

# APPLICATION FOR 24 HR CATERING PERMIT

Licensing Authority: LINCOLN COUNTY

Name of Event: NRA Banquet

Permit From: 6/1/24 To: 6/1/24 Local Permit Number: # 2024-008

Number of Days Permitted: 1 Fee per day: \$25 Total Fee: 25

Applicant: VR Tavern on the Greys, LLC D/B/A: Coreys River Cove Resort

Contact Person: Brenda Sisco Phone: (307) 247-4495

Address: 25 US Hwy 89 City: Alpine State: WY Zip: 83128

Mailing Address: P.O. Box 3189 City: Alpine State: WY Zip: 83128

Business Phone: 307-654-4665 Residence Phone: \_\_\_\_\_

Location of Sales: Star Valley Ranch Resort

**Applicants that are receiving anything of value (i.e. money, goods and/or services) from any industry representative must answer the following:**

As an applicant for a 24 hour malt beverage permit, are you:		
A nonprofit corporation organized under the laws of this state?	Yes	<u>No</u>
Qualified as as tax exempt organization under the Internal Revenue Code?	Yes	<u>No</u>
And have been in continuous operation for not less than (2) years?	<u>Yes</u>	No

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-4-502** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

By signing this application, I acknowledge for VR Tavern on the Greys LLC  
(Business Name)

that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate office or LLC/LLP member.

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Dated this 22nd day of February, 2024. Mel Sisco  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature of Licensing Authority Official

\_\_\_\_\_  
Title

/ /  
Date