

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

APPLICANT: Bullseye Operations DBA Outlaw Saloon

ADDRESS: 312 S. Greeley Hwy Cheyenne WY 82007

PHONE: 970-481-7008

EMAIL: wyoutlaw Saloon@gmail.com

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

PERMIT FROM: 07/16/2021 THROUGH: 07/17/2021

2 DAYS AT \$50 /DAY TOTAL FEE ATTACHED: \$ 100.⁰⁰

PURPOSE OF PERMIT: Concert Prep for CFD

PREMISES FOR WHICH PERMIT IS REQUESTED (PHYSICAL ADDRESS):

Some Back lot

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 [Signature] DATE 05/18/2021

-----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.

020-109(R7/19)



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 70602

Trans Date: 05/25/2021

Received from/Description:
BULLSEYE OPERATIONS LLC

On Account Of:
CATERING PERMITS
CK #1378

Entered by: tammyd

Batch: 20210525-000075

Amount: 800.00

Payment Type	Doc#	Description	Amount
CHECK	1378	BULLSEYE OPERATIONS LLC	800.00
TOTAL:			800.00