



SPECIAL MALT BEVERAGE PERMIT APPLICATION

**For the sale or serving of only malt beverages.

Fee \$ _____

Date Pd: _____

APPLICANT.

Applicant Name:

Phone:

FACILITY INFORMATION.

Complete the following information.

Location Name:	Event Types:	
Address:	List the Hours that Alcohol will be Available:	
Contact Name:		
SPECIAL MALT BEVERAGE PERMIT - <i>allow 2 weeks for processing</i> \$1000.00 for 6 months Date the 6-month period should begin:	Malt beverage product must be sourced legally from a licensed, Wyoming malt beverage wholesaler, not a retailer. The exceptions to this are for microbrewery and retail licensee applicants who would have sourced the alcohol from their own stock, as allowed by law and legally sourced otherwise.	

Proof of T.I.P.S. Certification required for all persons who will be dispensing and/or serving malt beverages.

By filing this application, I agree to comply with State and Local Liquor Regulations regarding the sale and service of alcoholic beverages.

Applicant's signature

Date



Plan of Operations for Special Malt Beverage Permits

Applicant: _____

Describe how the premises will be operated? *include nature of events (sports, rodeo, etc)*

What is the official building and/or outdoor area capacity?

Include a sketch or site plan showing the area(s) where malt beverages will be dispensed/sold.

What is your plan to keep customers from leaving with open alcohol containers?

Provide the names of up to three (3) people who should receive communication from the Town and Police Department related to liquor operations:

Name

Position/Title

Email

1) _____

2) _____

3) _____

Completed by: _____ Date: _____ 10 F 2