LARAMIE COUNTY APPLICATION: 24-HOUR CATERING/MALT BEVERAGE PERMIT
APPLICANT: DeLancey Enterprises, LLC
ADDRESS: 1806 Torrington Rd.
PHONE: 307-331-2115 EMAIL: cldelancey@gmail.com
PERMIT REQUESTED:
PERMIT FROM: $\frac{07}{21}$ / $\frac{2021}{1}$ THROUGH: $\frac{07}{21}$ / $\frac{2021}{1}$
_# 1 DAYS AT \$50 /DAY TOTAL FEE ATTACHED: \$50.00
PURPOSE OF PERMIT: Hosted bar service for Council of Chief State School Officers annual meeting
PREMISES FOR WHICH PERMIT IS REQUESTED (PHYSICAL ADDRESS):
Archer complex 3921 Archer Pkwy, Cheyenne, WY 82007
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 05/ / 19 / 2021
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/
ATTEST://

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

020-109(R7/19)

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	Appendix 1808 Tomington Rd.
.idelansey@gmal.com	PHONE: 307-331-2115 ENAME:
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	ATTEST. PIER VELLE, LARAKERANDETVELERKS

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TRUDY L. EISELE

LARAMIE COUNTY Treasurer

MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 70580

Trans Date:

05/24/2021

Received from/Description: CINDY DELANCEY

On Account Of:

DELANCEY ENTERPRISES LLC 7/21/2021

CHECK #5703

Entered by: corrie

Batch: 20210524-000430

Amount:

50.00

Payment Type	Doc#	Description		Amount
CHECK	5703	DELANCEY, CINDY AND DAVID		50.00
			TOTAL:	50.00