

NEW OR TRANSFER LIQUOR LICENSE OR PERMIT APPLICATION

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

To be completed by City / Town / County Clerk

Local License #: _____

Date filed with clerk: 4 / 4 / 24

Advertising Dates: (2 Consecutive Weeks Prior to Hearing)
4 / 16 / 24 & 4 / 23 / 24

Public Hearing Date: 5 / 14 / 24

License Fees

Annual Fee: \$ 502.50

Prorated Fee: \$ _____

Transfer Fee: \$ _____

Publishing Fee: \$ 30.00

Publishing Fee Direct Billed to Applicant:

License Term: 5 / 15 / 24 Through 10 / 14 / 24

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): Thollhouse LLC

Doing Business As (DBA) / Trade Name: Hideaway Bar and Package

Building to be licensed / Building Address: 211 River view Ave
(Address Number, and Suite or Unit Number, and Street or Road Name)

Mills WY 82604 Natrona
City State Zip County

Local Mailing Address: 1470 Hazelwood Dr
(Address Number or PO Box, and Suite or Unit Number, and Street or Road Name)

Casper WY 82609 Natrona
City State Zip County

Local Business Telephone Number: [REDACTED] Fax Number: N/A

Business E-Mail Address: hideawaybarandpackage@gmail.com

Business Primary Contact: Keith Tholl
First Name Last Name

FILING FOR

- NEW LICENSE
- TRANSFER OF LOCATION
- TRANSFER OF OWNERSHIP
- ASSIGNMENT LETTER MUST BE ATTACHED

FORMERLY HELD BY: Hideaway Bar LLC

FILING IN (CHOOSE ONLY ONE)

- CITY / TOWN OF: Mills
- COUNTY OF: _____

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL
- PARTNERSHIP
- LP LLP LLLP
- LLC LC
- CORPORATION (INC)
- POLITICAL SUBDIVISION
- ORGANIZATION
- OTHER _____

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> RETAIL LIQUOR LICENSE PRIMARY BUSINESS TYPE (CHOOSE ONLY ONE) <input type="checkbox"/> ON-PREMISE BAR <input type="checkbox"/> OFF-PREMISE PACKAGE STORE <input checked="" type="checkbox"/> ON & OFF PREMISE BAR & PACKAGE STORE | <ul style="list-style-type: none"> <input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> BAR AND GRILL LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE LIMITED RETAIL LIQUOR LICENSE (CLUB) <input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB | <ul style="list-style-type: none"> <input type="checkbox"/> MICROBREWERY PERMIT <input type="checkbox"/> WINERY PERMIT <input type="checkbox"/> MANUFACTURER SATELLITE PERMIT <input type="checkbox"/> WINERY SATELLITE PERMIT <input type="checkbox"/> COUNTY MALT BEVERAGE PERMIT <input type="checkbox"/> SPECIAL MALT BEVERAGE PERMIT |
|--|---|---|

SPECIAL STATUTORY DESIGNATIONS (CHOOSE ONLY ONE)

- | | |
|--|--|
| <input type="checkbox"/> COMMERCIAL AIRPORT (W.S. 12-4-201(d)(iv)) | <input type="checkbox"/> RESORT (W.S. 12-4-401(iv) / 12-5-201(f)) |
| <input type="checkbox"/> GOLF CLUB (W.S. 12-5-201(f)) | <input type="checkbox"/> GOLF CLUB-POLIT. SUBDIVISION (W.S. 12-4-301(e) / 12-5-201(f)) |
| <input type="checkbox"/> GUEST RANCH (W.S. 12-5-201(f)) | <input type="checkbox"/> Other: _____ |

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 _____ to _____ <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>9am</u> to <u>2am</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.
- (b) The Applicant **LEASES** the licensed building.

YES (own)
 YES (lease)

If the building is leased, please submit a copy of the lease and indicate:

- (i) Lease term expiration date; located on page _____ paragraph _____.

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 _____ paragraph _____.

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

2. LIQUOR BUSINESS CONTROL: W.S. 12-4-601(b)

- (a) To operate the liquor business, has the business or license/permit been assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license or permit or the licensed building? YES NO

- (b) If the answer was **YES** to 2(a) above, explain fully and submit any documents in connection there within.

3. INTEREST IN LICENSE OR PERMIT: W.S. 12-5-401, 12-5-402, 12-5-403 -

Does any alcohol manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm:

- (a) Hold any interest in the license/permit applied for? YES NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in the business? YES NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? YES NO
- (d) If the answer was **YES** to any of the above, explain fully and submit any documents in connection there within.

4. RETAIL LIQUOR LICENSE-COUNTY LOCATIONS ONLY: W.S. 12-4-201(f)(ii)

Is the licensed building within five (5) miles of an incorporated town or city? YES NO

5. RETAIL LIQUOR LICENSE-COMMERCIAL SERVICE AIRPORTS ONLY: W.S. 12-4-201(m)

- (a) Will food and beverage services be contracted or subcontracted? YES NO
- 1. If **YES**, is a copy of the food and beverage contract or lease attached? YES NO

6. BAR AND GRILL LICENSE OR RESTAURANT LIQUOR LICENSE ONLY: 12-4-413(a) / W.S. 12-4-407(a)

Is a copy of the valid food service permit or the approved permit application attached? YES NO

7. RESORT LIQUOR LICENSE: W.S. 12-4-401 through W.S. 12-4-403(b)

Does the resort complex:

- (a) Have an actual valuation of at least one million dollars, or have committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) YES NO
- (b) Include a restaurant and a convention facility; a convention facility that will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) YES NO
- (c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) YES NO
- (d) If no on question (c), have a ski resort facility open to the general public in which has been committed or expended not less than 10 million dollars (\$10,000,000.00)? W.S. 12-4-401(b)(iv) YES NO
- (e) Will food and beverage services be contracted or subcontracted? W.S. 12-4-403(b) YES NO
- 1. If **YES** to (e), is a copy of the food and beverage contract or lease attached? YES NO

8. MICROBREWERY PERMIT ONLY: WHOLESALE DISTRIBUTION: W.S. 12-2-201(a)

- (a) Will the microbrewery self-distribute its products or distribute through a licensed wholesaler? YES NO

If **YES**, a wholesale malt beverage license from the Liquor Division will be required.

9. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

FRATERNAL CLUBS W.S. 12-1-101(a)(iii)(B)

- (a) Has the fraternal organization been actively operating in at least thirty-six (36) states?
(b) Has the fraternal organization been actively in existence for at least twenty (20) years?

10. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

VETERANS CLUBS W.S. 12-1-101(a)(iii)(A):

- (a) Does the Veteran's organization hold a charter by the Congress of the United States?
(b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary?

11. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

GOLF CLUBS W.S. 12-1-101(a)(iii)(D) / W.S. 12-4-301(e):

- (a) Does the golf club have more than fifty (50) bona fide members?
(b) Does the Applicant, maintain, or operate a bona fide golf course together with a clubhouse?
(c) Is the Applicant a Political Subdivision of the state that owns, maintains, or operates this golf course?
1. Will food and beverage services be contracted or subcontracted?
2. If YES, is a copy of the food and beverage contract or lease attached?

12. LIMITED RETAIL (CLUB) LIQUOR LICENSE:

SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E) / W.S. 12-4-301(b):

- (a) Does the club have more than one hundred (100) bona fide members who are residents of the county in which the club is located?
(b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state?
(c) Is the club qualified as a tax-exempt organization under the Internal Revenue Service?
(d) Has the club been in continuous operation for a period of not less than one (1) year?
(e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues?
(f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club?
(g) Is a true copy of the club bylaws attached to this application?
(h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License? (Petition(s) Attached)

13. Applicant is Filing As Individual, Partnership, Political Subdivision, Organization or Other: W.S. 12-4-102(a)(ii) & (iii)

Each individual, partner or officer (as applicable) must complete all of the information below. (If more information is required, list on a separate piece of paper and attach to this application.)

Table with 7 columns: True and Correct Name, Date of Birth, Residence Address No. & Street City, State & Zip, Residence Phone Number, Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?, Have you been convicted within the previous 10 years of: a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?, any Violation Relating to Alcoholic Liquor or Malt Beverages?

14. Applicant is Filing As a Corporation, Limited Company, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102(a)(iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock or ownership of the corporation, limited liability company, limited liability partnership, or limited partnership.

Each Officer, Director or LLC member must complete all of the information below.
(If more information is required, list on a separate piece of paper and attach to this application)

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	Have you been convicted within the previous 10 years of:	
						a Felony Violation Relating to Alcoholic Liquor or Malt Beverages?	any Violation Relating to Alcoholic Liquor or Malt Beverages?
Keith Andrew Tholl	[REDACTED]	1470 Hazelwood Dr Casper, WY 82609	[REDACTED]	0	100%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUIRED ATTACHMENTS:

- A statement indicating the financial condition and financial stability of the Applicant. W.S. 12-4-102(a)(vi).
- If transferring a license or permit to another Applicant, attach a form of assignment from the current licensee to the new Applicant authorizing the transfer. W.S. 12-4-601(b).
- A copy of any lease agreements. W.S. 12-4-103(a)(iii)
- Bar & Grill and Restaurant liquor license Applicants: attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)
- If filing for a Golf Club or Social Club liquor license attach a copy of the club's bylaws W.S. 12-4-301(c)

OATH OR VERIFICATION

Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **TWO (2)** Corporate Officers or Directors except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, or **TWO (2)** Club Officers. W.S. 12-4-102(b)

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

STATE OF WYOMING)
) SS.
COUNTY OF Natrona)

Signed and sworn to before me on this 3rd day of April, 2024 that the facts alleged in the foregoing instrument are true by the following:

- | | | | |
|----|-----------------------------------|--------------------------------------|------------------------|
| 1) | <u>[Signature]</u>
(Signature) | <u>Keith Tholl</u>
(Printed Name) | <u>Member</u>
Title |
| 2) | _____
(Signature) | _____
(Printed Name) | _____
Title |
| 3) | _____
(Signature) | _____
(Printed Name) | _____
Title |
| 4) | _____
(Signature) | _____
(Printed Name) | _____
Title |
| 5) | _____
(Signature) | _____
(Printed Name) | _____
Title |

Witness my hand and official seal: [Signature]
Signature of Notary Public

My commission expires: 3/28/2030

