

# 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/County Clerk**

License Fees: Annual Fee: \$ \_\_\_\_\_  
 Prorated Fee: \$ 808.51  
 Transfer Fee: \$ \_\_\_\_\_  
 Publishing Fee: \$ 100.00

Local License #: \_\_\_\_\_  
 Date filed with clerk: 6 / 10 / 2022  
 Advertising Dates: (2 Weeks) June 19, 2022 & June 24, 2022 <sup>July 3</sup>  
 Hearing Date: 7 / 19 / 2022

Publishing Fee Direct Billed to Applicant:

License Term: 7 / 19 / 2022 Through 7 / 30 / 2023  
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: ~~Michael Partida~~ <sup>AP</sup> WYO CAMPGROUND LLC

Trade/Business Name (dba): WYO CAMPGROUND, LLC

Building to be licensed/Building Address: 4066 I-80 Service Rd  
Number & Street  
Burns Wt 82053 Laramie  
City State Zip County

Local Mailing Address: 4066 I-80 Service Rd  
Number & Street or P.O. Box  
Burns Wt 82053  
City State Zip

Local Business Telephone Number: (307) 547-2244 Fax Number: (307) 547-3644

Business E-Mail Address: \_\_\_\_\_

<b>FILING FOR</b>	<b>FILING IN</b> (CHOOSE ONLY ONE)	<b>FILING AS</b> (CHOOSE ONLY ONE)
<input checked="" type="checkbox"/> NEW LICENSE	<input type="checkbox"/> CITY OF: _____	<input type="checkbox"/> INDIVIDUAL
<input type="checkbox"/> TRANSFER OF LOCATION	<input checked="" type="checkbox"/> COUNTY OF: <u>Laramie</u>	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> TRANSFER OWNERSHIP	<input type="checkbox"/> ASSIGNMENT LETTER ATTACHED	<input type="checkbox"/> LP/LLP
FORMERLY HELD BY: _____		<input checked="" type="checkbox"/> LLC
		<input type="checkbox"/> CORPORATION
		<input type="checkbox"/> LTD PARTNERSHIP
		<input type="checkbox"/> ORGANIZATION
		<input type="checkbox"/> OTHER _____

**TYPE OF LICENSE OR PERMIT** (CHOOSE ONLY ONE)

<b>RETAIL LIQUOR LICENSE</b>	<input type="checkbox"/> RESTAURANT LIQUOR LICENSE	<input type="checkbox"/> MICROBREWERY PERMIT
<input type="checkbox"/> ON-PREMISE ONLY (BAR)	<input type="checkbox"/> BAR AND GRILL LIQUOR LICENSE	<input type="checkbox"/> WINERY PERMIT
<input type="checkbox"/> OFF-PREMISE ONLY (PACKAGE STORE)	<input type="checkbox"/> RESORT LIQUOR LICENSE	<input type="checkbox"/> DISTILLERY SATELLITE PERMIT
<input checked="" type="checkbox"/> COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)	<b>LIMITED RETAIL LIQUOR LICENSE (CLUB)</b>	<input type="checkbox"/> WINERY SATELLITE PERMIT
	<input type="checkbox"/> VETERANS CLUB	<input type="checkbox"/> COUNTY MALT BEVERAGE PERMIT
	<input type="checkbox"/> FRATERNAL CLUB	<input type="checkbox"/> SPECIAL MALT BEVERAGE PERMIT
	<input type="checkbox"/> GOLF CLUB	
	<input type="checkbox"/> SOCIAL CLUB	

**SPECIAL DESIGNATIONS** (CHOOSE ONLY ONE)

GOLF CLUB       GUEST RANCH       RESORT

To Assist the Liquor Division with scheduling inspections: **OPERATIONAL STATUS**

FULL TIME (e.g. Jan through Dec) (specify months of operation) from January to December

SEASONAL/PART-TIME DAYS OF WEEK (e.g. Mon through Sat) from Sunday to Saturday

NON-OPERATIONAL/PARKED HOURS OF OPERATION (e.g. 10a - 2a) from 0800 am to 6200 pm

**ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 4****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)

If Yes, please submit a copy of the lease and indicate:

- (i) When the lease expires, located on page \_\_\_\_\_ paragraph \_\_\_\_\_ of lease.
- (ii) Where the **Sales** provision for alcoholic or malt beverages is located, on page \_\_\_\_\_ paragraph \_\_\_\_\_ of lease.  
(MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)

2. To operate your liquor business, have you assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license and the licensed building? W.S. 12-4-601(b)  YES  NO

3. Does any manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm: W.S. 12-5-401, 12-5-402, 12-5-403

- (a) Hold any interest in the license applied for?  YES  NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in your 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 you answered **YES** to any of the above, explain fully and submit any documents in connection there within:
- 

4. Does the **applicant** have any interest or intent to acquire an interest in any other liquor license issued by **this** licensing authority? W.S. 12-4-103(b)  YES  NO
- If "YES", explain: \_\_\_\_\_
- 

**5. BAR AND GRILL LICENSE OR RESTAURANT LICENSE:**

- Have you submitted a valid food service permit or application? W.S. 12-4-413(a)  YES  NO
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**6. RESORT LICENSE:**

Does the resort complex:

- (a) Have an actual valuation of at least one million dollars, or have you 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 which 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 you have committed or expended not less than 10 million dollars (\$10,000,000.00)? W.S. 12-4-401(b)(iv)  YES  NO
- (e) Are you contracting/leasing the food and beverage services? W.S. 12-4-403(b)
1. If Yes, have you submitted a copy of the food and beverage contract/lease?  YES  NO
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**7. MICROBREWERY LICENSE:**

- (a) Do you self distribute your products? W.S. 12-2-201(a)  YES  NO  
(Requires wholesale malt beverage license with the Liquor Division)
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**8. LIMITED RETAIL (CLUB) 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?  YES  NO
- (b) Has the fraternal organization been actively in existence for at least twenty (20) years?  YES  NO

**9. LIMITED RETAIL (CLUB) 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?  YES  NO
- (b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary?  YES  NO

**10. LIMITED RETAIL (CLUB) LICENSE:**

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

- (a) Do you have more than fifty (50) bona fide members?  YES  NO
- (b) Do you own, maintain, or operate a bona fide golf course together with clubhouse?  YES  NO
- (c) Are you a political subdivision of the state that owns, maintains, or operates a golf course?  YES  NO
  - 1. Are you contracting/leasing the food and beverage services? W.S. 12-5-201(g)  YES  NO
  - 2. If Yes, have you submitted a copy of the food and beverage contract/lease?  YES  NO

**11. LIMITED RETAIL (CLUB) LICENSE:**

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

- (a) Do you have more than one hundred (100) bona fide members who are residents of the county in which the club is located?  YES  NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state?  YES  NO
- (c) Is the club qualified as a tax exempt organization under the Internal Revenue Service?  YES  NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year?  YES  NO
- (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?  YES  NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club?  YES  NO
- (g) Have you filed a true copy of your bylaws with this application?  YES  NO
- (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 Attached)  YES  NO

**12. If applicant is filing as an Individual, Partnership or Club:** W.S. 12-4-102(a)(ii) & (iii)

Each individual, partner or club officer must complete the box below.

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	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"/> 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"/>
				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"/>	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"/>

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

13. 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 the box below.

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 Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Michael Pavlica	12/16/46	4066 I-80 Service Burns, WY 82053	307-547-2244	3	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"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

**REQUIRED ATTACHMENTS:**

- A statement indicating the financial condition and financial stability of the applicant. W.S. 12-4-102(a)(vi).
- Attach any lease agreements (especially for resort/political subdivisions leasing out food & beverage services) W.S. 12-4-103 (a)(iii)/W.S. 12-4-403(b) / W.S. 12-4-301(e).
- If transferring a license from one ownership to another, a form of assignment from the current licensee to the new applicant authorizing the transfer. W.S. 12-4-601(b).

**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(d)

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



STATE OF WYOMING )  
COUNTY OF Laramie ) SS.

Signed and sworn to before me on this 10<sup>th</sup> day of June, 2022 that the facts alleged in the foregoing instrument are true by the following:

- |    |                                       |  |                                 |
|----|---------------------------------------|--|---------------------------------|
| 1) | <u>Michael Pavlica</u><br>(Signature) | <u>Michael Pavlica</u><br>(Printed Name) | <u>Owner/President</u><br>Title |
| 2) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                  |
| 3) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                  |
| 4) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                  |
| 5) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                  |
| 6) | _____<br>(Signature)                  | _____<br>(Printed Name)                  | _____<br>Title                  |

Witness my hand and official seal:

Jennifer R. Boykin  
Signature of Notary Public



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

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

Misc Receipt Nbr: 78478

Trans Date: 07/13/2022

Received from/Description:  
WYO CAMPGROUND LLC

On Account Of:  
LIQUOR LICENSE \$808.51  
ADVERTISING \$100.00

Entered by: raquel

Batch: 20220713-000152

Amount: 908.51

Payment Type	Doc#	Description	Amount
CHECK	3030	WYOMING CAMPGROUND LLC	908.51
		<b>TOTAL:</b>	<b>908.51</b>