



TOWN OF ALPINE

| 250 RIVER CIRCLE | PO BOX 3070 307-654-7757 | OFFICE@ALPINEWY.GOV |

CATERING PERMIT APPLICATION

Applicant Name: <u>Crystal Fredrickson / Amber Lesoon Hyde</u>		Date: <u>3/13/2025</u>
Business Name: <u>Prohibition Outpost LLC</u>		
Applicant's Address: <u>8806 S US Hwy 89 Afton WY 83110</u>		
Phone Number: <u>307-887-7373</u>	Email: <u>sureshotsaloon@gmail.com</u>	
Event Name: <u>Mule Deer Foundation Banquet</u>		
Reason for Permit Request: <u>Serving malt beverage for event</u>		
Location of Sales: <u>Alpine Civic Center</u>		
Date(s) Permit Requested: <u>April 12 2025</u>		
Time(s): <u>6pm - 10pm</u>		

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorized the Town of Alpine and its agents and employees to seek information and conduct investigations (if need be) into the truth of the foregoing statement has set forth in this application, and agrees to comply fully with the rules and Regulations of the Town of Alpine, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct

Amber Lesoon Hyde owner
Applicant Signature/Title

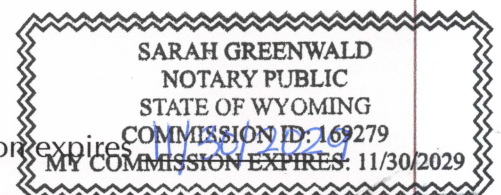
3/13/25
Date

State of Wyoming)
) ss.
County of Lincoln)

Subscribed and sworn to before me this 13
day of March, 2025

Sarah Greenwald
Notary Public

My commission expires 11/30/2029



FOR USE BY TOWN:

Date Received: <u>March 13, 2025</u>	Permit #: <u>2025-004</u>
Fees: <u>\$25</u>	Check #/ Cash/ CC: <u>CARD</u>