RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FO	R LIQUOR I	DIVISION USE	EONLY					
Customer #:	H6315							
Trf from:								
Reviewer:	Initials	Date						
Agent:		/	/					
Mgr:		/	/					

lo be co	ompleted by City /	Town / C	ounty Clerk	Local License	e#: LLL-	7		
License Fees Publishing	Annual Fee: Prorated Fee: Transfer Fee: Publishing Fee: g Fee Direct Billed to	\$750. \$\$ \$ Applicant:			Dates: (2 Conse 12024			
License ⁻	Term: Month	1/1/202 Day	<u>5</u> Year	Through	Month	12/31/202 Day	Year TY SHALL APPROVE	
	OR DENY THE APPLIC							
	Applicant (Busines	ss Name):	YANKEE DOO	ODLES LLC				
Doing Bus	siness As (DBA) / Tra	ide Name	RED WHITE 8	RRFW				
			20 S HWY 89					
Address:		ALPINE, WY 83128 LINCOLN						
Local Mailing Address:		PO BOX 3021						
			ALPINE, WY					
Local	Local Business Telephone Number:		(307) 654-7507 Fax Number: (307) 654-7826					
	Business E-Mai	l Address	damyan	Nes pla	gmail	com		
	Business Primary Contact:			Alystia Tryi. Wo				
			First Name		La	st Name		
FILING IN:	TOWN OF AL	PINE		FILING AS	LIMITED L	LIABILITY COM	IPANY (LLC)	
TYPE OF	LICENSE OR PER	MIT: RES	TAURANT LIQU	OR LICENSE				
RETAIL LIC	QUOR LICENSE HO	LDERS ON	I LY : PRIMARY B	USINESS TYF	PE (CHOOSE	ONLY ONE)		
			EMISE PACKAGE				PACKAGE STORE	
SPECIAL	STATUTORY DES	IGNATIO	NS (NONE IF BLA	NK)				
			TO INDIVIDUAL DES					
OPERATION	IAL STATUS (To Accid	et the Liquer	Division with school	Juling inspection	os (M/S 12 1 10	11(a)(yyi) / 12 2 3(01(<u>c</u>) / 12-4-103(a)(iv)))	
FULL TIM			NTHS OF OPERAT		from 1/		All Year (Jan-Dec)	
☐ SEASON	IAL	DAY	S OF WEEK OF C	PERATION:	from Thur	to The	Every Day (Mon-Sun)	
□ NON-OPERATIONAL / PARKED HOURS OF OPERATIONAL					from GAW	to GPM I	24 Hours a Day	