

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY			
Customer #:	H3184		
Trf from:			
Reviewer:	Initials	Date	
Agent:		/	/
Mgr:		/	/

To be completed by City / Town / County Clerk				Local License #: <u>RLL-8</u>
License Fees	Annual Fee:	<u>\$750.00</u>	Date filed with clerk:	<u>10 / 01 / 2024</u>
	Prorated Fee:	\$ _____	Advertising Dates: (2 Consecutive Weeks Prior to Hearing)	<u>10/30/2024 & 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>	Through	Month
	Day			Day
	Year			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>LA CABANA DEL TEQUILA LLC</u>
Doing Business As (DBA) / Trade Name:	<u>LA CABANA DEL TEQUILA</u>
Building to be licensed / Building Address:	<u>40 SOUTH HWY 89</u> <u>ALPINE, WY 83128 LINCOLN</u>
Local Mailing Address:	<u>PO BOX 12736</u> <u>JACKSON, WY 83002</u>
Local Business Telephone Number:	<u>(307) 654-8377</u>
Fax Number:	
Business E-Mail Address:	<u>chrper83002@gmail.com</u>
Business Primary Contact:	<u>Christian Perez Franco</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)(xxi) / 12-2-301(c) / 12-4-103(a)(iv)))			
<input checked="" type="checkbox"/> FULL TIME	MONTHS OF OPERATION	from <u>Jan</u> to <u>Dec</u>	<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>11am</u> to <u>9pm</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 1 paragraph 1.

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 2 paragraph 3.

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