

# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	H70121		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

To be completed by City / Town / County Clerk			
License Fees	Annual Fee:	<b>\$750.00</b>	
	Prorated Fee:	\$ _____	
	Transfer Fee:	\$ _____	
	Publishing Fee:	\$ _____	
Publishing Fee Direct Billed to Applicant:		<input checked="" type="checkbox"/>	
License Term:	Month	Day	Year
	1/1/2025		
	Through	Month	Day
		12/31/2025	
<b>LICENSING AUTHORITY:</b> Begin publishing promptly. As W.S. 12-4-104(d) specifies: <b>NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.</b>			

Applicant (Business Name):	<b>MARQUINA LLC</b>		
Doing Business As (DBA) / Trade Name:	<b>TIENDA LA MEXICANA</b>		
Building to be licensed / Building Address:	<b>141 US HIGHWAY 89</b>		
	<b>ALPINE, WY 83128 LINCOLN</b>		
Local Mailing Address:	<b>PO BOX 3443</b>		
	<b>ALPINE, WY 83128</b>		
Local Business Telephone Number:	<b>(307) 413-8211</b>	Fax Number:	
Business E-Mail Address:	<b>tiendalamexicana@myyahoo.com</b>		
Business Primary Contact:	<b>Salomon</b>	<b>Marquina</b>	
	First Name	Last Name	

FILING IN:	<b>TOWN OF ALPINE</b>	FILING AS:	<b>LIMITED LIABILITY COMPANY (LLC)</b>
TYPE OF LICENSE OR PERMIT: <b>RESTAURANT LIQUOR LICENSE</b>			
RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)			
<input type="checkbox"/> ON-PREMISE BAR <input type="checkbox"/> OFF-PREMISE PACKAGE STORE <input type="checkbox"/> ON & OFF PREMISE BAR & PACKAGE STORE			
SPECIAL STATUTORY DESIGNATIONS (NONE IF BLANK)			
OPERATIONAL STATUS (To Assist the Liquor Division with scheduling inspections (W.S. 12-1-101(a)(xxi) / 12-2-301(c) / 12-4-103(a)(iv)))			
<input checked="" type="checkbox"/> FULL TIME	MONTHS OF OPERATION	from <b>Dec</b> to <b>Jan</b>	<input checked="" type="checkbox"/> All Year (Jan-Dec)
<input type="checkbox"/> SEASONAL	DAYS OF WEEK OF OPERATION:	from _____ to _____	<input checked="" type="checkbox"/> Every Day (Mon-Sun)
<input type="checkbox"/> NON-OPERATIONAL / PARKED	HOURS OF OPERATION	from <b>9 AM</b> to <b>8 PM</b>	<input type="checkbox"/> 24 Hours a Day

## ALL APPLICANTS MUST COMPLETE QUESTIONS 1-3

### 1. BUILDING OWNERSHIP: W.S. 12-4-103(a)(iii)

Does the Applicant own or lease the licensed building?

- (a) The Applicant **OWNS** the licensed building. ☐ YES (own)
- (b) The Applicant **LEASES** the licensed building. ☒ YES (lease)
- (c) The Lease is current and on file with the licensing authority and Liquor Division. ☒ YES ☐ NO

If the building is leased and the lease is not current please submit a copy of the lease and indicate:

- (i) Lease term expiration date; located on page **7** paragraph **36**

**Note:** The lease term **MUST** continue at least through the term of the liquor license or permit

- (ii) **Sales** provision for alcoholic or malt beverages: located, on page **1** paragraph **10**

**Note:** The lease **MUST** contain a provision for **SALE OF ALCOHOLIC or MALT BEVERAGES**