

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	B4927		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

To be completed by City / Town / County Clerk			
License Fees	Annual Fee:	\$1,000.00	Local License #: 2BLL-1
	Prorated Fee:	\$ _____	Date filed with clerk: 08 / 28 / 2024
	Transfer Fee:	\$ _____	Advertising Dates: (2 Consecutive Weeks Prior to Hearing) 10/30/2024 & 11/06/2024
	Publishing Fee:	\$ _____	Public Hearing Date: 11 / 19 / 2024
Publishing Fee Direct Billed to Applicant: <input checked="" type="checkbox"/>			
License Term:	<u>1/1/2025</u>	Through	<u>12/31/2025</u>
	Month Day Year		Month Day Year
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 (Business Name):	ROCKY MOUNTAIN ROGUES INC		
Doing Business As (DBA) / Trade Name:	BULL MOOSE SALOON		
Building to be licensed / Building Address:	91 HWY 89		
	ALPINE, WY 83128 LINCOLN		
Local Mailing Address:	PO BOX 3447		
	ALPINE, WY 83128		
Local Business Telephone Number:	(307) 654-7593	Fax Number:	(307) 654-7594
Business E-Mail Address:	juline@silverstar.com		
Business Primary Contact:	Juline First Name	Christofferson Last Name	

FILING IN:	TOWN OF ALPINE	FILING AS:	CORPORATION (INC)
TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE			
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 checked="" 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 _____ to _____	<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 6:00pm to 2:00pm	<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 _____ paragraph _____.

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 _____ paragraph _____.

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