

Sub Type

Standing - RA

Formed in **Colorado**

Standing - Other

Term of Duration **Perpetual**

Filing Date

06/28/2018 1:39 PM

Delayed Effective Date

Inactive Date

Principal Address

1250 E Oxford Ln

Mailing Address

Cherry Hills Village, CO 80113

1250 E Oxford Ln

Registered Agent Address

Cherry Hills Village, CO 80113

National Registered Agents, Inc.

1908 Thomes Ave

Cheyenne, WY 82001

Parties

Type **Name / Organization / Address**

Notes

Date **Recorded By**

Note

Annual Report History

Num **Status** Date **Year** Tax

Amendment History

ID **Description** Date

Dispensing Room
7'7" x 2'6" outlined in red

