

TOWN OF ALPINE

CATERING PERMIT APPLICATION

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APPLI BUSIN	CATION #: CANT NAME: Juline Christo Herson ESS NAME: Rocky Mountain Rogues CANT'S ADDRESS: P.O. Box Aloine, WY 83128
REASO LOCAT DATE (NAME: Tackson Hole Chovale Christmas Concert N FOR PERMIT REQUEST: Service of wine at reception ION OF SALES: Presbyterian Church, 1251 So. Park Loop, Jacks S) PERMIT REQUESTED: 12-8-24 Time(s) 4 PM - 7 PM
	Date Parent Tonged:
	AFFIDAVIT/AUTHORIZATION The undersigned applicant herby authorized the Town of Alpine and its agents and employees to seek information and conduct investigations (if need be) into the truth of the foregoing statement has set forth in this application, and agrees to comply fully with the rules and Regulations of the Town of Alpine, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct Applicant Signature/Title Date
	State of Wyoming) ss. County of Lincoln) Subscribed and sworn to before me this

SARAH GREENWALD

NOTARY PUBLIC

STATE OF WYOMING

COMMISSION ID: 169279

MY COMMISSION EXPIRES: 11/30/2029

My commission expires 11-30-2029



Approvals: The mayor and the Town clerk will provide written approval only after all other approvals have been obtained. The Town Clear and/or staff will acquire these approvals for applicants. Mayor: Town Clerk: Clerk's Use Only _____ ()Check # ____ () Cash - Receipt # Fees: Date paid: __ _____ () Approved () Denied Date Council Reviewed: Date Permit Issued: