



TOWN OF ALPINE

CATERING PERMIT APPLICATION

APPLICATION #: _____ APPLICATION DATE: 4-12-24
 APPLICANT NAME: Rocky Mountain Rogues dba Bull Moose
 BUSINESS NAME: Bull Moose Saloon + Ledge
 APPLICANT'S ADDRESS: 91 US 89
Alpine, WY 83128
 TELEPHONE: 307-654-7593
 EVENT NAME: Jackson Hole Chorale Spring Concert
 REASON FOR PERMIT REQUEST: Serving wine at post-concert reception
 LOCATION OF SALES: The Presbyterian Church of Jackson Hole
 DATE(S) PERMIT REQUESTED: 5-19-24 Time(s) 5-7 PM

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby 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

Julian Christoff 4/15/24
 Applicant Signature/Title Date

State of Wyoming)
) ss.
 County of Lincoln)

Subscribed and sworn to before me this 15 day of April, 2024.

SARAH GREENWALD
 NOTARY PUBLIC
 STATE OF WYOMING
 COMMISSION ID: 169279
 MY COMMISSION EXPIRES: 11/30/2029

Sarah Greenwald
 Notary Public
 My commission expires 11/30/2029