

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	C 6322	
Reviewer:	Initials	Date
Agent:		/ /
Chief:		/ /

To be completed by City/County Clerk

Local License #: 25

License Fees Annual Fee: \$ 1500.00 Date filed with clerk: 2/13/19

Prorated Fee: \$ - Advertising Dates: (2 Weeks) 3/12/19 & 3/19/19

Transfer Fee: \$ - Hearing Date: 3/26/19

Publishing Fee: \$ billed by paper

Publishing Fee Direct Billed to Applicant:

License Term: 5/8/2019 Through 5/7/2020

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: YA SOU INC

Trade/Business Name (dba): 3RD STREET BAR

Building Address: 220 GRAND AVE
(Building to be licensed)

LARAMIE, WY 82070 ALB

Mailing Address: 220 GRAND AVE
LARAMIE, WY 82070

Business Telephone Number: (307) 742-5522 Fax Number:

E-Mail Address: punchesdc@yahoo.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi) EAST 38' OF LOTS 9 & 10, BLOCK 200 IN OLD TOWN OF LARAMIE, WY, ZONED B-2

<p>MINIMUM PURCHASE</p> <p><u>Retail License Holders Only</u></p> <p>Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please submit invoices to clerk</p>	<p>FILING IN</p> <p><u>CITY OF LARAMIE</u></p>	<p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> LP/LLP</p> <p><input type="checkbox"/> LLC</p> <p><input checked="" type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input type="checkbox"/> OTHER _____</p>
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<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p>		
<p><input checked="" type="checkbox"/> RETAIL LIQUOR LICENSE ON-PREMISE ONLY (BAR)</p> <p><input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE)</p> <p><input type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)</p>	<p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> BAR AND GRILL</p> <p>LIMITED RETAIL (CLUB)</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p>	<p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> DISTILLERY SATELLITE</p> <p><input type="checkbox"/> WINERY SATELLITE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p>
<p>SPECIAL DESIGNATIONS</p>		

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)

FULL TIME (e.g. Jan through Dec) SEASONAL/PART-TIME NON-OPERATIONAL/PARKED

(specify months of operation) DAYS OF WEEK (e.g. Mon through Sat) HOURS OF OPERATION (e.g. 10a - 2a)

from Jan to Dec from Mon to Sunday from 10 Am to 2 A.M.

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
- (a) OWN the licensed building? YES (own)
- (b) LEASE the licensed building? (Lease must be through the term of the liquor license) YES (lease)
- (c) LEASE is current and on file with the licensing authority & Liquor Division. YES NO
- If lease is not current, please submit a copy of the lease and indicate:
- (i) When the lease expires, located on page 1 paragraph 1 of lease document.
- (ii) Where the Sales provision for alcoholic or malt beverages is located, on page 3 paragraph 19 of lease. (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
 Each individual or partner or officer must complete this section.

True and Correct Name	Date of Birth	DONOT LIST PO BOXES 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 of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
<i>None</i>				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
				NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

3. If the applicant is a Corporation, 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 of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

True and Correct Name	Date of Birth	DONOT LIST PO BOXES Residence Address No. & Street City, State & Zip	Residence Phone Number	No. of Years in Corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>David P. Panchs</i>				<i>10</i>	<i>50</i>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
<i>Dennis A. Small</i>				<i>10</i>	<i>50</i>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
						YES <input type="checkbox"/>	YES <input type="checkbox"/>
						NO <input type="checkbox"/>	NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

4. Restaurant and Bar and Grill Liquor License Holders Only:

- (a) Gross sales figures and percentages of income derived from:
 W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
- (Line 1) Liquor Sales: \$ _____ (_____%)
 (Line 2) Food Sales: \$ _____ (_____%)
 (Line 3) Gross Sales: \$ _____ (_____%)
- (b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) YES NO
- (c) Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building.
 W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
 1st Room:
 2nd Room:

5. Microbrewery License Holders Only:

- (a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) YES NO
- (b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) YES NO
- (c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(i) (Requires authorization to sell license with the Liquor Division) YES NO

6. Social Club License Holders Only:

- (a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) YES NO

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.

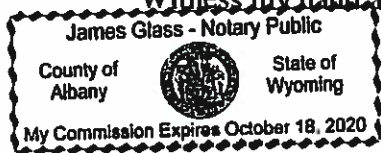
STATE OF WYOMING)

COUNTY OF Albany)

Signed and sworn to before me on this 13th day of February, 2019 that the facts alleged in the foregoing instrument are true by the following:

1) <u>[Signature]</u>	<u>David Panchs</u>	<u>President</u>
(Signature)	(Printed Name)	Title
2) <u>[Signature]</u>	<u>Dennis A. Small</u>	<u>Owner</u>
(Signature)	(Printed Name)	Title
3) _____	_____	_____
(Signature)	(Printed Name)	Title
4) _____	_____	_____
(Signature)	(Printed Name)	Title

Witness my hand and official seal:



[Signature]
 Signature of Notary Public

(SEAL)

My commission expires: 10-18-2020

LOUNGE LAYOUT

THIRD STREET

BAR & GRILL

210 E Grand Ave
Laramie, WY

