

**LARAMIE COUNTY APPLICATION: 24-HOUR CATERING/MALT BEVERAGE PERMIT**

APPLICANT: DeLancey Enterprises, LLC

ADDRESS: 1806 Torrington Rd. Cheyenne, WY 82009

PHONE: 307-331-2115 EMAIL: cldelancey@gmail.com

PERMIT REQUESTED:  CATERING (\$50/DAY)  MALT BEVERAGE (\$50/DAY)

PERMIT FROM: 08 / 03 / 20 THROUGH: 08 / 03 / 20

# 1 DAYS AT \$50 /DAY TOTAL FEE ATTACHED: \$ 50.00

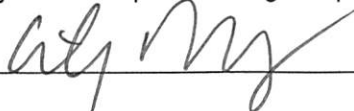
PURPOSE OF PERMIT: Host a fundraiser for a non profit organization

PREMISES FOR WHICH PERMIT IS REQUESTED (PHYSICAL ADDRESS):

1806 Torrington Rd. Cheyenne, WY 82009

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

If licensed within another jurisdiction, I affirm by checking this box that I have secured written approval of the licensing authority of that jurisdiction prior to filing this permit application (W.S. 12-4-502(d)).

/S/ APPLICANT/AGENT  DATE 07 / 02 / 20

*Office Use Only*

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

LARAMIE COUNTY, WYOMING, PURSUANT TO W.S. 12-4-502, HEREBY ISSUES CATERING/MALT BEVERAGE PERMIT(S) TO APPLICANT FOR THE APPROVED TWENTY-FOUR (24)-HOUR PERIOD(S) FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SUBJECT TO OPERATION HOURS SET BY THE LARAMIE COUNTY BOARD OF COMMISSIONERS PURSUANT TO W.S. 12-5-101.

APPROVED AND ISSUED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

BOARD OF LARAMIE COUNTY COMMISSIONERS

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

ATTEST: \_\_\_\_\_  
DEBRA K LEE, LARAMIE COUNTY CLERK

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

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

**24-hour Catering/Malt Beverage Permit**  
**Refund or Credit Request**  
**Due to COVID-19**

Dave or Cindy DeLancey is requesting a refund or credit on the  
(Name of Applicant)  
24-hour Catering/Malt Beverage permit issued for Host a non profit organization reception  
(Name of Event)  
Scheduled for July 21,, 2020. I certify under penalty of perjury the event was  
(Date of Event)

cancelled due to COVID-19 and the permit was never used. Applicant requests for  a refund **or**  
 the fee to be applied at a later date for another 24-hour Catering/Malt Beverage Permit.

  
\_\_\_\_\_  
(Applicant's Signature)  
7/7/20  
\_\_\_\_\_  
(Date Signed)