

# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	H7119	
Trf from:		
Reviewer:	Initials	Date
Agent:		/ /
Mgr:		/ /

<b>To be completed by City / Town / County Clerk</b>		Local License #: <u>RLL-12</u>
License Fees	Annual Fee: <b>\$750.00</b>	Date filed with clerk: <u>09 / 16 / 2024</u>
	Prorated Fee: \$ _____	Advertising Dates: (2 Consecutive Weeks Prior to Hearing) <u>10/30/2024 &amp; 11/06/2024</u>
	Transfer Fee: \$ _____	Public Hearing Date: <u>11 / 19 / 2024</u>
	Publishing Fee: \$ _____	
Publishing Fee Direct Billed to Applicant: <input checked="" type="checkbox"/>		
License Term:	Month <u>1/1/2025</u> Day _____ Year _____	Through Month <u>12/31/2025</u> 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): <u>GET DOWN LLC</u>	
Doing Business As (DBA) / Trade Name: <u>MELVIN BREWING COMPANY</u>	
Building to be licensed / Building Address:	<u>624 COUNTY RD 101</u> <u>ALPINE, WY 83128 LINCOLN</u>
Local Mailing Address:	<u>1225 GREGORY LN</u> <u>JACKSON, WY 83001</u>
Local Business Telephone Number:	<u>(307) 654-0427</u> Fax Number: _____
Business E-Mail Address:	<u>showers@melvinbrewing.com</u>
Business Primary Contact:	<u>Shannon</u> <u>Bowers</u> First Name Last Name

FILING IN:	<u>TOWN OF ALPINE</u>	FILING AS:	<u>LIMITED LIABILITY COMPANY (LLC)</u>
TYPE OF LICENSE OR PERMIT: <u>RESTAURANT LIQUOR LICENSE</u>			
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)(xxl) / 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 <u>11 am</u> to <u>10 pm</u>	<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**.