

**1. DATE OF PROPOSED ACTION:** April 15, 2014

**3. DEPARTMENT: County Clerk**

**APPLICANT: Cheyenne Therapeutic**

**AGENT: Debbye Lathrop**

**4. DESCRIPTION:** Consideration of a Malt Beverage Permit.

Amount \$	From	To
-----------	------	----

**5. DOCUMENTATION:** Originals

<u>Commissioner</u>	<u>Clerks Use Only:</u>	<u>Signatures</u>
Humphrey_____		Co Attny _____
Holmes_____		Assist Co Attny _____
Thompson_____		
Ash_____		
Hausenauer_____		Grants Manager_____
Action _____		Outside Agency_____
Postponed/Tabled _____		



**TRUDY L. EISELE**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

\*\*\* ORIGINAL RECEIPT \*\*\*

Misc Receipt Nbr: 22793

Trans Date: 04/08/2014

Received from/Description:  
CHEYENNE THERAPEUTIC EQUES

On Account Of:  
CHEYENNE THERAPEUTIC  
EQUESTRIAN CENTER

Entered by: jackies

Batch: 20140408-000301

Amount: 50.00

Payment Type	Doc#	Description	Amount
CHECK	1140	CHEYENNE THERAPEUTIC EQUESTRIAN CENTER	50.00
TOTAL:			50.00

**APPLICATION FOR 24-HOUR CATERING (\$100) OR MALT BEVERAGE (\$50) PERMIT  
LARAMIE COUNTY WYOMING**

APPLICANT Cheyenne Therapeutic Equestrian Center  
ADDRESS 3425 Christensen Rd, Cheyenne, WY 82009  
TELEPHONE 307-432-2585

PERMIT REQUESTED ☐ CATERING ☒ MALT BEVERAGE

PURPOSE OF PERMIT Fundraiser - Casino Night

PERMISES FOR WHICH PERMIT REQUEST (PHYSICAL ADDRESS) 3967 Archer  
Parkway, Cheyenne, WY 82009

DATE FOR PERMIT May 10, 2014

THE UNDERSIGNED, AS APPLICANT OR AGENT, HEREBY AGREES TO COMPLY  
REGULATIONS OF LARAMIE COUNTY, AND THE PROVISIONS OF WYOMING STATUTES,  
TITLE 12, ALCOHOLIC BEVERAGES AS APPLICABLE TO THE REQUESTED PERMIT.

APPLICANT OR AGENT Anita Reford DATE \_\_\_\_\_

**24-HOUR CATERING/MALT BEVERAGE PERMIT**

LARAMIE COUNTY, WYOMING, PURSUANT TO W.S. 12-4-502 HEREBY ISSUES A CATERING/MALT BEVERAGE  
PERMIT TO APPLICANT FOR ONE TWENTY-FOUR (24) PERIOD COMMENCING 6:00 A.M.

2014, AND CONCLUDING 2:00 A.M. THE FOLLOWING DAY (W.S. 12-5-101 {a}).

APPROVED AND ISSUED THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 2014.

BOARD OF LARAMIE COUNTY COMMISSIONERS

\_\_\_\_\_  
DIANE HUMPHREY, CHAIRMAN

\_\_\_\_\_  
DATE

ATTEST

\_\_\_\_\_  
DEBRA K LATHROP, LARAMIE COUNTY CLERK

\_\_\_\_\_  
DATE

**THIS PERMIT MUST BE CONSPICUOUSLY POSTED ON THE PREMISES  
FOR WHICH ISSUED.**

020-109 (R1/14)