

# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

## FOR LIQUOR DIVISION USE ONLY

Customer #: A760

Trf from:

Reviewer: Initials

Date

Agent:

/ /

Mgr:

/ /

**To be completed by City / Town / County Clerk**Local License #: 2BLL-4License  
FeesAnnual Fee: **\$1,000.00**Date filed with clerk: 09 / 16 / 2024

Prorated Fee: \$ \_\_\_\_\_

Advertising Dates: (2 Consecutive Weeks Prior to Hearing)

Transfer Fee: \$ \_\_\_\_\_

10/30/2024 & 11/06/2024

Publishing Fee: \$ \_\_\_\_\_

Public Hearing Date: 11 / 19 / 2024Publishing Fee Direct Billed to Applicant: ☒

License Term:

1/1/2025

Through

12/31/2025

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): **BROULIM SUPERMARKETS LLC**Doing Business As (DBA) / Trade Name: **ALPINE BROULIMS**Building to be licensed / Building  
Address: **118400 US HWY 26/89****ALPINE, WY 83128 LINCOLN**Local Mailing Address: **PO BOX 3229****ALPINE, WY 83128**Local Business Telephone Number: **(307) 654-7573**

Fax Number:

**(208) 745-7801**Business E-Mail Address: accounting@broulims.com  
haroldrayjones@gmail.com

Business Primary Contact:

Alan Dickey  
First Name

Last Name

FILING IN:

TOWN OF ALPINE

FILING AS:

LIMITED LIABILITY COMPANY (LLC)

**TYPE OF LICENSE OR PERMIT: RETAIL LIQUOR LICENSE****RETAIL LIQUOR LICENSE HOLDERS ONLY: PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE)**
☐ ON-PREMISE BAR ☒ OFF-PREMISE PACKAGE STORE ☐ 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)))☒ FULL TIME

MONTHS OF OPERATION

from Jan to Dec ☒ All Year (Jan-Dec)☐ SEASONAL

DAYS OF WEEK OF OPERATION:

from 8am to 9pm ☒ Every Day (Mon-Sun)☐ NON-OPERATIONAL / PARKED

HOURS OF OPERATION

from \_\_\_\_\_ to \_\_\_\_\_ ☐ 24 Hours a Day