

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	D 5407	
Reviewer:	Initials	Date
Agent:		/ /
Mgr:		/ /

To be completed by City/County Clerk

License Fees Annual Fee: \$ 1,500.00 Local License #: _____
 Prorated Fee: \$ _____ Date filed with clerk: 10 / 4 / 2021
 Transfer Fee: \$ _____ Advertising Dates: (2 Weeks) October 13, 2021 & October 20, 2021
 Publishing Fee: \$ _____ Hearing Date: 11 / 01 / 2021
 Publishing Fee Direct Billed to Applicant:

License Term: 12/7/2021 Through 12/6/2022

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: STAMPEDE ENTERPRISES INC

Trade/Business Name (dba): STAMPEDE SALOON & EATERY

Building Address: 417 1ST ST
(Building to be licensed)

CHUGWATER, WY 82210 PLATTE

Local Mailing Address: PO BOX 103

CHUGWATER, WY 82210

Local Business Telephone Number: (307) 422-3200

Fax Number: _____

Business E-Mail Address: ladevere@aol.com

FILING IN

TOWN OF CHUGWATER

FILING AS (CHOOSE ONLY ONE)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> INDIVIDUAL | <input checked="" type="checkbox"/> CORPORATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> LTD PARTNERSHIP |
| <input type="checkbox"/> LP/LLP | <input type="checkbox"/> ORGANIZATION |
| <input type="checkbox"/> LLC | <input type="checkbox"/> OTHER _____ |

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE

- ON-PREMISE ONLY (BAR)
- OFF-PREMISE ONLY (PACKAGE STORE)
- COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- BAR AND GRILL

LIMITED RETAIL (CLUB)

- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB

- MICROBREWERY
- WINERY
- DISTILLERY SATELLITE
- WINERY SATELLITE
- COUNTY RETAIL/SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS:

To Assist the Liquor Division with scheduling inspections: OPERATIONAL STATUS

- FULL TIME (e.g. Jan through Dec)
- SEASONAL/PART-TIME
- NON-OPERATIONAL/PARKED

(specify months of operation) All

DAYS OF WEEK (e.g. Mon through Sat)

HOURS OF OPERATION (e.g. 10a - 2a)

from JAN to Dec

from WED to SUN

from 11Am to 1:30 Am

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

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

3. MICROBREWERY LICENSE HOLDERS ONLY:

- (a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S. 12-1-101(a)(xix)
- (b) Do you self distribute your products? W.S. 12-2-201(a)
(Requires wholesale malt beverage license with the Liquor Division)

YES NO
 YES NO

4 SOCIAL CLUB LICENSE HOLDERS ONLY:

- (a) Have you files a detailed statement of your activities during the year with an itemized statement of amounts expended?

YES NO

5. If applicant is filing as an Individual, Partnership or Club: 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 <i>DO NOT LIST PO BOXES</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"/>

(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:

Per 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 <i>DO NOT LIST PO BOXES</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?
Lance Devere Nilson	1/16/63	246 Iron Mt Rd Chugwater WY 82210	605 645-9591	5yr	25%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lillyann Aurel Nilson	7/25/61	246 Iron Mt Rd Chugwater WY 82210	605 645-9591	5yr	25%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Merwyn Devere Nilson	4/17/37	248 Iron Mt. Rd Chugwater WY 82210	605 645-9037	5yr	25%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Margie Fae Nilson	4/30/38	248 Iron Mt. Rd Chugwater WY 82210	605 645-9037	5yr	25%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

OATH OR VERIFICATION

(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)

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

STATE OF WYOMING)
) ss.
COUNTY OF Platte)

Signed and sworn to before me on this 1st day of October, 2021 that the facts alleged