# Special City Council Meeting Agenda November 27, 2018 5:15 p.m.



- 1. Pledge of Allegiance
- 2. Roll Call

### **NEW BUSINESS**

- 1. Request from Lew's Inc. for a Liquor Catering Permit for the Simplot Christmas Party on November 30, 2018, from 4 p.m.—midnight at the Sweetwater Events Complex
- 2. Request from Lew's Inc. for a Liquor Catering Permit for the JFC Christmas Party on December 7, 2018, from 4 p.m.—midnight at the Old American Legion Building

#### **ADJOURNMENT**

Charlet



# **APPLICATION FOR 24 HR MALT BEVERAGE** OR LIQUOR CATERING PERMIT

To Chuef for Renew 11/24/18

Rock Springs		15	4	
A CHONING A AA BAA AA	Permit Time:	4 pm	- M.	PN7
Name of Event: Simplot Charistans &	4279	, , , , , , , , , , , , , , , , , , ,		
Permit Date(s): 1/1301 (8 to 1/1301 18 Times of	of Event: 4/pr	to	WIDNO	<i>-</i> , , , , ,
No. of Days Permitted: Fee per day: \$75.00	Total Fee: 7	5.00	H175.00	Spark Mate
Applicant: Lows Tuc D/B/A:	BURDOHAS LI	Quer	CATERI	NC
Contact Person: WING LEW	Phone:	307 38	M- 1309	2
Contact Person: W(NG LEW)  Company Location: J549 9th 54 Poil: S  Mailing Address: City:	Pride's_State:	<u>ν/υ</u> Zip: _	82901	,
Mailing Address:City:	State:	Zip:		_
Business Phone: (307) 362 - 6547 Email address:	Wingsan	idsoy	aboo.co	M
Location of Event/Sales: SWEETWATER EVENTS	confex			-
Applicants that are receiving anything of value (i.e. From any industry representative must a			es)	
As an applicant for a 24 hour malt beverage or catering permit,	you are:		:	
A nonprofit corporation organized under the laws of this state;		YES □	NO 🗹	
Qualified as a tax exempt organization under the Internal Reve	nue Code:	YES 🗌	NO 🌌	
And have been in continuous operation for not less than two (2	) years.	YES 🗆	ио 🗷	
FILING AS: Individual Partnership Corporation	TLLC TLLP			
NOTE: Individual and Partnership filers must be domiciled year and not claimed residence in any other state in the last		ming for	at least one	<b>&gt;</b>
If a corporation, LLC, or LLP list the full names and residence a	ddress of all the off	icers and o	directors and	Ł

of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation, LLC, or LLP. Use back of form if additional space is needed.

## \*IF A LIQUOR LICENSE HOLDER IN THE CITY OF ROCK SPRINGS, COMPLETION OF THE FOLLOWING INFORMATION IS NOT REQUIRED.

For Corp, LLC, LLP Applicants Legal Name	Date of Birth	DO NOT LIST PO BOXES Residence Address St., City, State, Zip	Residence Phone Number	No. of yrs. in Corp. or LLC	% of Stock Held	Have you been convicted of a Felony Violation - YES or NO	Have you been convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
	}					Yes n	Yes □
						No_ti_	No 🗆
11						Yes n	Yes □
,						No n	No 🗆
						Yes n	Yes □
			<u>-</u>			No 🏗	. No □
				[		Yes r	Yes □
						No #	No 🗆

By filing this application, I agree to operate in Wyoming under the requirements of W.S.12-4-502 and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.
By signing this application, I acknowledge for
VERIFICATION OF APPLICATION
(Requires signatures by ALL individuals, ALL Partners, ONW (1) LLC Member, TWO (2) Corporate Officers/Directors, or TWO (2) Club Officers. W.S.12-4-102(b)
Dated this 26th day of NOV 2018.
Applicant Signature Applicant Signature
A Temporary Food Permit may be required for your event, by the Department of Agriculture. Please contact the Sweetwater County Health Officer at 333 Broadway, Suite 10, Rock Springs, or call (307) 352-6709 for further information.
Signature of Licensing Authority Official  Date
Law Enforcement Review Signature    1/26/18   Date
Comments: Security Dirate in PLACE, I.D. SCHWALS AND T. I. I.S. TRAININ AUGILABLE FROM THE REPORT NO CHARGE.
Malt Beverage/Liquor Catering Permits for events at City facilities are reviewed by the Mayor and may require evidence of security for the event and liquor liability insurance in the amount of \$1,000,000.00 with the City of Rock Springs named as an additional insured.
Security Required? ☐Yes ☐No
Liquor Liability Insurance Required? □Yes □No

Date: 10/11/2018

To: Rock Springs City Council

From: Michael Kiggins

Ref: Security Christmas Party

# Honorable Mayor and Council

I, Michael Kiggins, with Kiggins Safety & Security will be providing security for the Simplot Christmas Party at the Sweetwater Events Complex on November 30<sup>th</sup> 2018.

If you have any questions or concerns please feel free to call me at 382-3509

Thank you

Michael Kiggins



# APPLICATION FOR 24 HR MALT BEVERAGE OR LIQUOR CATERING PERMIT

A CONTROL AND	ermit Time: 4fm - M. ON
Name of Event: SFC CHUSTWAS PARTY	
Permit Date(s): 12/7/18 to 12/7/18 Times of	Event: 4pm to MIDNT
No. of Days Permitted: Fee per day: \$75.00 T	
Applicant: LEWS TVC D/B/A: F	BUDDHAY LIQUOR CATERING
Contact Person: WING LEW	Phone: (307) 389 - 1309
Company Location: 1549 9th St City: R	State: <u>W/o</u> Zip: <u>\$290 /</u>
	State:Zip:
Business Phone: (207) 362 - 654   Email address:	Wingsands @ yahoo.com
Location of Event/Sales: AMENICAN (EGION (OL)	BUILDING)
Applicants that are receiving anything of value (i.e. me From any industry representative must ans	
As an applicant for a 24 hour malt beverage or catering permit, yo	ou are:
A nonprofit corporation organized under the laws of this state;	YES 🗆 NO 🗷
Qualified as a tax exempt organization under the Internal Revenu	ie Code: YES □ NO 🛣
And have been in continuous operation for not less than two (2) y	vears. YES□ NO 🗗
FILING AS: Individual Partnership Corporation	LLC LLP
NOTE: Individual and Partnership filers must be domiciled r year and not claimed residence in any other state in the last tw	velve months.

If a corporation, LLC, or LLP list the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation,

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LLC, or LLP. Use back of form if additional space is needed.

For Corp, LLC, LLP Applicants Legal Name	Date of Birth	DO NOT LIST PO BOXES Residence Address St., City, State, Zip	Residence Phone Number	No. of yrs. in Corp. or LLC	% of Stock Held	Have you been convicted of a Felony Violation - YES or NO	Have you been convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
				1		Yes n	Yes □
						No n	No 🗆
						Yes r	Yes 🗆
				<u> </u>		No #	No □
						Yes n	Yes □
						No E	No □
						Yes r	Yes 🗆
						No ∄	No 🗖

By filing this application, I agree to operate in Wyo other applicable Wyoming laws and rules, and to file	ming under the rec required sales tax	quirements of V reporting docur	V.S.12-4-502 and al ments and taxes.
By signing this application, I acknowledge for that all of the information provided is true and corr conditions specified above. This application must LLC/LLP member.	LEU <sup>(</sup> 5	Tyc ee to meet the	(Business Name)
VERIFICATION OF APPLICATION			
(Requires signatures by ALL individuals, ALL Par Officers/Directors, or TWO (2) Club Officers. W.S.12 Dated this 264 day of 200	tners, ONW (1) I -4-102(b)	LC Member,	ΓWO (2) Corporate
Wing Dr. Car	<u> 7018</u> .		
Applicant Signature	Applic	ant Signature	· · · · · · · · · · · · · · · · · · ·
A Temporary Food Permit may be required for Please contact the Sweetwater County Health Of call (307) 352-6709 fo	ificer at 333 Broad	lway, Suite 10.	of Agriculture. Rock Springs, or
Signature of Licensing Authority Official	Date	126/18	
Law Enforcement Review Signature	Date	7 2677 0	
Comments: TEM Kgum. & FRAN RAMA DETATE T. IPS TRAINING AND IT THE RSPO BY NO CHANGE.	O. SCANNELS	CHANGE O	R SECURITY
Malt Beverage/Liquor Catering Permits for events at require evidence of security for the event and liquor li the City of Rock Springs named as an additional insur	ability insurance in	reviewed by the the amount of	ne Mayor and may \$1,000,000.00 with
Security Required? ☐Yes ☐No			
Liquor Liability Insurance Required? ☐Yes ☐No	)		