

**NOTICE - SWEETWATER COUNTY
BOARD OF COUNTY COMMISSIONERS
WILL MEET IN REGULAR SESSION
Tuesday, March 5, 2013 at 8:30 a.m.
Commissioners Meeting Room
Tentative and Subject to Change**

PLEASE ARRIVE 15 MINUTES EARLIER THAN YOUR SCHEDULED TIME

PRELIMINARY

8:30 CALL TO ORDER
QUORUM PRESENT
PLEDGE OF ALLEGIANCE
APPROVAL OF AGENDA
APPROVAL OF MINUTES: 2-19-13

ACCEPTANCE OF BILLS

Approval of County Vouchers/Warrants
Approval of Bonds
Approval of Abates/Rebates

PUBLIC HEARING

Renewal for Retail Malt Beverage Permits,
Restaurant Liquor Licenses &
Limited Retail Liquor License

COMMISSIONER COMMENTS/REPORTS

8:40

COUNTY RESIDENT CONCERNS

9:30

ACTION/PRESENTATION ITEMS

9:40 Presentation of Memorial Hospital's Proposed
Finance Plan

9:55 Master Mutual Aid Agreement for Emergency
Response

10:05 Request to Re-Staff Vacant Position

10:10 MOU Between SWCO Sheriff's Office, Green
River Police Department, and Rock Springs
Police Department Regarding Mutual Assistance

in Responding to Threats of Explosion

10:15 Human Resources Department Area Remodel

10:30 Payroll Date Change Discussion

10:45 County Logo Discussion

11:00 Consider Bid Award for Rock Springs CDC

11:15 Surplus Property Donation & Sale

11:25 Support of Community Cleanup in Clearview
and Reliance

11:30 Clearview I&SD Update and Funding Request

LUNCH

PLANNING & ZONING- PUBLIC HEARING

1:30 Tata Chemical (Soda Ash) Partners Zoning Map
Amendment Agriculture to Mineral Development (MD2)

ACTION/PRESENTATION ITEMS CONTINUED

1:45 Request Approval for Road Variance

1:55 Audit Finding Discussion

OTHER

EXECUTIVE SESSION(S) AS NEEDED

ADJOURN

February 19, 2013
Green River, WY

The Board of County Commissioners met this day at 8:30 a.m. in Regular Session with all commissioners present. The meeting opened with the Pledge of Allegiance.

Approval of Agenda

Chairman Johnson entertained a motion to amend the agenda to add the 2013 Specific Purpose Tax Joint Powers Board resolution/agreement. *Commissioner West so moved. Commissioner Van Matre seconded the motion.* With no discussion, the motion was approved unanimously.

Approval of Minutes 2-5-13

Commissioner Kolb made the motion to approve the minutes of February 5, 2013. Commissioner Bailiff seconded the motion. With no discussion, the motion was approved unanimously.

Acceptance of Bills

Approval of County Vouchers/Warrants, Monthly Reports, Bonds and Abates/Rebates

Commissioner Kolb requested to recuse himself from the approval of the bills due to submitting a voucher for Alpha Petroleum. Commissioner West noted that he had questions relative to the CDC distribution listed on the treasurer's monthly report. Commissioner West questioned if the specific tax overage disbursed to the CDC was accurate. Deputy County Treasurer Sue Sanchez explained the CDC distribution was submitted to the City of Green River. Commissioner West requested a breakdown of what has transpired. Commissioner West reported that CDC Director Ann Owen requested \$100,000 from the general fund, and it was the commission's recollection that they didn't need the funds because the county was not charging rent for the facility, the mortgage was paid off from the specific purpose funds, and the CDC would receive the over collection in January. He explained that the county initially intended to loan the CDC \$50,000 to get them through until the overage was disbursed in January, and because they didn't utilize the loan, the commission understood that they no longer needed it. County Treasurer Robb Slaughter explained that when the CDC requested the loan, the commission agreed with the understanding that when the treasurer's office released the overage to the CDC, the loan would be paid and the county would no longer have to fund the CDC. Mr. Slaughter further discussed the specific tax distribution and the amount that will have to be reimbursed to the state as well as the amount the City of Green River will have to reimburse the county.

Commissioner West questioned the notice received from the State of Wyoming Department of Audit regarding the notice of non-compliance for Arrowhead Springs Water & Sewer District. Commissioner West read the letter aloud stating that, by Arrowhead Springs failing to comply with State Statute, dissolution of a district shall be initiated by resolution of the board of county commissioners if the director of the department of audit has notified the Board of County Commissioners of the district's failure to comply with the reporting requirements and the Board of County Commissioners shall declare the board of directors vacant and shall fill the board by appointment for the purpose of dissolving the district. The commission requested that County Clerk Dale Davis contact Arrowhead Springs to verify their status and if it is their intention to be dissolved.

Commissioner West moved to approve acceptance of the bills which includes the county vouchers/warrants, monthly reports, bonds and the abates/rebates. Commissioner Van Matre seconded the motion. With no discussion, the motion was approved with Commissioner Kolb abstaining.

WARR#	NAME	DEPT	TOTAL
52912	Bank Of The West	Gen Accts	397.40
53083	Bridger Valley Electric Assn	Fire Marshal	27.04
4	Capital Business Systems	Juv Prob, Co Atrny	1,271.01
5	Centurylink	Commiss, Grants Proj, Shrf Dtn Mnt, Comm Dev&Eng, Human Resour, Purchasing, Grants Admin, Land Use, RS Off Bld A, Fire Marshal, Vet Services, Comm Nur-Hom	504.82
6	Centurylink	Clk, Treas, Assess, Shrf, Co Atrny, Juv Prob, GR Cir Court, IT Dept, Clk Dist Crt, Road & Bridg, Flt Veh Main, Shrf Emg Mgt, RS Mnt/C Pur	979.48
7	Centurylink	Elect	209.65
8	City Of Green River	GR Fcl Mt CH, GR Cir Court, GR Rsvlt Mai, GR Wrhs Main, GR Rd & Brdg, GR JV Maint	1,330.55
9	Ck Construction Corp	Grants Proj	194,380.11
53090	Rock Springs Municipal Ut	Fire Marshal, RS Rd & Brdg, RS Veh Maint, Thmpsn Bld A, RS Off Bld A, Att Bld 731C, Facil 731C C, Shrf Dtn Mnt, JV 731 Bld D, RS 333 Bdwy	3,371.01
1	Rocky Mtn Power	Comm Dev&Eng, GR Rsvlt Mai, RS Rd & Brdg	4,178.04
2	Sweetwater Television Co	Shrf	8.50

3	Union Telephone Company Inc	Elect	44.25
4	USPS - Hasler	Gen Co Admin	8,000.00
5	West Side Water & Sewer Dist	RS Mnt/C Pur, Shrf Dtn Mnt	2,199.50
53096	Wyoming Waste Services	Shrf Dtn Mnt	587.18
53098	Bank Of The West	Gen Accts	4,200.87
9	Bridger Valley Electric Assn	Farson R & B	221.22
53100	Centurylink	Commiss, Clk, Treas, Assess, Juv Prob, Grants Proj, IT Dept, Clk Dist Crt, GR Fcl Mt CH, Land Use, Flt Veh Main, RS Off Bld A, Fire Marshal	762.77
1	Centurylink	Shrf, Co Atrny, GR Cir Court, IT Dept, Road & Bridg, Elect, Comm Dev&Eng, Human Resour, Purchasing, Grants Admin, Shrf Emg Mgt, Comm Nur-Hom	2,242.82
2	Pitney Bowes Inc	Shrf Dtn Mnt	199.00
3	Purchase Power	Shrf Dtn Mnt	200.90
4	Questar Gas	GR JV Maint, GR Fcl Mt CH, GR Cir Court, GR Rsvlt Mai, GR Wrhs Main, GR Rd & Brdg	9,880.37
5	Rocky Mtn Power	Shrf Dtn Mnt, RS Mnt/C Pur, Comm Dev&Eng, RS R&B Lagoo	5,697.38
6	Satcom Global Fze	Coroner	136.32
7	Sweetwater Television Co	Shrf Emg Mgt, Shrf Dtn Mnt	155.59
8	Union Telephone Company Inc	Co Atrny, Clk, Shrf Emg Mgt, Grants Admin, Assess, Road & Bridg, Clk Dist Crt, GR Fcl Mt CH, Land Use, Vet Services, Shrf	321.63
9	Union Telephone Company Inc	Assess, Commiss, IT Dept, Coroner, GR Fcl Mt CH, Fire Marshal, Comm Dev&Eng, Land Use, Purchasing, Juv Prob, Coop Ext/4H	2,325.37
53110	Union Telephone Company Inc	Shrf Dtn Mnt, Road & Bridg, Shrf	3,156.12
1	Us Bancorp	Road & Bridg, Coroner, Capital Proj	328,669.00
2	Verizon Wireless	Shrf Emg Mgt	227.95
3	Wex Bank	Shrf	18,203.51
4	Wyoming Dept Of Workforce	Shrf Dtn Mnt, Shrf Emg Mgt, Shrf	140.52
5	Wyoming Waste Services	RS Veh Maint, RS Off Bld A, Thmpsn Bld A, RS Rd & Brdg	616.02
6	Ace Hardware	Shrf Dtn Mnt	179.59
7	Acom Solutions Inc	IT Dept	795.00
8	Advanced Medical Imaging	Coroner	53.00
9	Alpine Pure Water	Vet Services	25.00
53120	Autospa Inc	Shrf	16.08
1	Behavioral Interventions	Grants Proj	188.16
2	Bennett Paint & Glass	GR Fcl Mt CH	380.35
3	Bramwell, Keith A	Shrf Dtn Mnt	52.74
4	Castle Rock Hospital Dist	Human Svcs	12,500.00
5	Chematox Laboratory Inc	Coroner	280.00
6	City Of Rock Springs	Senior Cntrs, Shrf Dtn Mnt	15,014.21
7	Codale Electric Supply Inc	GR Fcl Mt CH	19.98
8	Communication Technologie	Shrf, Shrf Emg Mgt	520.00
9	D & L Excavation Inc	Shrf Dtn Mnt	1,012.50
53130	Dave's Appliance Service	Shrf Dtn Mnt	55.00
1	Deakins, Teresa	Shrf Emg Mgt	65.44
2	Delta Dental	Intr Gv Pool	39,104.05
3	Don Pedros	Clk Dist Crt	172.15
4	E-Coustic Solutions	Gen Co Admin	3,150.00
5	F B McFadden Wholesale Co	Shrf Dtn Mnt	2,382.50
6	F B McFadden Wholesale Co	Shrf Dtn Mnt	5,127.60
7	Felderman, Kimmie	Grants Proj	81.89
8	Golden Hour Senior Citizen	Senior Cntrs	20,364.04
9	Govconnection Inc	Shrf	139.00
53140	Grainger	Road & Bridg	58.72
1	Hampton Inn & Suites	Co Atrny	753.96
2	High Desert Fire Safety	Shrf Dtn Mnt	116.00
3	Homax Oil Sales Inc	Flt Veh Main, Shrf	2,220.34
4	Horizon Laboratory LLC	Coroner	742.00
5	Hotchkiss, Kevin	Shrf Dtn Mnt	33.16
6	Iberia Parish Sheriff Dep	Co Atrny	50.00
7	Industrial Hoist And Crane	GR Fcl Mt CH	1,464.97
8	Interact	Shrf Dtn Mnt	28.36
9	JC Jacobs Carpet One	Shrf Dtn Mnt	385.64
53150	Jenny Service Co	Shrf Dtn Mnt	1,791.69
1	Johnson, David M	Grants Proj	52.91
2	Johnson, Wally J.	Commiss	465.05
3	Kelly, Karin	Juv Prob	314.13
4	Krazy Moose	Clk Dist Crt	129.12
5	Kroger - Smith's Customer	Clk Dist Crt	73.11
6	L N Curtis & Sons	Fire Marshal	1,748.73
7	Law Offices Of Nathan W J	Public Defnd	600.00
8	Lincare Inc	Shrf Dtn Mnt	416.00

9	Loveless, Janet	Clk Dist Crt	422.50
53160	Manpower	GR Fcl Mt CH	2,074.80
1	McGee, Hearne & Paiz LLP	Gen Co Admin	52,500.00
2	McKee Foods Corporation	Shrf Dtn Mnt	175.68
3	Meadow Gold Dairy	Shrf Dtn Mnt	1,358.44
4	Memorial Hospital Of SW	Coroner, Shrf Dtn Mnt	3,605.00
5	Mountain States Supply Co	GR Fcl Mt CH	301.47
6	National Business Systems	Treas	1,500.00
7	Nicholas & Company	Shrf Dtn Mnt	3,801.68
8	Pamida - Pharmacy	Shrf Dtn Mnt	4,201.81
9	Public Defender	Public Defnd	2,500.00
53170	Quill Corporation	Commiss, GR Fcl Mt CH, Clk, Assess, Shrf, Treas, Vet Services	30.19
1	Quill Corporation	Treas, Clk Dist Crt, Clk, Vet Services, GR Fcl Mt CH, Shrf Dtn Mnt, Commiss, Shrf	720.01
2	Quill Corporation	Coop Ext/4H, Shrf Dtn Mnt, Road & Bridg, IT Dept	936.65
3	Quiznos	Purchasing, Grants Proj	404.12
4	Real Kleen Inc	Shrf Dtn Mnt	433.20
5	Regional Supply Inc	Shrf	79.43
6	Rock Springs Chamber Of Co	Vet Services	125.00
7	Rock Springs Newspapers Inc	Vet Services	132.72
8	Rock Springs Newspapers Inc	Gen Co Admin, Human Resour	4,914.07
9	Rock Springs Newspapers Inc	Capital Proj, Land Use	254.37
53180	Rock Springs Winlectric Co	Shrf Dtn Mnt	5.24
1	Rock Springs Winnelson Co	Shrf Dtn Mnt	172.21
2	Rocky Mountain Propane	Farson R & B	1,391.57
3	Salt Lake Area Gang Proj	Shrf	400.00
4	Skaggs Companies	Shrf Dtn Mnt, Shrf	611.85
5	Smyth Printing Inc	Elect	927.60
6	Staples Credit Plan	Treas	14.49
7	Sterling Communications	Shrf	800.00
8	Sweetwater County Health	Comm Nur-Hom	121,241.47
9	Sweetwater Family Resource	Human Svcs	9,870.37
53190	Sweetwater Plumbing & Heat	GR Fcl Mt CH	36.00
1	Sweetwater Trophies	Shrf, Clk Dist Crt	36.26
2	The Radar Shop Inc	Shrf	385.01
3	The UPS Store - #3042	Assess, Shrf	188.20
4	Tubbs MD LLC, Kennon C	Shrf Dtn Mnt	4,200.00
5	U S Foods Inc	Shrf Dtn Mnt	1,690.85
6	University Of Wyoming	Coop Ext/4H	37,849.00
7	Vaughn's Plumbing & Heat	Shrf Dtn Mnt	5,496.87
8	Vehicle Lighting Solution	Shrf	17,182.58
9	Wamsutter Conoco	Shrf	57.09
53200	Waxie Sanitary Supply	Shrf Dtn Mnt	316.98
1	West, Reid O	Commiss	290.41
2	Western Wyoming College	Coop Ext/4H	12.26
3	Williams Scotsman Inc	Shrf	302.92
4	Wyoming Health Medical Gr	Shrf Dtn Mnt	16,000.00
5	Wyoming Neurologic Assn	Shrf Dtn Mnt	2,875.00
6	Wyoming Pathology Inc	Coroner	3,600.00
7	Wyoming Technology Transf	Comm Dev&Eng	90.00
GRAND TOTAL			1,014,476.29

The following unlisted warrants are payroll warrants: 52911, 53097

The following bonds were placed on file:

Jennifer Evans	Town of Bairoil- Relief Town Clerk	\$10,000.00
Barbara L. Huston-Miles	Town of Bairoil- Treasurer/Clerk	\$25,000.00

TAXPAYER	TAX AMOUNT	TAXPAYER	TAX AMOUNT
ARGUELLO DANIEL	-34.40	LAVIN LAVERN E	-28.64
ARGUELLO DANIEL	-35.74	LAVIN LAVERN E	-26.14
ARGUELLO DANIEL	-35.58	LAVIN LAVERN E	-27.82
ARGUELLO DANIEL	-35.26	LAVIN LAVERN E	-28.26
ARGUELLO DANIEL	-33.00	LAVIN LAVERN E	-27.92
ARGUELLO DANIEL	31.66	LAVIN LAVERN E	-26.14
ARGUELLO DANIEL	-33.94	LAVIN LAVERN E	-25.86
ARGUELLO DANIEL	-34.04	LAVIN LAVERN E	-27.70
ARGUELLO DANIEL	-33.52	LAVIN LAVERN E	-27.74
ANADARKO E&P CO LLP	-721.00	LAVIN LAVERN E	-31.24
PITNEY BOWES GLOBAL FINANCIAL	-1.20	BP AMERICA PROD CO	-566.22
DAN HART PATROL SERVICE	-110.78	FISCHER JEFF & KAREN HART	-53.64
MOUNTAINLAND FIRE PROTECTION	-93.60	FISCHER JEFF & KAREN HART	-53.96
MIKE'S AUTO SERVICE	-6.56	FISCHER JEFF & KAREN HART	-53.72

PRO-TECH CLEANING SYSTEMS	-41.42	FISCHER JEFF & KAREN HART	-54.64
ANADARKO E&P CO LLP	-30,398.44	FISCHER JEFF & KAREN HART	-38.70
ANADARKO E&P CO LLP	-351.22	FISCHER JEFF & KAREN HART	-38.60
ANADARKO E&P CO LLP	-862.78	BP AMERICA PROD CO	-10,158.76
POLLOCK TIFFANY	-29.32	BP AMERICA PROD CO	-1,632.24
LAVIN LAVERN E	-30.80	BP AMERICA PROD CO	-216.00
LAVIN LAVERN E	-25.54	CLEAR WIRELESS	-224.68
LAVIN LAVERN E	-26.66	CLEAR WIRELESS	-218.36

Public Hearing- Budget Amendment- Grants

Accounting Manager Bonnie Phillips presented Resolution 13-02-CL-02, Sweetwater County Budget Amendment. Chairman Johnson opened the public hearing. Hearing no comment, the hearing was closed. **Commissioner Kolb made the motion to approve Resolution 13-02-CL-02. Commissioner West seconded the motion.** With no discussion, the motion was approved unanimously.

**RESOLUTION 13-02-CL-02
SWEETWATER COUNTY
BUDGET AMENDMENT**

DUE to the receipt of two grants in the amount of \$38,255,

WHEREAS, the Commission approved the grants during the December 18, 2012 and February 5, 2013 Regular Commission Board meetings,

WHEREAS, it has been determined that the aforementioned funds need to be included within the 2012-2013 County Budget,

WHEREAS, the Notice of Public Hearing has been published in accordance with the regulations and rules governing the budget process and there being no protests filed or expressed to the Board of County Commissioners regarding this amendment to the Sweetwater County Budget at the hearing,

BE IT THEREFORE RESOLVED: that the 2012-2013 fiscal year budget for Sweetwater County be amended to reflect the following budget changes:

Expenditures Increase Grant Fund:

- | | |
|---------------------------|----------|
| 1. FY 13 VOA OJJDP (2010) | \$35,750 |
| 2. 12-GPD-SWE-LC-HLE12 | \$ 2,505 |

Revenue Increase Grant Fund:

- | | |
|---------------------------|----------|
| 1. FY 13 VOA OJJDP (2010) | \$35,750 |
| 2. 12-GPD-SWE-LC-HLE12 | \$ 2,505 |

Dated at Green River, Wyoming this 19th day of February, 2013.

THE BOARD OF COUNTY COMMISSIONERS
OF SWEETWATER COUNTY, WYOMING

Wally J. Johnson, Chairman

Gary Bailiff, Member

John K. Kolb, Member

Don Van Matre, Member

Reid O. West, Member

ATTEST:

Steven Dale Davis, County Clerk

Commissioner Comments/Reports

Commissioner Kolb

Commissioner Kolb reported that he had traveled to Cheyenne. Commissioner Kolb reported that Airport Board Member Gary Valentine has resigned from the board. Commissioner Kolb spoke that while in Cheyenne, he had the opportunity to meet with various entities including the Industrial Siting Council and State Lands Investment Office. Commissioner Kolb noted that Rio Vista Water District's debt had been

forgiven and commented that the State Lands Investment Director recognized that future funding will not be available to the Rio Vista Water District and recognized that special districts are problematic. Commissioner Kolb further reported that while in Cheyenne; he reinforced contacts with industries, lobbied house and senate members and testified on HB 85. Commissioner Kolb discussed HB 250 and HB249 regarding state funding for county attorney wages and Wyoming retirement as well as house bills that have passed or are on second reading. Commissioner Kolb noted that he spoke with Land Use Director Eric Bingham, Land Specialist Mark Kot, Accounting Manager Bonnie Phillips, and County Clerk Dale Davis. Commissioner Kolb further reported that he attended the meeting for Communities Protecting the Green. Lastly, Commissioner Kolb noted that Dr. Magana has been appointed to serve as the new Chairperson for the CDC.

Commissioner Van Matre

Commissioner Van Matre thanked Commissioner Kolb for his efforts in Cheyenne. Commissioner Van Matre reported that he visited with IT Director Tim Knight and discussed the county utilizing a logo. Commissioner Van Matre reported that he attended the museum board meeting and noted that Museum Director Ruth Lauritzen will present information relative to the Carnegie building during a future board meeting. Commissioner Van Matre further reported that he attended the Veterans Open House, grand opening for Solid Rock Community Cafe and lastly, the 4-H Club Leadership Conference.

Chairman Johnson

Chairman Johnson reported that he met with Federal Agencies. Chairman Johnson noted that when the Conservation District presented the GIS Roads during the February 5, 2013 Board of County Commissioners meeting, BLM was impressed with the presentation and expressed interest in accepting the mapping for the Rock Springs RMP Transportation Plan. Chairman Johnson further reported that he met with the Coalition of Local Governments.

Commissioner West

Commissioner West thanked Commissioner Kolb for his efforts in Cheyenne. Commissioner West reported that the 333 Broadway Steering Committee will be meeting next week and will consist of Commissioner West, Commissioner Kolb, Human Resource Director Garry McLean, Facilities Manager Chuck Radosevich, IT Director Tim Knight, Hospice Executive Director Pam Jelaca and Board of Health Director Janet Gerken. Lastly, Commissioner West requested to meet with County Clerk Dale Davis relative to the budget process questionnaire sheet that will be submitted to agencies.

Commissioner Bailiff

Commissioner Bailiff reported that he attended the tripartite board meeting, STAR Transit meeting, and lastly, attended a debate for future of gun laws and enforcement at the Rock Springs City Hall.

Commissioner Kolb noted that the Planning & Zoning Board approved the Wind Regulations.

Break

Chairman Johnson called for a 5 minute break.

Action/Presentation Items

Honoring Search and Rescue's 50th Anniversary

The commission honored the Search and Rescue Team's 50th Anniversary and presented a certificate and plaque.

County Resident Concerns

Chairman Johnson opened county resident concerns. Hearing no comments, the hearing was closed.

Action/Presentation Items Continued

Request Approval of the County Wide Consensus Block Grant Joint Resolution (#SWBFY13/14-1)

Grants Manager Krisena Marchal presented and requested a motion to approve the County Wide Consensus Block Grant Joint Resolution #SWBFY13/14-1. Following discussion, *Commissioner West moved to approve County Wide Consensus Block Grant Joint Resolution #SWBFY13/14-1. Commissioner Kolb seconded the motion.* With no discussion, the motion was approved unanimously.

Approval of the Fiscal Year 2012 Audit Report

Accounting Manager Bonnie Phillips presented the Fiscal Year 2012 Audit Report. Chairman Johnson entertained a motion to accept the Audit ending June 30, 2012 as presented by Ms. Phillips. *Commissioner Kolb so moved. Commissioner Van Matre seconded the motion.* Commissioner West expressed his disappointment with the audit and requested that the findings be resolved next year. With no further discussion, the motion was approved unanimously. Following discussion relative to achieving a clean audit, the commission requested that Ms. Phillips schedule a future meeting or workshop with all interested parties and prepare a list of findings of fact to discuss in detail how to avoid material weaknesses.

BCBS of Wyoming ASO Plan Change

Human Resource Manager Garry McLean presented the BCBS of Wyoming ASO Plan Changes. Following discussion, *Commissioner Van Matre moved to approve the ASO Group Plan changes effective January 1, 2013 and authorize the Chairman to sign. Commissioner Kolb seconded the motion.* With no discussion, the motion was approved unanimously.

Human Resource Manager Garry McLean presented the BCBS of Wyoming agreement regarding production and distribution of summary of benefits and coverage on behalf of the plan. Following discussion, Chairman Johnson entertained a motion to approve the agreement regarding the production and distribution of summary of benefits and coverage on behalf of the plan. *Commissioner Kolb so moved. Commissioner Bailiff seconded the motion.* With no discussion, the motion was approved unanimously.

Request to Re-Staff Vacant Position

Public Works Director John Radosevich requested authorization to re-staff the assistant fire warden position due to the former assistant's resignation. Following discussion, Chairman Johnson entertained a motion to authorize the request to re-staff the vacant position. *Commissioner Bailiff so moved. Commissioner West seconded the motion.* Following discussion, the motion was approved unanimously.

Request to Re-Staff Court Security Officer Position

Human Resource Director Garry McLean presented the request to re-staff the court security officer, in a full time capacity with full benefits and noted that if the position is re-staffed by a patrol deputy the Sheriff would need to re-staff a patrol deputy position. Following discussion, Chairman Johnson entertained a motion to approve the request to start the process to replace the vacancy that will occur around April 1, 2013 and that the position will not be staffed until such time. *Commissioner Van Matre so moved. Commissioner Bailiff seconded the motion.* With no discussion, the motion was approved unanimously.

Approval of MOU with Carbon County for Housing Juveniles in the SWCO Detention Center

Sheriff Haskell presented the MOU with Carbon County for housing juveniles in the Sweetwater County Detention Center. Following discussion, Deputy County Attorney Cliff Boevers recommended changes. *Commissioner West so moved. Commissioner Van Matre seconded the motion.* Chairman Johnson restated the motion that the Memorandum of Understanding presented would be approved with exchanging wording from "responding party" to "requesting party". Following further discussion, the motion was approved unanimously.

Presentation for the Town of Wamsutter and the Consideration of Filming "Communities of Distinction" with Terry Bradshaw's Hidden Gem Series

Community Investment Group Lisa Mueller presented, on behalf of the Town of Wamsutter, a filming opportunity and requested consideration from the county to fund "Communities of Distinction" with Terry Bradshaw's Hidden Gem Series. Ms. Mueller explained that the cost of the production is \$19,800. Wamsutter resident Emma Waldner and Wamsutter Town Clerk Susan Carnes were also present. Following discussion, the commission concurred that this would be an excellent opportunity for Ms. Mueller to present the request to BP.

Other

2013 Specific Purpose Tax Joint Powers Board

Commissioner West presented Resolution 13-02-CC-01, a resolution authorizing Sweetwater County, Wyoming, to enter into a Joint Powers Agreement with Granger, Green River, Rock Springs, Superior, Wamsutter and Castle Rock Special Hospital District, pursuant to the Wyoming Joint Powers Act, Wyo. Stat. §§ 16-1-102 To 16-1-109; approving the form of the agreement; and authorizing the execution of certain documents relating thereto. Following discussion, Chairman Johnson entertained a motion to approve Resolution 13-02-CC-01 and authorize the Chairman to sign any documents relative to the resolution and appoint Reid West to represent the Sweetwater County Commission on the Joint Powers Board. *Commissioner Van Matre moved for approval of Resolution 13-02-CC-01 and authorize the Chairman to sign and also the appointment of Commissioner West to serve on the Joint Powers Board. Commissioner Bailiff seconded the motion.* Following discussion, the motion was approved unanimously.

RESOLUTION NO. 13-02-CC-01

~~A RESOLUTION AUTHORIZING SWEETWATER COUNTY, WYOMING, TO ENTER INTO A JOINT POWERS AGREEMENT WITH GRANGER, GREEN RIVER, ROCK SPRINGS, SUPERIOR, WAMSUTTER AND CASTLE ROCK SPECIAL HOSPITAL DISTRICT, PURSUANT TO THE WYOMING JOINT POWERS ACT, WYO. STAT. §§ 16-1-102 TO 16-1-109; APPROVING THE FORM OF THE AGREEMENT; AND AUTHORIZING THE EXECUTION OF CERTAIN DOCUMENTS RELATING THERETO.~~

WHEREAS, Sweetwater County, Wyoming (hereinafter referred to "Sweetwater County"), is authorized by the Wyoming Joint Powers Act, Wyo. Stat. §§ 16-2-102 to 16-1-109 (hereinafter referred to as the "Act") to enter into and operate under a joint powers agreement with Granger, Wyoming ("Granger"), Green River, Wyoming ("Green River"), Rock Springs, Wyoming ("Rock Springs"), Superior, Wyoming ("Superior") and Wamsutter, Wyoming ("Wamsutter") (hereinafter collectively referred to as the "Municipalities"), and Castle Rock Special Hospital District ("Castle Rock"); and

WHEREAS, Sweetwater County, the Municipalities and Castle Rock each constitute an "agency," as defined in the Act, and are hereinafter sometimes referred to in the singular as "Participating Agency" and collectively as "Participating Agencies"; and

WHEREAS, the Act [§ 16-1-104(a)] provides that any power, privilege or authority exercised or capable of being exercised by an agency may be exercised and enjoyed jointly with any other agency having a similar power, privilege or authority; and

WHEREAS, the Act [§ 16-1-104(b)] further provides that a county may enter into and operate under a joint powers agreement with one or more agencies for the performance of any function that the agency is

authorized to perform; and

WHEREAS, pursuant to Wyo. Stat. § 18-2-101, Sweetwater County has the authority to provide for road improvements; and

WHEREAS, Sweetwater County has determined that the following projects would be of service to and be for the benefit of the Participating Agencies and their residents:

- roadway improvements, including asphalt overlays, safety work and other associated improvements on (i) Road 4-11 (TG Soda Ash Road); (ii) Road 4-6 (OCI Entrance Road); and (iii) Road 4-2 (Little America Road) (collectively, the “Sweetwater County Projects”);

WHEREAS, pursuant to Wyo. Stat. § 15-1-103, the Municipalities have the authority to provide for the construction and improvement of water and sewer systems; street paving, curb, gutter and sidewalk; surface water drainage systems; wastewater treatment facilities; street lighting; firehouse upgrades and equipment; and to own and regulate convalescent homes, rest homes and hospitals; and

WHEREAS, the Municipalities have determined that the following projects would be of service to and be for the benefit of the Participating Agencies and their residents:

- Granger - street lighting improvements, water and sewer system improvements and firehouse upgrades and equipment;
- Green River - street, water and sewer system and storm drainage improvements;
 - Rock Springs - water and sewer system, storm drainage and waste water treatment plant improvements, along with street paving, curb, gutter and sidewalk improvements;
 - Superior - street paving, curb, gutter, sidewalk and storm drainage improvements;
 - Wamsutter - water and sewer system, street, curb, gutter and sidewalk improvements (collectively, the “Municipalities’ Projects”); and

WHEREAS, Castle Rock has determined that the following projects would be of service to and be for the benefit of the Participating Agencies and their residents:

- renovations (windows, doors, flooring, lighting, roofing, parking lot paving), remodeling of rooms at the Villa, equipment and vehicles (three (3) diesel ambulances, pick-up truck with snow plow and resident transportation bus) (collectively, “Castle Rock’s Projects”)

(hereinafter, the Sweetwater County Projects, the Municipalities’ Projects and Castle Rock’s Projects being collectively referred to as the “Projects”); and

WHEREAS, each of the Participating Agencies realizes that a joint and cooperative effort in the financing of such Projects will result in substantial economic savings and will provide methods of financing unavailable to any of the Participating Agencies operating independently; and

WHEREAS, the Projects will be financed with the proceeds of a specific purpose sales and use tax (hereinafter referred to as the “Tax”) imposed within Sweetwater County pursuant to the provisions of Wyo. Stat. §§ 39-15-203(a)(iii), 39-15-204(a)(iii), 39-16-203(a)(ii) and 39-16-204(a)(ii), as the result of approval by the qualified electors of Sweetwater County at an election held on Tuesday, November 6, 2012; and

WHEREAS, pursuant to Wyo. Stat. §§ 39-15-211(b)(ii) and 39-16-211(b)(ii), the revenues collected from the Tax will be distributed monthly to the Sweetwater County Treasurer (the “Treasurer”) and the Treasurer will maintain said Tax funds and make them available to the Participating Agencies for the Projects; and

WHEREAS, each Participating Agency, in order to facilitate such Projects, desires to create and organize a joint powers board under said Act (the “Joint Powers Board”) and enter into a Joint Powers Agreement, a copy of which is attached hereto as EXHIBIT A and by this specific reference is incorporated herein (hereinafter referred to as the “Agreement”); and

WHEREAS, a copy of the Agreement, to be dated as of March 1, 2013, has been submitted to the Board of County Commissioners of Sweetwater County (hereinafter the “Governing Body of Sweetwater County” or the “Board”) and has been filed with the office of the Sweetwater County Clerk (hereinafter referred to as the “Clerk”) and is there available for public inspection; and

WHEREAS, the Governing Body of Sweetwater County desires to authorize the Chairman of the Board (hereinafter referred to as the “Chairman”) and the Clerk to enter into and execute said Agreement and any other documents, instruments or certificates as are deemed necessary or desirable in order to enter into and carry out the Agreement on behalf of Sweetwater County; and

WHEREAS, it is necessary to approve the form of said Agreement and authorize the execution of such by resolution;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SWEETWATER COUNTY, WYOMING:

Section 1. Approval and Authorization. The form of the Agreement is hereby approved. The Chairman and the Clerk are hereby authorized and directed to execute the Agreement and affix the seal of Sweetwater County thereto, and further to execute and authenticate such other documents, instruments or certificates, including, but not limited to, an agreement among the Participating Agencies and the Sweetwater County Treasurer setting forth the procedure for distribution of the Tax, as are deemed necessary or desirable in order to enter into and carry out the Agreement. Such Agreement is to be executed in substantially the form hereinabove approved, provided that such Agreement may be completed, corrected or revised as deemed necessary by the parties in order to carry out the purposes of this resolution. A copy of the Agreement shall be delivered, filed and recorded as provided therein.

Section 2. Resolution Irrepealable. After the Agreement has been formally entered into and the Joint Powers Board has been created pursuant to the Act, this resolution shall be and remain irrepealable until all outstanding obligations of the Joint Powers Board, including all bond requirements of its revenue bonds, if any, shall have been fully paid and satisfied or provision for such payment shall have been made.

Section 3. Ratification. All action heretofore taken by Sweetwater County and by the officers thereof not inconsistent herewith directed toward the entering into of the Agreement is hereby ratified, approved and

confirmed.

Section 4. Repealer. All resolutions or parts thereof in conflict with this resolution are hereby repealed.

Section 5. Severability. Should any part or provision of this resolution ever be judicially determined to be invalid or unenforceable, such determination shall not affect the remaining parts and provisions hereof, the intention being that each part or provision of this resolution is severable.

ADOPTED AND APPROVED as of the 19th day of February, 2013.

(S E A L)

SWEETWATER COUNTY, WYOMING

By: _____
Wally J. Johnson, Chairman

ATTESTED:

Steven Dale Davis, Sweetwater County Clerk

Executive Session(s)-Personnel/Legal

Chairman Johnson entertained a motion to enter into executive session for legal, personnel and real estate. Commissioner Kolb so moved. Commissioner West seconded the motion. With no discussion, the motion was approved unanimously. A quorum of the commission was present.

After coming out of executive session, Chairman Johnson explained that real estate, potential litigation and personnel issues were discussed and no action was required.

Adjourn

There being no further business to come before the Board this day, the meeting was adjourned subject to the call of the Chairman.

This meeting was recorded and is available from the County Clerk's office at the Sweetwater County Courthouse in Green River, Wyoming

THE BOARD OF COUNTY COMMISSIONERS
OF SWEETWATER COUNTY, WYOMING

Wally J. Johnson, Chairman

Gary Bailiff, Member

John K. Kolb, Member

Don Van Matre, Member

Reid O. West, Member

ATTEST:

Steven Dale Davis, County Clerk

	DATE	AMOUNT
EAL	2/22/2013	47,174.22
EAL	2/28/2013	818,773.40
EAL	3/1/2013	31,236.08
EAL	3/5/2013	558,335.19
EAL		

Payroll Net 893,507.60 Payroll Checks : 52911, 53097, 53236-53285

TOTAL AMOUNT \$2,349,026.49

Vouchers in the above amount are hereby approved and ordered paid this date of 03/05/2013

Wally J. Johnson, Chair

Gary Bailiff, Member

John K. Kolb, Member

Don Van Matre, Member

Attest:

County Clerk

Reid O. West, Member

Authorization for Bonds

3-5-13

Rickie Hawkins	SWCO- Sheriff's Colonel	\$ 5,000.00
Eileen Merritt	BOCES- Treasurer	\$25,000.00
Brian Stouffer	Ten Mile Water & Sewer District- Treasurer	\$10,000.00

THE BOARD OF COUNTY COMMISSIONERS
FOR SWEETWATER COUNTY, WYOMING

Wally J. Johnson, Chairman

Gary Bailiff, Member

John K. Kolb, Member

Attest:

Donald Van Matre, Member

Steven Dale Davis, County Clerk

Reid O. West, Member


Western Surety Company

OFFICIAL BOND AND OATH

KNOW ALL PERSONS BY THESE PRESENTS: BOND No. OFF. 54932395

That we Rickie Hawkins of Green River, Wyoming, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Wyoming, as Surety, are held and firmly bound unto Board of County Commissioners Sweetwater County, the State of Wyoming, in the penal sum of Five Thousand & no/100 DOLLARS (\$ 5,000.00),
(NOT VALID IF FILLED IN FOR MORE THAN \$50,000.00)

to which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.

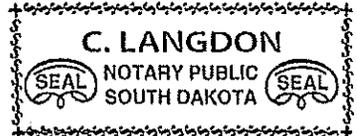
Dated this 7th day of February, 2013.
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal was duly Appointed Elected to the office of Sheriff's Colonel in the County of Sweetwater, and State aforesaid for the term beginning February 7, 2013, and ending February 7, 2017.

NOW THEREFORE, If the above bounden Principal and his deputies shall faithfully, honestly and impartially perform all the duties of his said office of Sheriff's Colonel as is or may be prescribed by law, and shall with all reasonable skill, diligence, good faith and honesty safely keep and be responsible for all funds coming into the hands of such officer by virtue of his office; and pay over without delay to the person or persons authorized by law to receive the same, all moneys which may come into his hands by virtue of his said office; and shall well and truly deliver to his successor in office, or such other person or persons as are authorized by law to receive the same, all moneys, books, papers and things of every kind and nature held by him as such officer, the above obligation shall be void, otherwise to remain in full force and effect.

Rickie Hawkins
Principal
WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA }
County of Minnehaha } ss
On this 7th day of February, 2013 before me, appeared Paul T. Bruflat to me personally known, being by me sworn, and did say that he is the aforesaid officer of WESTERN SURETY COMPANY, and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said officer acknowledged said instrument to be the free act and deed of said corporation.



C. Langdon
Notary Public

My Commission Expires December 7, 2014

Western Surety Company
1-605-836-0850

Wyoming



Western Surety Company

OFFICIAL BOND AND OATH

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 24899491

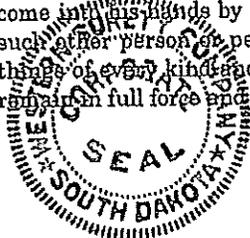
That we Eileen Merritt

of Wilson, Wyoming, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Wyoming, as Surety, are held and firmly bound unto ROCES, the State of Wyoming, in the penal sum of Twenty-Five Thousand and 00/100 DOLLARS (\$ 25,000.00), to which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.

Dated this 8th day of February, 2013.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal was duly Appointed Elected to the office of Treasurer in the of ROCES and State aforesaid for the term beginning February 1, 2013, and ending February 1, 2014.

NOW THEREFORE, If the above bounden Principal and his deputies shall faithfully, honestly and impartially perform all the duties of his said office of Treasurer as is or may be prescribed by law, and shall with all reasonable skill, diligence, good faith and honesty safely keep and be responsible for all funds coming into the hands of such officer by virtue of his office; and pay over without delay to the person or persons authorized by law to receive the same, all moneys which may come into his hands by virtue of his said office; and shall well and truly deliver to his successor in office, or such other person or persons as are authorized by law to receive the same, all moneys, books, papers and things of every kind and nature held by him as such officer, the above obligation shall be void, otherwise to remain in full force and effect.



Eileen Merritt
Principal

WESTERN SURETY COMPANY

By Paul T. Brufat
Paul T. Brufat, Senior Vice President

Wyoming



Western Surety Company

OFFICIAL BOND AND OATH

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 54932294

That we Brian Stouffer

of Rock Springs, Wyoming, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Wyoming, as Surety, are held and firmly bound unto Ten Mile Water & Sewer District, the State of Wyoming, in the penal sum of Ten Thousand and 00/100 DOLLARS (\$ 10,000.00), to which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.

Dated this 7th day of January, 2013.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden
Appointed
Principal was duly Elected to the office of Treasurer
in the of Ten Mile Water & Sewer District
and State aforesaid for the term beginning March 11, 2013, and ending
March 11, 2014.

NOW THEREFORE, If the above bounden Principal and his deputies shall faithfully, honestly and impartially perform all the duties of his said office of Treasurer as is or may be prescribed by law, and shall with all reasonable skill, diligence, good faith and honesty safely keep and be responsible for all funds coming into the hands of such officer by virtue of his office; and pay over without delay to the person or persons authorized by law to receive the same, all moneys which may come into his hands by virtue of his said office; and shall well and truly deliver to his successor in office, or such other person or persons as are authorized by law to receive the same, all moneys, books, papers and things of every kind and nature held by him as such officer, the above obligation shall be void, otherwise to remain in full force and effect.



Brian Stouffer
Principal

WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

**NOTICE OF APPLICATIONS
TO SWEETWATER COUNTY
FOR RENEWAL:
RETAIL LIQUOR LICENSES,
RETAIL MALT BEVERAGE PERMITS,
RESTAURANT LIQUOR LICENSES &
LIMITED RETAIL LIQUOR LICENSE
April 10, 2013 through April 9, 2014**

L.T. Enterprises, dba White Mountain Mining Co	Retail Liquor License
Ron & Cathy Ronick, dba Ted's Supper Club	Retail Liquor License
Buckboard Marina, Inc., dba Buckboard Marina	Retail Liquor License
Eden Saloon, Inc., dba Eden Saloon	Retail Liquor License
The HUB LLC, dba Mustang Travel Stop	Retail Liquor License
Varley Mercantile LLC, dba Point Bar	Retail Liquor License
Lalene A. Miller, dba Mitch's	Retail Liquor License
Spring Creek Guest Ranch, Inc., dba Spring Creek Guest Ranch	Retail Liquor License
Little America Hotel & Resorts, Inc., dba Little America	Retail Liquor License
JO/ETTA LLC, dba The Travel Camp	Retail Liquor License
Husky Super Stop Inc., dba Cruel Jack's Travel Plaza	Retail Liquor License
Los Cabos Inc., dba Cruel Jack's Restaurant	Restaurant Liquor License
Purple Sage Ventures LLC, dba Log Inn	Restaurant Liquor License
Roger D. Varley; dba Point Merc	Malt Beverage Permit
Mustang Travel Stop LLC, dba Mustang Travel Stop	Malt Beverage Permit
Eaton Investments Inc., dba Farson Feed Store	Malt Beverage Permit
Little America Corporation, dba Little America Corporation	Malt Beverage Permit
Valley Mart Inc., dba Valley Mart	Malt Beverage Permit
Rolling Green Country Club Inc., dba Rolling Green Country Club	Limited Retail Liquor License

**NOTICE OF APPLICATIONS
TO SWEETWATER COUNTY
FOR RENEWAL:
RETAIL LIQUOR LICENSES,
RETAIL MALT BEVERAGE PERMITS,
RESTAURANT LIQUOR LICENSES &
LIMITED RETAIL LIQUOR LICENSE**

Notice is hereby given that the applicants whose names are set forth below filed renewal applications, each for a **County Retail Liquor License** for the period April 10, 2013 through April 9, 2014, in the office of the Clerk of the County of Sweetwater, State of Wyoming. The date of filing, the names of said applicants and the descriptions of the place or premises which the applicants desire to use as the place of sale are set forth below as follows:

<u>Date of Filing</u>	<u>Applicant</u>	<u>Description of Premises in Sweetwater County</u>
January 9, 2013	L.T. Enterprises, dba White Mountain Mining Co	2 miles west of Rock Springs on Foothill Blvd Tract in T19N, R105W, Section 32
December 19, 2012	Ron & Cathy Ronick, dba Ted's Supper Club	5 miles west of Rock Springs off I-80 exit 99; Tract in T18N, R105W, Section 7
January 9, 2013	Buckboard Marina, Inc., dba Buckboard Marina	25 miles S of Green River on Flaming Gorge; Tract in T15N, R108W, Section 28
January 22, 2013	Eden Saloon, Inc., dba Eden Saloon	Hwy 191N, Eden, WY; Tract in T24N, R106W, Section 20
January 14, 2013	The HUB LLC, dba Mustang Travel Stop	#4484 Hwy 530 south of Green River Tract 39A in T12N, R109W, Section 22 & 27
December 26, 2012	Varley Mercantile LLC, dba Point Bar	N of I-80 at Point of Rocks, WY; Tract in T20N, R101W Sec 27NE/4SW/4
January 8, 2013	Lalene A. Miller, dba Mitch's	Highway 191 N, Farson, WY; Tract in T25N, R106W, Sec 27 SW/4NW/4
January 28, 2013	Spring Creek Guest Ranch, Inc., dba Spring Creek Guest Ranch	Hwy 191South T12N, R106W, Section 17
January 9, 2013	Little America Hotel & Resorts, Inc., dba Little America	25 miles west of Green River on I-80; Tract in T18N, R110W, Section 17
January 9, 2013	JO/ETTA LLC, dba The Travel Camp	Lots 9 & 10 and part of Lot 11, Block 16 Jamestown, Sweetwater County, WY, excepting parcels
January 9, 2013	Husky Super Stop Inc., dba Cruel Jack's Travel Plaza	5 miles west of Rock Springs off I-80 exit 99; Tract in T18N, R106W Section 7

Notice is hereby given that the applicant whose name is set forth below filed renewal applications, each for a **County Restaurant Liquor License** for the period April 10, 2013 through April 9, 2014, in the office of the Clerk of the County of Sweetwater, State of Wyoming. The date of filing, the names of said applicants and the descriptions of the place or premises which the applicants desire to use as the place of sale are set forth below as follows:

<u>Date of Filing</u>	<u>Applicant</u>	<u>Description of Premises in Sweetwater County</u>
January 9, 2013	Los Cabos Inc., dba Cruel Jack's Restaurant	5 miles west of Rock Springs off I-80 exit 99; Tract in T18N, R106W Section 7
January 9, 2013	Purple Sage Ventures LLC, dba Log Inn	5 miles west of Rock Springs off I-80 exit 99; Tract in T18N, R106W Section 7

Notice is hereby given that the applicants whose names are set forth below filed renewal applications, each for a **County Retail Malt Beverage Permit** for the period April 10, 2013 through April 9, 2014 in the office of the Clerk of the County of Sweetwater, State of Wyoming. The date of filing, the names of said applicants and the descriptions of the place or premises which the applicants desire to use as the place of sale are set forth below as follows:

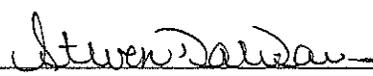
<u>Date of Filing</u>	<u>Applicant</u>	<u>Description of Premises in Sweetwater County</u>
December 26, 2012	Roger D. Varley, dba Point Merc	I-80 North Service Road, Point of Rocks; Tract in T20N, R101W, Section 27 NE/4SW/4
January 14, 2013	Mustang Travel Stop LLC, dba Mustang Travel Stop	#4484 Hwy 530 south of Green River Tract 39A T12N, R109W, Sections 22 & 27
January 9, 2013	Eaton Investments Inc., dba Farson Feed Store	3800 Hwy 191, Farson, WY T24N, R106W, Sec 9 NW/4SW/4NW/4
January 9, 2013	Little America Corporation, dba Little America Corporation	25 miles west of Green River on I-80 Tract in T18N, R110W, Section 17
January 9, 2013	Valley Mart Inc., dba Valley Mart	#2 Hwy 28, Farson, WY Tract in T25N, R106W Section 27 SW/4

Notice is hereby given that the applicant whose name is set forth below filed a renewal application for a **County Limited Retail Liquor License** for the period April 10, 2013 through April 9, 2014, in the office of the Clerk of the County of Sweetwater, State of Wyoming. The date of filing, the name of said applicant and the description of the place or premises which the applicant desires to use as the place of sale are set forth below as follows:

<u>Date of Filing</u>	<u>Applicant</u>	<u>Description of Premises in Sweetwater County</u>
January 9, 2013	Rolling Green Country Club Inc., dba Rolling Green Country Club	3.5 miles west of Green River off I-80 Tract in T18N, R107W, Section 7

Protests, if any there be, against the issuance of each and every license will be heard at the hour of 08:30 A.M. on the 5th day of March, 2013 in the Board of County Commissioners' meeting room, Sweetwater County Courthouse, Green River, Wyoming. Written protests may be submitted to the Board of County Commissioners up until the time of the hearing.

Dated this 31st day of January 2013.


Steven Dale Davis, Sweetwater County Clerk.

Please Advertise on: February 6, 13, 20, 27, 2013.

---FOR RENEWALS ONLY---

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 1000 .00
Total Lic Fee Collected	\$ 1000 .00
Publishing Fee Collected	\$ 275 .00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March/ 5 / 2013

Local Licensing Number: 2013-MC-0021

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: LT ENTERPRISES

Trade Name (dba): WHITE MOUNTAIN MINING COMPANY

Premise Address: 76 GOOKIN
Number & Street

ROCK SPRINGS, WY 82901 SWEETWATER
City State Zip County

Mailing Address: 240 CLEAR VIEW
Number & Street or P.O. Box

GREEN RIVER, WY 82935
City State Zip

Business Telephone Number: (307) 382-5265

Fax Number:

E-Mail Address: tashepard@onewest.net

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 on-premise only
 off-premise only
 combination on/off premise
 RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
 VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from January to December

DAYS OF WEEK (e.g. Mon through Sat)

Monday - Saturday

HOURS OF OPERATION (e.g. 10a - 2a)

4:30 PM to 2:00 AM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO
W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: If Winery or Microbrewery also list manufacturing facility.
(W.S.12-4-102(a)(i))

20' X 40' ROOM IN S CENTRAL PORTION OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:
W.S.12-4-102(a)(vii)

APPROX TWO MILE WEST OF ROCK SPRINGS, OFF FOOTHILL BLVD, T19N, R105W, SEC 32 TRACT

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?
(If yes, submit a drawing of the changes in the dispensing room.)

a) Do you anticipate any changes in the next twelve (12) months? YES NO

YES NO

3. Leases: If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

4. Restaurant and Bar and Grill Liquor Licenses Only:

- a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

Gross Sales:	\$ _____
Food Sales:	\$ _____ (_____ %)
Liquor Sales:	\$ _____ (_____ %)
- b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)

<input type="checkbox"/> YES <input type="checkbox"/> NO
--

5. If applicant is a Microbrewery:

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix)

<input type="checkbox"/> YES <input type="checkbox"/> NO
--
- b) Do you self distribute your products?

<input type="checkbox"/> YES <input type="checkbox"/> NO
--
- c) Do you distribute your own products through an existing malt beverage wholesaler?

<input type="checkbox"/> YES <input type="checkbox"/> NO
--

6. If applicant is an Individual(s) or Partnership: State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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?
Terrri A Shepard	7-12-58	240 Clear View Dr Green River, WY 82935	875-9433	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Larry G Shepard	1-17-54	240 Clear View Dr Green River, WY 82935	875-9433	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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"/>

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

7. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 2 day of January, 2013.

Terrri A Shepard
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss.

Larry G Shepard
Applicant

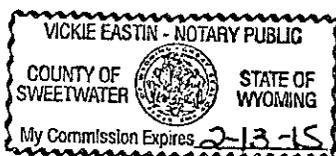
Subscribed and sworn to before me by Terrri A & Larry G Shepard this 2nd day of Jan, 2013

Witness my hand and official seal.

Vicki East

Notary Public or Person Authorized to Administer Oath

My Commission expires: 2-13-15



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

----FOR RENEWALS ONLY----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: Dec. / 19 / 2012

	Annual Fee
Basic Fee	\$ <u>1000.00</u>
Additional Disp Rm Fee	\$ _____
Total Lic Fee Collected	\$ <u>1000.00</u>
Publishing Fee Collected	\$ <u>275.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March/ 5 / 2013

Local Licensing Number: 2012-MC-0842

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: RON & CATHY RONICK

Trade Name (dba): TED'S SUPPER CLUB

Premise Address: #9 PURPLE SAGE ROAD
Number & Street

ROCK SPRINGS, WY 82901 SWEETWATER
City State Zip County

Mailing Address: PO BOX 1133
Number & Street or P.O. Box

ROCK SPRINGS, WY 82901
City State Zip

Business Telephone Number: (307) 326-7323

Fax Number: _____

E-Mail Address: _____

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
- PARTNERSHIP LLP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat)
Monday - Friday

HOURS OF OPERATION (e.g. 10a - 2a)
5:00 PM to 2:00 AM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery** also list manufacturing facility. (W.S.12-4-102(a)(i):

21' X 39' ROOM IN FRONT PORTION OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

SEC 7, T18N, R105W, I-80 EXIT #99, WEST OF ROCK SPRINGS

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.)

a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

a) Gross sales figures and percentages of income derived from:
 W.S.12-4-408(b)

Gross Sales:	\$642,908
Food Sales:	\$401,100 (62 %)
Liquor Sales:	\$241,808 (38 %)

b) Did you attach a copy of your valid food service permit to this application.
 W.S.12-4-407(a), W.S.12-4-413(a)

YES NO

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
 W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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?
Ronald E. Ronick	10-22-53	2303 Mountain Road Rock Springs, WY 82901	362-5315	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Cathy L. Ronick	9-9-59	2303 Mountain Road Rock Springs, WY 82901	362-5315	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.
 Dated this 18 day of DECEMBER, 2012.

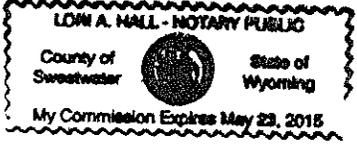
THE STATE OF WYOMING }
 COUNTY OF SWEETWATER } ss. Ronald E. Ronick Applicant
Cathy L. Ronick Applicant

Subscribed and sworn to before me by RONALD E. RONICK + CATHY L. RONICK this 18 day of DECEMBER, 2012.

Witness my hand and official seal. Wai A. Hall
 Notary Public or Person Authorized to Administer Oath

My Commission expires: 5-23-2015

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		



—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ 5500.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): Feb 6, 13, 20, 27/2013

Hearing Date: March/ 5 / 2013

Local Licensing Number: 2013-MC-0017

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: BUCKBOARD MARINA INC

Trade Name (dba): BUCKBOARD MARINA

Premise Address: 163 BUCKBOARD ROAD
Number & Street

GREEN RIVER, WY 82935 SWEETWATER
City State Zip County

Mailing Address: HCR 65 BOX 100
Number & Street or P.O. Box

GREEN RIVER, WY 82935
City State Zip

Business Telephone Number: (307) 875-6927

Fax Number: (307) 875-6927

E-Mail Address: buckbord@sweetwater.net

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

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
- PARTNERSHIP LLP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat)

Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)

7:00 AM - 7:00 P.M.

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):

12' X 10' ROOM IN NW CORNER OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

SEC 28T, 15N, R108W, FLAMING GORGE RESERVOIR

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?

(If yes, submit a drawing of the changes in the dispensing room.)

YES NO

a) Do you anticipate any changes in the next twelve (12) months?

YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: ___/___/___, located on page ____, paragraph ____ of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page ____, paragraph ____ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b)

Gross Sales: \$ _____
Food Sales: \$ _____ (____%)
Liquor Sales: \$ _____ (____%)
 YES NO

b) Did you attach a copy of your valid food service permit to this application.
W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.
If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Leslie Tanner	10/2/35	HC R65 Box 100 Green River, WY 82935	307-875-2459	41	90	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lewis L. Gay	6/6/35	HC R65 Box 100 Green River, WY 82935	307-875-6076	17	10	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lauretta Tanner	9/8/38	HC R65 Box 100 Green River WY 82935	307-875-2459	23	0	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Christine Hall	8/11/57	HC R65 Box 100 Green River WY 82935	307-875-8519	21	0	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 7th day of January, 2013.

Leslie R. Tanner
Applicant

THE STATE OF WYOMING }
COUNTY OF Sweetwater } SS.

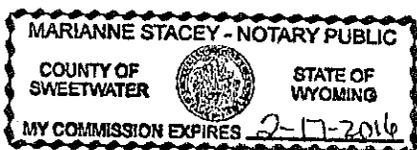
Lauretta J. Tanner
Applicant

Subscribed and sworn to before me by Leslie R. Tanner + Lauretta J. Tanner this 7th day of January, 2013.

Witness my hand and official seal.

Marianne Stacey
Notary Public or Person Authorized to Administer Oath

My Commission expires: 2-17-2016



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 22 / 2013

	Annual Fee
Basic Fee	\$ 500.00
Additional Disp Rm Fee	\$.
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0036

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: EDEN SALOON INC

Trade Name (dba): EDEN SALOON

Premise Address: 3633 A HWY 191 N
Number & Street

EDEN, WY 82932 SWEETWATER
City State Zip County

Mailing Address: 3633 A HWY 191 N
Number & Street or P.O. Box

FARSON, WY 82932
City State Zip

Business Telephone Number: (307) 273-9496

Fax Number: (307) 273-9422

E-Mail Address:

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE
 on-premise only
 off-premise only
 combination on/off premise

RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)
 SEASONAL/PART-TIME

(specify months of operation)
 from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat)
Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)
10:00 AM to 2:00 AM

Minimum Purchase Requirement:

RETAIL:
 Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:
 Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO
 W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. **Location of License:**

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.**
 (W.S.12-4-102(a)(i):
23' X 60' ROOM IN CENTER OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:
 W.S.12-4-102(a)(vii)
SEC 20, T24N, R106W

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?
 (If yes, submit a drawing of the changes in the dispensing room.) YES NO

a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
 - b) Provision for SALE of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:

Gross Sales:	\$ _____
Food Sales:	\$ _____ (_____ %)
Liquor Sales:	\$ _____ (_____ %)
- b) Did you attach a copy of your valid food service permit to this application. YES NO
W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? YES NO
W.S.12-1-101(a)(xix)
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
George E Buckendorf	10/08/1955	3629 US Hwy 191 N Eden, WY 82932	307-273-3300	24	25%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Patsy J Smith	08/10/1948	3633B Hwy 191 N Eden, WY 82932	307-273-5266	24	50%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Cindy F Buckendorf	11/16/1957	3629 US Hwy 191 N Eden, WY 82932	307-273-3300	24	25%	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.
Dated this 17 day of January, 2013.

THE STATE OF WYOMING

COUNTY OF Sweetwater } ss.

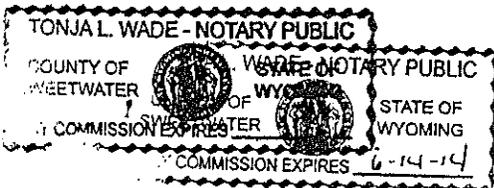
Cindy Buckendorf Applicant
Patsy J Smith Applicant

Subscribed and sworn to before me by Cindy Buckendorf this 17th day of January, 2013.
Patsy J Smith

Witness my hand and official seal.

Tonja L Wade
Notary Public or Person Authorized to Administer Oath

My Commission expires: June 14, 2014



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

----FOR RENEWALS ONLY----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 14 / 2013

	Annual Fee
Basic Fee	\$ 500.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received **Yes**

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0029

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: THE HUB LLC

Trade Name (dba): MUSTANG TRAVEL STOP

Premise Address: 4484 HWY 530
Number & Street

SOUTH OF
GREEN RIVER, WY 82935 SWEETWATER
City State Zip County

Mailing Address: PO BOX 250
Number & Street or P.O. Box

MANILA, UT 84046
City State Zip

Business Telephone Number: (435) 784-3515

Fax Number: (435) 784-3363

E-Mail Address:

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.**

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION
- LLC
- LLP

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from January to December

DAYS OF WEEK (e.g. Mon through Sat)
Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)
3:00 PM to 2:00 AM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):

50' X 50' ROOM IN SW PORTION OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

PARCEL OF LAND IN SEC 22 & 27, T12N, R109W OF THE 6TH P.M., SEWWTWATER COUNTY, TRACT 39A

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?

(If yes, submit a drawing of the changes in the dispensing room.)

YES NO

a) Do you anticipate any changes in the next twelve (12) months?

YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: / / , located on page , paragraph of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page , paragraph of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from: Gross Sales: \$ 350,000
 W.S.12-4-408(b) Food Sales: \$ 155,000 (44) %
Liquor Sales: \$ 200,000 (56) %
- b) Did you attach a copy of your valid food service permit to this application. YES NO
 W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
 W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.
If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip		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"/>
					YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip		Residence Phone Number	No of years in corp or LLC	% of Stock Held	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"/>
Rick Slough	12/29/72	516 E State Line 25x11 Mantle UT 84046		735 784-3515	11	50	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Mandy Slough	2/25/75	516 E State Line 25x11 Mantle UT 84046		735 784-3515	11	50	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
							YES <input type="checkbox"/>	YES <input type="checkbox"/>
							NO <input type="checkbox"/>	NO <input type="checkbox"/>
							YES <input type="checkbox"/>	YES <input type="checkbox"/>
							NO <input type="checkbox"/>	NO <input type="checkbox"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

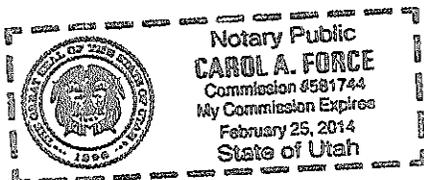
Dated this 9th day of January, 2013.

THE STATE OF Wyoming }
 COUNTY OF Daggett } ss. Mandy Slough Applicant
Carol A. Force Applicant

Subscribed and sworn to before me by Mandy Slough this 9th day of January, 2013.

Witness my hand and official seal. Carol A. Force
 Notary Public or Person Authorized to Administer Oath

My Commission expires: 2-25-2014



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
**RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY**

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 12 / 26 / 2012

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 500.00
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2012-MC-0846

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: VARLEY MECANTILE LLC

Trade Name (dba): POINT BAR

Premise Address: MP 130 I-80
Number & Street

POINT OF ROCKS, WY 82942 SWEETWATER
City State Zip County

Mailing Address: PO BOX 130
Number & Street or P.O. Box

POINT OF ROCKS, WY 82942
City State Zip

Business Telephone Number: (307) 363-2092

Fax Number: (307) 362-2098

E-Mail Address: rdvarley@sweetwater.net

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION
- LLC
- LLP

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from January to December

DAYS OF WEEK (e.g. Mon through Sat)

Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)

7:00 AM to 2:00 AM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):

40' X 48' ROOM ON WEST SIDE OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license: W.S.12-4-102(a)(vii)

NE/4 SW/4, SEC 27, T20N, R101W, ZONED CRS

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?

(If yes, submit a drawing of the changes in the dispensing room.)

YES NO

a) Do you anticipate any changes in the next twelve (12) months?

YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: 12/31/2016, located on page 2, paragraph 2 of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page 3, paragraph 4 of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:
 W.S.12-4-408(b)
- Gross Sales: \$ _____
 Food Sales: \$ _____ (_____ %)
 Liquor Sales: \$ _____ (_____ %)
- b) Did you attach a copy of your valid food service permit to this application.
 W.S.12-4-407(a), W.S.12-4-413(a)
- YES NO

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
 W.S.12-1-101(a)(xix)
- b) Do you self distribute your products?
- c) Do you distribute your own products through an existing malt beverage wholesaler?
- YES NO
 YES NO
 YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
A. Jeff Varley	2-27 1959	212 Park Ave Pt of Rocks WY 82942	362-4166	17	10%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Roger Varley	1-04 1963	410 Pioneer Ave Pt of Rocks WY 82942	350-4185	17	90%	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 19th day of December, 2012.

THE STATE OF WYOMING

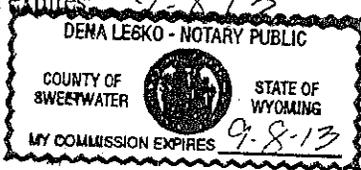
COUNTY OF _____ } SS.

Subscribed and sworn to before me by Roger A. Varley this 19th day of December, 2012.

Witness my hand and official seal.

Notary Public or Person Authorized to Administer Oath

My Commission expires: 9-8-13



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 8 / 2013

	Annual Fee
Basic Fee	\$ 500.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0006

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: LALENE A MILLER

Trade Name (dba): MITCH'S

Premise Address: 4070 HWY 191
Number & Street

FARSON, WY 82932 SWEETWATER
City State Zip County

Mailing Address: PO BOX 125
Number & Street or P.O. Box

FARSON, WY 82932
City State Zip

Business Telephone Number: (307) 273-9606

Fax Number:

E-Mail Address:

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!**

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

RETAIL LIQUOR LICENSE

on-premise only
 off-premise only
 combination on/off premise

RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)
 SEASONAL/PART-TIME
 (specify months of operation)

from January to December

DAYS OF WEEK (e.g. Mon through Sat)
Tuesday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)
10:00 AM to 11:00 PM

Minimum Purchase Requirement:

RETAIL:
 Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:
 Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO
 W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

- Location of License:
 - Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i))
12' X 12' ROOM ON N END OF BLDG
 - Do you have an additional dispensing room? YES NO
 - If yes, provide description and location:
 - Provide the legal description and the zoning of the site where the applicant will sell under the license:
 W.S.12-4-102(a)(vii)
PART OF SW/4 NW/4, SEC 27, T25N, R106W OF THE 6TH P.M., SWEETWATER COUNTY
- Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.) YES NO
 - Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: 04/10/2014, located on page 1, paragraph 1 of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page 1, paragraph 2 of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b)

Gross Sales: \$ 28,932.70
 Food Sales: \$ 22,586.19 82 %
 Liquor Sales: \$ 6,346.51 18 %
 YES NO

b) Did you attach a copy of your valid food service permit to this application.
W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term)?
W.S.12-1-101(a)(xix)
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.
If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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?
Lalene A. Miller	08/31/1967	4070 Hwy 191 North Farson WY 82932	(307) 273-9533	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 7 day of January, 2013.

THE STATE OF WYOMING
 COUNTY OF Sweetwater } SS.

Lalene A. Miller
 Applicant

Applicant

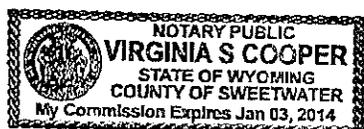
Subscribed and sworn to before me by Lalene A. Miller this 7th day of January, 2013.

Witness my hand and official seal.

Virginia A. Cooper

Notary Public or Person Authorized to Administer Oath

My Commission expires: Jan 03, 2014



FOR LIQUOR DIVISION USE ONLY	
Reviewer Initials	Date
Agent:	
Chief:	
Acct:	

----FOR RENEWALS ONLY----
**RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
 FOR LIQUOR, WINERY OR MICROBREWERY**

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 28 / 2013

	Annual Fee
Basic Fee	\$ 500.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0049

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: SPRING CREEK GUEST RANCH INC

Trade Name (dba): SPRING CREEK GUEST RANCH

Premise Address: 55079B HWY 191 S
Number & Street

MINNIES GAP, WY 82935 SWEETWATER
City State Zip County

Mailing Address: 2837 HIDDEN VALLEY ROAD
Number & Street or P.O. Box

TEMPLETON, CA 93465
City State Zip

Business Telephone Number: (307) 350-3005

Fax Number: (307) 350-3047

E-Mail Address: gsanders2837@gmail.com

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 on-premise only
 off-premise only
 combination on/off premise
 RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
 VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from March to October

DAYS OF WEEK (e.g. Mon through Sat)
Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)
2:00 PM to 11:00 PM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: If Winery or Microbrewery also list manufacturing facility. (W.S.12-4-102(a)(i):

12' X 36' ROOM ENTIRE BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

SEC 17, T12N, R160W

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.)

a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: ___/___/___, located on page ___, paragraph ___ of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page ___, paragraph ___ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b)

Gross Sales: \$ 22920.04
Food Sales: \$16900.50 (74%)
Liquor Sales: \$ 5951.54 (26%)

b) Did you attach a copy of your valid food service permit to this application.
W.S.12-4-407(a), W.S.12-4-413(a)

YES NO

5. **If applicant is a Microbrewery:**

a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
W.S.12-1-101(a)(xix)

YES NO

b) Do you self distribute your products?

YES NO

c) Do you distribute your own products through an existing malt beverage wholesaler?

YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Greg Sanders	6-12-65	2937 Hidden Valley Tomball, TX 77346	434-9807	7	50%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Corrie Sanders	11-5-65	"	"	7	50%	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 16 day of January, 2013.

THE STATE OF WYOMING

COUNTY OF _____ } SS.

[Signature]
Applicant
[Signature]
Applicant

Subscribed and sworn to before me by _____ this _____ day of _____.

Witness my hand and official seal.

See Attachment

Notary Public or Person Authorized to Administer Oath

My Commission expires: _____

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], not Notary)

~~_____
Signature of Document Signer No. 1~~

~~_____
Signature of Document Signer No. 2 (if any)~~

State of California

County of San Luis Obispo

Subscribed and sworn to (or affirmed) before me on this

16 day of January, 2013, by

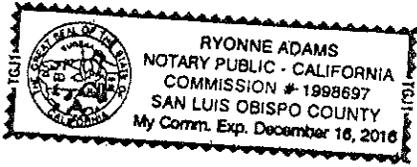
(1) Gregory Sanders
Date Month Year Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)

(and
(2) Carolyn Sanders
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature [Handwritten Signature]
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

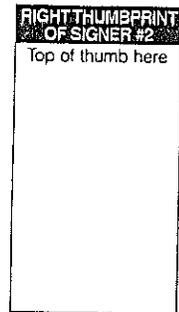
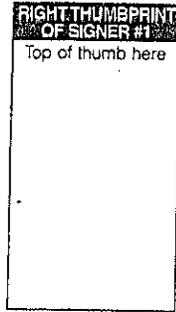
Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Application / Renewal

Document Date: Jan 16 2013 Number of Pages: 2

Signer(s) Other Than Named Above: _____



—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ 500.00
Additional Disp Rm Fee	\$ _____
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0025

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: LITTLE AMERICA HOTELS & RESORTS INC

Trade Name (dba): LITTLE AMERICA

Premise Address: 6945 HIGHWAY 374
Number & Street

GREEN RIVER, WY 82929 SWEETWATER
City State Zip County

Mailing Address: PO BOX 30825
Number & Street or P.O. Box

SALT LAKE CITY, UT 84130
City State Zip

Business Telephone Number: (307) 875-2400

Fax Number: _____

E-Mail Address: _____

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.**

<p>FILING IN</p> <p><input checked="" type="checkbox"/> COUNTY OF <u>SWEETWATER</u></p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP</p> <p><input checked="" type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)</p>	<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p> <p><input checked="" type="checkbox"/> RETAIL LIQUOR LICENSE</p> <p> <input checked="" type="checkbox"/> on-premise only</p> <p> <input type="checkbox"/> off-premise only</p> <p> <input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p>DO YOU OPERATE?</p> <p><input checked="" type="checkbox"/> FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation)</p> <p>from <u>Monday</u> to <u>_____</u></p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>Monday - Sunday</u></p> <p>HOURS OF OPERATION (e.g. 10a - 2a) <u>24 hours</u></p>
--	--	---

Minimum Purchase Requirement:

RETAIL:
 Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:
 Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO
 W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

- Location of License:**
 - Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i))
15' X 35' ROOM IN CENTER OF MAIN BLDG
 - Do you have an additional dispensing room? YES NO
 - If yes, provide description and location:
 - Provide the legal description and the zoning of the site where the applicant will sell under the license: (W.S.12-4-102(a)(vii))
25 MILES WEST OF GREEN RIVER, T18N, R110W, SEC 17 TRACT
- Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.) YES NO
 - Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: / / , located on page , paragraph of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page , paragraph of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b)

Gross Sales: \$3,246,893
Food Sales: \$3,131,247 (96.44%)
Liquor Sales: \$115,646 (3.56%)
 YES NO

b) Did you attach a copy of your valid food service permit to this application.
W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term?
W.S.12-1-101(a)(xix)
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
SEE ATTACHED						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, complete in identical form, on a separate piece of paper and attach to this application.)

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 3rd day of January, 2013.

THE STATE OF ~~WYOMING~~ Utah
COUNTY OF Salt Lake } SS.

S. E. Holding
S.E. Holding VP Applicant

S.K. Mayeda
S.K. Mayeda, Sec. Applicant

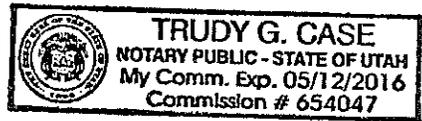
Subscribed and sworn to before me by S.K. Mayeda, Sec this 3rd day of January, 2013.

Witness my hand and official seal.

Trudy G. Case

Notary Public or Person Authorized to Administer Oath

My Commission expires: May 12, 2016



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

Directors/Officers of Little America Hotels & Resorts, Inc.

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>% of Stock Held</u>	<u>Years in Corp</u>
Chairman, Vice President	Stephen E. Holding	4061 Mt. Olympus Way Salt Lake City, UT 84124	801-524-2715	0%	24
Director	Carol Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	0%	44
Director	L.C. Hart	943 E. 260 N. Orem, UT 84097	801-524-2756	0%	14
Chief Executive Officer	Bruce Fery	6351 Shenandoah Park Ave Salt Lake City, UT 84121	801-728-3050	0%	9
Vice President, Comptroller	Mark A. Sykes	987 Melbourne Court Farmington, UT 84025	801-451-6189	0%	6
Chief Tax Officer	Terry Whipple	4459 S. 2700 E. Salt Lake City, UT 84124	801-524-2983	0%	24
Secretary	Scott K. Mayeda	2324 South 2200 East Salt Lake City, UT 84109	801-524-2752	0%	14

Note: No Director/Officer has been convicted of a felony or violation relating to alcoholic liquor or malt beverages.

100% of the stock of Little America Hotels & Resorts, Inc. is owned by Grand America Hotel & Resorts, Inc.

RECORDED 16203 AT 2:48 PM REC# 2013-VC-0024 BK# CP
 STEVEN DALE DAVIS, CLERK OF SWEETWATER COUNTY, WY Page 4 of 6

Directors/Officers of Grand America Hotel & Resorts, Inc.

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>% of Stock Held</u>	<u>Years in Corp</u>
Chairman, CEO	Bruce Fery	6351 Shenandoah Park Ave Salt Lake City, UT 84121	801-728-3050	0%	9
Director	K.M. Holding	2800 West Lincolnway Cheyenne, WY 82001	801-524-2967	0%	25
Director	Carol Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	0.00%	44
Director	Ross Matthews	2800 West Lincolnway Cheyenne, WY 82001	801-524-2967	0%	7
Director, Vice President	Stephen E. Holding	4061 Mt. Olympus Way Salt Lake City, UT 84124	801-524-2715	0%	24
Vice President, Comptroller	Mark A. Sykes	987 Melbourne Court Farmington, UT 84025	801-451-6189	0%	6
Chief Tax Officer	Terry Whipple	4459 S. 2700 E. Salt Lake City, UT 84124	801-272-4530	0%	24
Secretary	Lynn C. Hart	943 E. 260 N. Orem, UT 84097	801-524-2756	0%	14

Note: No Director/Officer has been convicted of a felony or violation relating to alcoholic liquor or malt beverages.

100% of the stock of Grand America Hotel & Resorts, Inc. is owned by The Sinclair Companies

RECORDED 197013 ALPARK BY FILED MOUNTAIN VIEW, WY
 STEVEN DALE DAVIS, CLERK OF SWEETWATER COUNTY, WY Page 5 of 6

Directors/ Officers of The Sinclair Companies

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>% of Stock held</u>	<u>Years in Corp</u>
Chairman Emeritus	R.E. Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	16.14%	44
Chairman, Executive VP Assistant Secretary	Carol Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	4.03%	44
Director, Vice Chairman President	Stephen E. Holding	4061 Mt. Olympus Way Salt Lake City, UT 84124	801-524-2715	30.31%	24
Director Vice President, Secretary	K.M. Holding	2800 West Lincolnway Cheyenne, WY 82001	801-524-2967	27.38%	25
Director	Anne Holding Peterson	P.O. Box 1529 Cheyenne, WY 82003-1529	801-524-2714	19.08%	41
Chief Operating Officer	Ross Matthews	2800 West Lincolnway Cheyenne, WY 82001	801-524-2967	0%	7
Senior Vice President Government Relations	Clint W. Ensign	8817 Crest Point Salt Lake City, UT	801-943-3034	0%	28
Chief Tax Officer	Terry R. Whipple	4458 S. 2700 E. Salt Lake City, UT 84124	801-272-4530	0%	24
Treasurer	Charles E. Barlow	1130 Manchester Kaysville, UT 84037	801-544-9711	0%	35

RECORDED IN 2013 BY CLERK OF SWEETWATER COUNTY, WY
 STEVEN DALE DAVIS, CLERK OF SWEETWATER COUNTY, WY
 CP
 PG#
 6 of 6

**NOTE: No Director/Officer has been convicted of a felony violation or convicted of a violation relating to alcoholic liquor or malt beverages.
 1.53% of The Sinclair Companies Stock is owned by MKM Trust
 1.53% of The Sinclair Companies Stock is owned by DRM Trust**

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ 1200.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 1200.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0023

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: JO/ETTA LLC

Trade Name (dba): THE TRAVEL CAMP

Premise Address: 350 WASHINGTON STREET
Number & Street

GREEN RIVER, WY 82935 SWEETWATER
City State Zip County

Mailing Address: PO BOX 87
Number & Street or P.O. Box

GREEN RIVER, WY 82935
City State Zip

Business Telephone Number: (307) 875-4154

Fax Number: (307) 875-2681

E-Mail Address: Smthpurple@aol.com
dwinter@msn.com

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

<p>FILING IN</p> <p><input checked="" type="checkbox"/> COUNTY OF <u>SWEETWATER</u></p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LLC</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP</p> <p><input type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)</p>	<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p> <p><input checked="" type="checkbox"/> RETAIL LIQUOR LICENSE</p> <p> <input checked="" type="checkbox"/> on-premise only</p> <p> <input type="checkbox"/> off-premise only</p> <p> <input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p>DO YOU OPERATE?</p> <p><input checked="" type="checkbox"/> FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation)</p> <p>from <u>January</u> to <u>December</u></p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>Monday - Sunday</u></p> <p>HOURS OF OPERATION (e.g. 10a - 2a) <u>8:00 AM to 8:00 PM</u></p>
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Minimum Purchase Requirement:

RETAIL:
 Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:
 Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

- Location of License:
 - Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):
18' X 10' ROOM ON SW SIDE OF BLDG
 - Do you have an additional dispensing room? YES NO
 - If yes, provide description and location:
 - Provide the legal description and the zoning of the site where the applicant will sell under the license:
 W.S.12-4-102(a)(vii)
LOTS 9&10 & PT OF LOT 11 BLK 16 JAMESTOWN
- Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.) YES NO
 - Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: / / , located on page , paragraph of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page , paragraph of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:

Gross Sales:	\$	<u> </u>
Food Sales:	\$	<u> </u> (<u> </u> %)
Liquor Sales:	\$	<u> </u> (<u> </u> %)
- b) Did you attach a copy of your valid food service permit to this application. YES NO
W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term? YES NO
W.S.12-1-101(a)(xix)
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</i>	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Shelley E. Smith	2-25-62	P.O. Box 87 Green River WY 83325 135 29 ³ / ₄ Road Grand Junction, CO 81503	1-970-246-458	6 months	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 29th day of December, 2012.

JO/ETTA LLC.

Applicant

THE STATE OF WYOMING }
COUNTY OF Sweetwater } ss.

Shelley E. Smith - Mgr JO/ETTA LLC
Applicant

Subscribed and sworn to before me by Shelley E Smith. this 29th day of December, 2012.

Witness my hand and official seal.

Shirley Harris

Notary Public or Person Authorized to Administer Oath

My Commission expires: 9-11-2014



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ <u>1000.00</u>
Additional Disp Rm Fee	\$ _____
Total Lic Fee Collected	\$ <u>1000.00</u>
Publishing Fee Collected	\$ <u>275.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0022

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: HUSKY SUPER STOP INC

Trade Name (dba): CRUEL JACK'S TRAVEL PLAZA

Premise Address: 8 PURPLE SAGE ROAD
Number & Street

ROCK SPRINGS, WY 82901 SWEETWATER
City State Zip County

Mailing Address: PO BOX 1480
Number & Street or P.O. Box

ROCK SPRINGS, WY 82902
City State Zip

Business Telephone Number: (307) 362-2171

Fax Number: (307) 362-4328

E-Mail Address: crueljacks@sweetwaterhsa.com

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

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

- FULL TIME (e.g. Jan through Dec)
 - SEASONAL/PART-TIME
- (specify months of operation)
- from _____ to _____
- DAYS OF WEEK (e.g. Mon through Sat)
Monday - Sunday
- HOURS OF OPERATION (e.g. 10a - 2a)
24 Hours

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery** also list manufacturing facility. (W.S.12-4-102(a)(i):

10' X 14' ROOM IN NE CORNER OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)
T18NR 106W SEC7 TRACT, CRUEL JACK'S, 8 PURPLE SAGE RD., ROCK SPRINGS, WY, ZONED COMMERCIAL

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.) YES NO

a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: 4/30/2016, located on page 1, paragraph 1 of lease document. *extension agreement*
- b) Provision for SALE of alcohol or malt beverages located on page 1, paragraph 2 of lease document. *modification agreement*

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:

Gross Sales:	\$ _____
Food Sales:	\$ _____ (_____ %)
Liquor Sales:	\$ _____ (_____ %)
- b) Did you attach a copy of your valid food service permit to this application. YES NO

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.
If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Darrell Kruljac	8-27-43	1129 Hilltop Drive Rock Springs, WY 82935	(307) 389-7710	37	50%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Carole Kruljac	2-17-47	1129 Hilltop Drive Rock Springs, WY 82935	(307) 389-7710	37	50%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Traci Grandoit	9/5/1973	90 Sterling Place Bridge Port, CT 06604	917-576-6214	20	0%	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.
 Dated this 20th day of December, 2012.

THE STATE OF WYOMING
 COUNTY OF Sweetwater } ss.

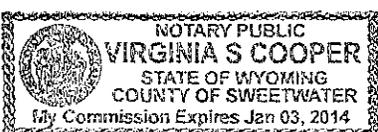
Husky Super Stop, Inc
 by: Carole J Kruljac Applicant
 Shareholder and Officer
 by: Darrell Kruljac Applicant
 Shareholder and Officer

Subscribed and sworn to before me by Carole & Darrell Kruljac this 20th day of December, 2012.

Witness my hand and official seal.

Virginia S Cooper
 Notary Public or Person Authorized to Administer Oath

My Commission expires: Jan 03, 2014



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ 1200.00
Additional Disp Rm Fee	\$ _____
Total Lic Fee Collected	\$ 1200.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0016

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: LOS CABOS INC

Trade Name (dba): CRUEL JACK'S RESTAURANT

Premise Address: 8 PURPLE SAGE ROAD
Number & Street

ROCK SPRINGS, WY 82901 SWEETWATER
City State Zip County

Mailing Address: 117 K STREET
Number & Street or P.O. Box

ROCK SPRINGS, WY 82901
City State Zip

Business Telephone Number: (307) 871-2530

Fax Number: _____

E-Mail Address: mabaker@wyoming.com

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.**

<p>FILING IN</p> <p><input checked="" type="checkbox"/> COUNTY OF <u>SWEETWATER</u></p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP</p> <p><input checked="" type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input checked="" type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)</p>	<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> RETAIL LIQUOR LICENSE</p> <p style="margin-left: 20px;"><input type="checkbox"/> on-premise only</p> <p style="margin-left: 20px;"><input type="checkbox"/> off-premise only</p> <p style="margin-left: 20px;"><input type="checkbox"/> combination on/off premise</p> <p><input checked="" type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p>DO YOU OPERATE?</p> <p><input checked="" type="checkbox"/> FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation)</p> <p>from <u>Sunday</u> to _____</p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>Sunday - Saturday</u></p> <p>HOURS OF OPERATION (e.g. 10a - 2a) <u>6:00 AM to 10:00 PM</u></p>
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Minimum Purchase Requirement:

RETAIL:
 Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:
 Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO
 W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:
 - a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: If Winery or Microbrewery also list manufacturing facility. (W.S.12-4-102(a)(i):
6' X 8' ROOM IN SW CORNER OF BLDG
 - b) Do you have an additional dispensing room? YES NO
 - c) If yes, provide description and location:
 - d) Provide the legal description and the zoning of the site where the applicant will sell under the license:
 W.S.12-4-102(a)(vii)
T18N, R106W, SEC 7 TRACT
2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.) YES NO
 - a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: ____/____/____, located on page _____, paragraph _____ of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

Gross Sales:	\$ 201,775.98
Food Sales:	\$ 791,731.11 (99 %)
Liquor Sales:	\$ 10,044.87 (1 %)
- b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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- b) Do you self distribute your products?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------
- c) Do you distribute your own products through an existing malt beverage wholesaler?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</i>	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
PLACIDO M. PICOS	12/28/1959	2355 PENNSYLVANIA GREEN RIVER, WY 82935	307-875-1661	13	50%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
MARTA ELENA MENA	5/23/1971	2355 PENNSYLVANIA GREEN RIVER, WY 82935	307-875-1661	9	50%	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 14 day of January, 2013

Placido M Picos
Applicant

THE STATE OF WYOMING }
COUNTY OF SWEETWATER } ss.

Maria Elena Mena
Applicant
and Maria Elena Mena

Subscribed and sworn to before me by Placido M Picos this 14 day of January, 2013.

Witness my hand and official seal.

Pamela Moody
Notary Public or Person Authorized to Administer Oath

My Commission expires: Jan 12 2015

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		



—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ 1200.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 1200.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0018

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: PURPLE SAGE VENTURES LLC

Trade Name (dba): LOG INN

Premise Address: 10 PURPLE SAGE ROAD
Number & Street

ROCK SPRINGS, WY 82901 SWEETWATER
City State Zip County

Mailing Address: PO BOX 1630
Number & Street or P.O. Box

GREEN RIVER, WY 82935
City State Zip

Business Telephone Number: (307) 382-0091

Fax Number: (307) 362-2473

E-Mail Address: loginnrestaurant@hotmail.com

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION
- LLC
- LLP

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat)

Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)

4:00 PM to 12:00 AM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):

6' X 6' ROOM IN CENTER OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license: (W.S.12-4-102(a)(vii)

TRACT IN SECTION 12, T18N, R106W, SWEETWATER COUNTY, WY, ZONED COMMERCIAL

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?

(If yes, submit a drawing of the changes in the dispensing room.)

a) Do you anticipate any changes in the next twelve (12) months? YES NO

YES NO



3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: / / , located on page , paragraph of lease document.
 - b) Provision for SALE of alcohol or malt beverages located on page , paragraph of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:

Gross Sales:	\$ <u>129,439.30</u>
Food Sales:	\$ <u>113,391.04</u> (86.0%)
Liquor Sales:	\$ <u>18,996.26</u> (13.9%)
- b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) YES NO

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Leslie R Tanner	12/2/35	GreenRiver WY 82435 HCR 65 Box 100	307-875-2459	1yr	50	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lauretta J. Tanner	9/8/38	HCR 65 Box 100 GreenRiver, WY 82435	307-875-2459	1yr	50	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 7th day of January, 2013.

Leslie R Tanner
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss.

Lauretta J. Tanner
Applicant

Subscribed and sworn to before me by Leslie R Tanner + Lauretta J Tanner this 7th day of January, 2013.

Witness my hand and official seal.

Marianne Stacey
Notary Public or Person Authorized to Administer Oath

My Commission expires: 2-17-2016



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 12 / 26 / 2012

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 100.00
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2012-MC-0847

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: ROGER D VARLEY

Trade Name (dba): POINT MERC

Premise Address: 2 ON I-80 SERVICE ROAD
Number & Street

POINT OF ROCKS, WY 82942 SWEETWATER
City State Zip County

Mailing Address: PO BOX 41
Number & Street or P.O. Box

POINT OF ROCKS, WY 82942
City State Zip

Business Telephone Number: (307) 362-2092

Fax Number: (307) 362-2098

E-Mail Address: rdvamey@sweetwater.net

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 on-premise only
 off-premise only
 combination on/off premise
 RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
 VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from January to December

DAYS OF WEEK (e.g. Mon through Sat)

Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)

6:00 AM to 10:00 PM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):

78' X 45' ROOM ON EAST SIDE OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

NE/4 SW/4, SEC 27, T20N, R101W, NORTH OF I-80 AT POINT OF ROCKS

2. Have there been any changes in the physical location of the dispensing room since the last application was filed?

(If yes, submit a drawing of the changes in the dispensing room.)

YES NO

a) Do you anticipate any changes in the next twelve (12) months?

YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: 12 / 31 / 2016, located on page 2, paragraph 2 of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page 3, paragraph 4 of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
- Gross Sales: \$ _____
 Food Sales: \$ _____ (%)
 Liquor Sales: \$ _____ (%)
- b) Did you attach a copy of your valid food service permit to this application. YES NO
 W.S.12-4-407(a), W.S.12-4-413(a)

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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?
Roger D. Varley	1-4-63	410 Pioneer Ave Point of Rocks WY 82942	350-4185	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 19th day of December, 2012.

THE STATE OF WYOMING

COUNTY OF _____ } SS.

Applicant

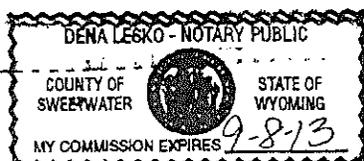
Applicant

Subscribed and sworn to before me by Roger D. Varley this 19th day of December, 2012.

Witness my hand and official seal.

Notary Public or Person Authorized to Administer Oath

My Commission expires: 9-8-13



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 14 / 2013

	Annual Fee
Basic Fee	\$ 100 .00-
Additional Disp Rm Fee	\$.
Total Lic Fee Collected	\$ 100 .00
Publishing Fee Collected	\$ 275 .00

Required Attachments Received Yes

Advertising Dates(4): February 6,13,20,27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0030

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: MUSTANG TRAVEL STOP LLC

Trade Name (dba): MUSTANG TRAVEL STOP

Premise Address: 4484 HWY 530
Number & Street

SOUTH OF GREEN RIVER, WY 82935 SWEETWATER
City State Zip County

Mailing Address: PO BOX 250
Number & Street or P.O. Box

MANILA, UT 84046
City State Zip

Business Telephone Number: (435) 784-3515

Fax Number: (435) 784-3363

E-Mail Address:

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LTD PARTNERSHIP
- ASSOCIATION
- ORGANIZATION
- LLC
- LLP

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from April 1st to Nov. 1st

DAYS OF WEEK (e.g. Mon through Sat)

Monday - Sunday

HOURS OF OPERATION (e.g. 10a - 2a)

7:00 AM to 9:00 PM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: If Winery or Microbrewery also list manufacturing facility. (W.S.12-4-102(a)(i):

30' X 15' ROOM IN SW CORNER OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

PARCEL OF LAND IN SEC 22 & 27, T12N, R109W OF THE 6TH P.M., SWEETWATER COUNTY, WY, TRACT 39A

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.)

YES NO

a) Do you anticipate any changes in the next twelve (12) months?

YES NO



3. Leases: If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: ___/___/___, located on page ___, paragraph ___ of lease document.
b) Provision for SALE of alcohol or malt beverages located on page ___, paragraph ___ of lease document.

4. Restaurant and Bar and Grill Liquor Licenses Only:

a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

Gross Sales: \$ _____
Food Sales: \$ _____ (%)
Liquor Sales: \$ _____ (%)
YES NO

b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a)

5. If applicant is a Microbrewery:

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix)
b) Do you self distribute your products?
c) Do you distribute your own products through an existing malt beverage wholesaler?

6. If applicant is an Individual(s) or Partnership: State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

Table with 7 columns: True and Correct Name, Date of Birth, DO NOT LIST PO BOXES (Residence Address, Street, City, State & Zip), 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?

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

7. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: State the name, date of birth and residence of 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.

Table with 8 columns: True and Correct Name, Date of Birth, DO NOT LIST PO BOXES (Residence Address, Street, City, State & Zip), Residence Phone Number, No of years in corp or LLC, % of Stock Held, Have you been Convicted of a Felony Violation?, Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 9 day of January, 2013.

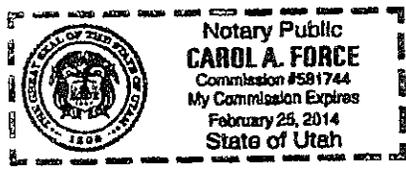
THE STATE OF WYOMING }
COUNTY OF Daggett } ss.

Signatures of Mandy Slough and Rick Slough, Applicants

Subscribed and sworn to before me by Mandy Slough this 9th day of January, 2013.

Witness my hand and official seal. Carol A. Force, Notary Public

My Commission expires: 2-25-2013



FOR LIQUOR DIVISION USE ONLY
Reviewer Initials Date
Agent:
Chief:
Acct:

---FOR RENEWALS ONLY---
**RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY**

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

Basic Fee	Annual Fee
\$ 100.00	\$ 100.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0019

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: EATON INVESTMENTS INC

Trade Name (dba): FARSON FEED STORE

Premise Address: 3800 HWY 191
Number & Street

FARSON, WY 82932 SWEETWATER
City State Zip County

Mailing Address: 3800 HWY 191
Number & Street or P.O. Box

FARSON, WY 82932
City State Zip

Business Telephone Number: (307) 273-3276

Fax Number: (307) 273-3277

E-Mail Address: deaton@wyoming.com

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.

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 - on-premise only
 - off-premise only
 - combination on/off premise
- RESTAURANT LIQUOR LICENSE
- RESORT LIQUOR LICENSE
- COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB
- MICROBREWERY
- WINERY
- BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat)

Sunday - Saturday

HOURS OF OPERATION (e.g. 10a - 2a)

Monday to Saturday 5:00 AM

to 9:00 PM Sunday 6:00 AM to

9:00 PM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i))

40' X 70' ROOM AT THE SOUTH END OF FEED STORE

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

NW/4SW/4NW/4 OF SEC 9, T24N, R106W OF THE 6TH P.M. SEWWTWATER COUNTY

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.)

a) Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: / / , located on page , paragraph of lease document.
 - b) Provision for SALE of alcohol or malt beverages located on page , paragraph of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:

Gross Sales:	\$	_____	
Food Sales:	\$	_____	(_____) %
Liquor Sales:	\$	_____	(_____) %
- b) Did you attach a copy of your valid food service permit to this application. YES NO
W.S.12-4-407(a), W.S.12-4-413(a).

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons during the previous license term? W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No. of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Dustin J Eaton	3/9/74	3700 Hwy A1 Ferson WY 82932	307-354-6797	8	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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 7th day of January, 2013

Applicant

THE STATE OF WYOMING

COUNTY OF Sweetwater SS.

Applicant

Subscribed and sworn to before me by Dustin Eaton this 7th day of January, 2013.

Witness my hand and official seal.

Notary Public or Person Authorized to Administer Oath

My Commission expires March 12, 2013



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—
RENEWAL OF LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

	Annual Fee
Basic Fee	\$ <u>100.00</u>
Additional Disp Rm Fee	\$ <u> </u>
Total Lic Fee Collected	\$ <u>100.00</u>
Publishing Fee Collected	\$ <u>275.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 6,13,20,27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0024

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
 State of Wyoming Liquor Division
 6601 Campstool Rd.
 Cheyenne WY 82002-0110

Applicant: LITTLE AMERICA CORPORATION

Trade Name (dba): LITTLE AMERICA CORPORATION

Premise Address: 6945 HWY 374
Number & Street

GREEN RIVER, WY 82929 SWEETWATER
City State Zip County

Mailing Address: PO BOX 30825
Number & Street or P.O. Box

SALT LAKE CITY, UT 84130
City State Zip

Business Telephone Number: (307) 875-2400

Fax Number:

E-Mail Address:

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.**

<p>FILING IN</p> <p><input checked="" type="checkbox"/> COUNTY OF <u>SWEETWATER</u></p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP</p> <p><input checked="" type="checkbox"/> CORPORATION</p> <p><input type="checkbox"/> LTD PARTNERSHIP</p> <p><input type="checkbox"/> ASSOCIATION</p> <p><input type="checkbox"/> ORGANIZATION</p> <p><input type="checkbox"/> LOCATED WITHIN 5 MILES OF CITY (County License only)</p>	<p>TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)</p> <p><input type="checkbox"/> RETAIL LIQUOR LICENSE</p> <p style="margin-left: 20px;"><input type="checkbox"/> on-premise only</p> <p style="margin-left: 20px;"><input type="checkbox"/> off-premise only</p> <p style="margin-left: 20px;"><input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE</p> <p><input type="checkbox"/> RESORT LIQUOR LICENSE</p> <p><input checked="" type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> FRATERNAL CLUB</p> <p><input type="checkbox"/> GOLF CLUB</p> <p><input type="checkbox"/> SOCIAL CLUB</p> <p><input type="checkbox"/> MICROBREWERY</p> <p><input type="checkbox"/> WINERY</p> <p><input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p>DO YOU OPERATE?</p> <p><input checked="" type="checkbox"/> FULL TIME (e.g. Jan through Dec)</p> <p><input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation)</p> <p>from <u>January</u> to <u>December</u></p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>Monday - Sunday</u></p> <p>HOURS OF OPERATION (e.g. 10a - 2a) <u>24 Hours</u></p>
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Minimum Purchase Requirement:

RETAIL:
 Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:
 Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

- Location of License:**
 - Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):
118' X 71' ROOM IN MAIN BLDG
 - Do you have an additional dispensing room? YES NO
 - If yes, provide description and location:
 - Provide the legal description and the zoning of the site where the applicant will sell under the license:
 W.S.12-4-102(a)(vii)
25 MILES WEST OF GREEN RIVER, T18N, R110W, SEC 17
- Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.) YES NO
 - Do you anticipate any changes in the next twelve (12) months? YES NO

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: 4 / 10 / 2015, located on page 1, paragraph 3 of lease document.
 - b) Provision for SALE of alcohol or malt beverages located on page 1, paragraph 2 of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b)

Gross Sales:	\$ _____
Food Sales:	\$ _____ (____%)
Liquor Sales:	\$ _____ (____%)
- b) Did you attach a copy of your valid food service permit to this application.
W.S.12-4-407(a), W.S.12-4-413(a)

<input type="checkbox"/> YES <input type="checkbox"/> NO
--

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
W.S.12-1-101(a)(xix)

<input type="checkbox"/> YES <input type="checkbox"/> NO
--
- b) Do you self distribute your products?

<input type="checkbox"/> YES <input type="checkbox"/> NO
--
- c) Do you distribute your own products through an existing malt beverage wholesaler?

<input type="checkbox"/> YES <input type="checkbox"/> NO
--

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
SEE ATTACHED						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, complete in identical form, on a separate piece of paper and attach to this application.)

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

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

Dated this 7th day of January, 2013.

THE STATE OF WYOMING }
COUNTY OF Utah } SS.

K.M. Holding
K.M. Holding, Pres Applicant

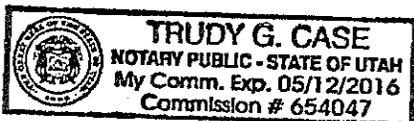
Lynn Hart
Lynn Hart, Sec Applicant

Subscribed and sworn to before me by Lynn Hart, Sec this 7th day of January, 2013.

Witness my hand and official seal.

Judith G. Case
Notary Public or Person Authorized to Administer Oath

My Commission expires: May 12, 2016



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

Directors/Officers of Little America Corporation

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>% of Stock Held</u>	<u>Years in Corp</u>
Stockholder	R.E. Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	100%	44
Chairman, President	K.M. Holding	2800 West Lincolnway Cheyenne, WY 82001	801-524-2967	0%	25
Secretary	L.C. Hart	943 E. 260 N. Orem, UT 84097	801-524-2756	0%	1

Note: No Director/Officer has been convicted of a felony or violation relating to alcoholic liquor or malt beverages.

FILED 10/20/13 AT 2:43 PM REC# 20131020 CP
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY Page 4 of 4

---FOR RENEWALS ONLY---

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

Basic Fee	Annual Fee
\$	\$ 100.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: 03 / 05 / 2012

Local Licensing Number: 2013-MC-0020

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: VALLEY MART INC

Trade Name (dba): VALLEY MART

Premise Address: #2 HWY 28
Number & Street

FARSON, WY 82932 SWEETWATER
City State Zip County

Mailing Address: 3800 HWY 191
Number & Street or P.O. Box

FARSON, WY 82932
City State Zip

Business Telephone Number: (307) 273-3276

Fax Number: (307) 273-3277

E-Mail Address: deaton@wyoming.com

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

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 on-premise only
 off-premise only
 combination on/off premise
 RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
 VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

FULL TIME (e.g. Jan through Dec)

SEASONAL/PART-TIME

(specify months of operation)

from January to December

DAYS OF WEEK (e.g. Mon through Sat)

Sunday - Saturday

HOURS OF OPERATION (e.g. 10a - 2a)

Monday - Friday 5:00 AM to 9:00 PM

Saturday - Sunday 6:00 AM to 9:00 PM

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO

W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: If Winery or Microbrewery also list manufacturing facility. (W.S.12-4-102(a)(i):

28' X 42' ROOM IN E PORTION OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license:

W.S.12-4-102(a)(vii)

SW/4 OF SEC 27, T25N, R106W, ZONED COMMERCIAL

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.)

YES NO
 YES NO

a) Do you anticipate any changes in the next twelve (12) months?

3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)
- a) DATE lease expires: 4 / 30 / 2014, located on page 1, paragraph item 1 of lease document. *4th Amended Agreement*
- b) Provision for SALE of alcohol or malt beverages located on page ii, paragraph item 9 of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
- Gross Sales: \$ _____
 Food Sales: \$ _____ (_____%)
 Liquor Sales: \$ _____ (_____%)
- b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) YES NO

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) YES NO
- b) Do you self distribute your products? YES NO
- c) Do you distribute your own products through an existing malt beverage wholesaler? YES NO

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.
If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No. of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Dustin J Eaton	3/9/74	3700 Hwy 191 Farson WY 82432	307-354-6797	6	100%	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" 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"/>

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

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.
 Dated this 7th day of January, 2013.

THE STATE OF WYOMING

COUNTY OF Sweetwater SS.

Applicant

Applicant

Subscribed and sworn to before me by Dustin Eaton this 7th day of January, 2013.

Witness my hand and official seal.

Notary Public or Person Authorized to Administer Oath

My Commission expires: March 12, 2013

FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

—FOR RENEWALS ONLY—

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION FOR LIQUOR, WINERY OR MICROBREWERY

NOTE TO APPLICANT: To be filed with the local licensing authority. (Hearing must be 30 days prior to expiration)

To be completed by the City, Town or County Clerk:

Date Filed: 1 / 9 / 2013

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 100.00
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 275.00

Required Attachments Received Yes

Advertising Dates(4): February 6, 13, 20, 27/2013

Hearing Date: March / 5 / 2013

Local Licensing Number: 2013-MC-0026

For the license term: April / 10 / 2013
Month Day Year

Through: April / 09 / 2014
Month Day Year

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
6601 Campstool Rd.
Cheyenne WY 82002-0110

Applicant: ROLLING GREEN COUNTRY CLUB INC

Trade Name (dba): ROLLING GREEN COUNTRY CLUB

Premise Address: WEST OF GREEN RIVER
Number & Street

GREEN RIVER, WY 82935 SWEETWATER
City State Zip County

Mailing Address: PO BOX 38
Number & Street of P.O. Box

GREEN RIVER, WY 82935
City State Zip

Business Telephone Number: (307) 875-6200

Fax Number:

E-Mail Address: rclark@sweetwaterhsa.com

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.**

FILING IN

COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

- INDIVIDUAL LLC
 PARTNERSHIP LLP
 CORPORATION
 LTD PARTNERSHIP
 ASSOCIATION
 ORGANIZATION

LOCATED WITHIN 5 MILES OF CITY (County License only)

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- RETAIL LIQUOR LICENSE
 on-premise only
 off-premise only
 combination on/off premise
 RESTAURANT LIQUOR LICENSE
 RESORT LIQUOR LICENSE
 COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT
 VETERANS CLUB
 FRATERNAL CLUB
 GOLF CLUB
 SOCIAL CLUB
 MICROBREWERY
 WINERY
 BAR AND GRILL

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

- FULL TIME (e.g. Jan through Dec)
- SEASONAL/PART-TIME
 (specify months of operation)
 from April 1st to Nov. 1st
- DAYS OF WEEK (e.g. Mon through Sat)
Sunday - Saturday
- HOURS OF OPERATION (e.g. 10a - 2a)
11:00 AM to varies

Minimum Purchase Requirement:

RETAIL:

Have you purchased \$2,000 in spirits, wines and/or malt beverages during the previous license term? YES NO

RESTAURANT, RESORT, CLUB, COUNTY MALT, OR BAR AND GRILL:

Have you purchased \$500 in spirits, wines and/or malt beverages during the previous license term? YES NO
 W.S.12-4-103(c)

TO BE COMPLETED BY APPLICANTS {Pursuant to W.S.12-4-102(a)}

1. Location of License:

a) Give a description of the dispensing room and state where it is located in the building (ex. 10' X 12' room in SE corner of 1st floor of bldg). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed: **If Winery or Microbrewery also list manufacturing facility.** (W.S.12-4-102(a)(i):

34' X 24' ROOM IN CENTER OF BLDG

b) Do you have an additional dispensing room? YES NO

c) If yes, provide description and location:

d) Provide the legal description and the zoning of the site where the applicant will sell under the license: W.S.12-4-102(a)(vii)

LOT 7, SEC 7, T18N, R107W, 3 1/2 MILES WEST OF GREEN RIVER

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? (If yes, submit a drawing of the changes in the dispensing room.)

a) Do you anticipate any changes in the next twelve (12) months? YES NO



3. **Leases:** If the premises are not owned by licensee, attach a copy of the lease agreement which shows that the right to occupy the premises continues through the term of the license and contains an agreement that alcoholic or malt beverages may be sold upon the leased premises. Please indicate the page and paragraph of lease that shows the date of expiration. W.S.12-4-103(a)(iii)

- a) DATE lease expires: / / , located on page , paragraph of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page , paragraph of lease document.

4. **Restaurant and Bar and Grill Liquor Licenses Only:**

- a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b)

Gross Sales:	\$	_____
Food Sales:	\$	_____ (_____ %)
Liquor Sales:	\$	_____ (_____ %)
- b) Did you attach a copy of your valid food service permit to this application.
W.S.12-4-407(a), W.S.12-4-413(a)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

5. **If applicant is a Microbrewery:**

- a) Did you produce over 100 barrels (3,100 gallons) but less than 15,000 barrels (465,000 gallons) during the previous license term?
W.S.12-1-101(a)(xix)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------
- b) Do you self distribute your products?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------
- c) Do you distribute your own products through an existing malt beverage wholesaler?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

6. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.
If the application is for a Club: State the name, date of birth and residence of each officer.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	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"/>

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
Brian Forbes	2-23-60	1 Par Ct Rock Springs WY 82901	307-362-5028	7+	<10%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Robert Baker	12-29-51	240 Hillcrest Ln Rock Springs WY 82901	307-362-4527	7+	<10%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lacey Brown	7-3-76	2619 Affirmed Dr. Rock Springs WY 82901	307-870-8031	6+	<10%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Darrick Panches	2-18-46	215 Park Rock Springs WY 82901	307-382-6165	4+	<10%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.) Attached

VERIFICATION OF APPLICATION

(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, 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(b)

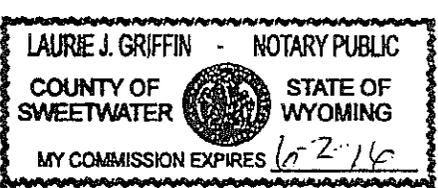
Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts are true and accurate.
Dated this 26th day of December, 2012.

THE STATE OF WYOMING }
COUNTY OF Sweetwater } ss.
Brian L. Forbes & Robert Baker Applicant

Subscribed and sworn to before me by Laurie Griffin this 26th day of December, 2012.

Witness my hand and official seal.
Laurie Griffin Notary Public or Person Authorized to Administer Oath

My Commission expires: 6-2-16



FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Agent:		
Chief:		
Acct:		

True and Correct Name	Date of Birth	Residence Address, Street, City State & Zip	Residence Phone Number	Yrs. in LLC	% Stock Held	Felon Conv.	Alcohol Violation
Paul Kalivas	9-6-70	513 Elbow Ln. Rock Springs, WY 82901	307-362-8117	7+	<10%	No	No
Jason Tharp	4-22-82	242 Tate Way Rock Springs, WY 82901	307-870-6077	4+	<10%	No	No
Bryon Brown	3-11-75	1020 Pinto St. Rock Springs, WY 82901	307-362-4868	5+	<10%	No	Yes
Regina Clark	2-7-56	1250 Singletree Green River, WY 82935	307-875-7526	10+	<10%	No	No
Howard Baker	10-4-35	520 Hutton Circle Green River, WY 82935	307-875-7444	10+	<10%	No	No
John McDonald		2137 Carson St. Rock Springs, WY 82901	307-389-7874	10+	<10%	No	No


 CP
 FILED 1/9/2013 AT 2:52 PM REC # 2013-MC-0026
 STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY Page 3 of 3

Sally Shoemaker

From: Irene Richardson <irichardson@minershospital.org>
Sent: Friday, February 08, 2013 9:20 AM
To: Sally Shoemaker
Subject: County Commissioner agenda

Hi Sally,

It was so nice to talk to you this morning! I talked to Will and he said that a morning or afternoon appointment would be great, since he's traveling from Denver. He said he could drive in the night before and spend the night if it's in the morning, or drive in that day and have the meeting in the afternoon and then spend the night that night. He said anything but the middle of the day. He also said that there is no action to be taken at this time. He will have a presentation, but I'm not sure it's ready yet. I told him you needed it by the 26th and he said he would have it. If I don't get it to you by close to that date, please don't hesitate to remind me ☺ Thanks so much for all your help. See you soon!

Irene Richardson
Chief Financial Officer
Memorial Hospital of Sweetwater County
1200 College Drive
Rock Springs, WY 82901

el - 307.352.8413
Fax - 307.352.8155

irichardson@minershospital.org

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Presentation to Commissioners for Sweetwater County, WY

March 5, 2013

Confidential – For Discussion & General Information Purposes Only



Important Disclosures

Important Disclosures

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Wells Fargo Securities is the trade name for certain securities-related capital markets and investment banking services of Wells Fargo & Company and its subsidiaries, including Wells Fargo Bank, National Association.

See additional important disclosures at the end of this document.

Discussion Topics

- Background
- Existing Debt
- Credit Profile
- Credit Market Update
- Proposal of Plan of Finance
- Timetable

Background

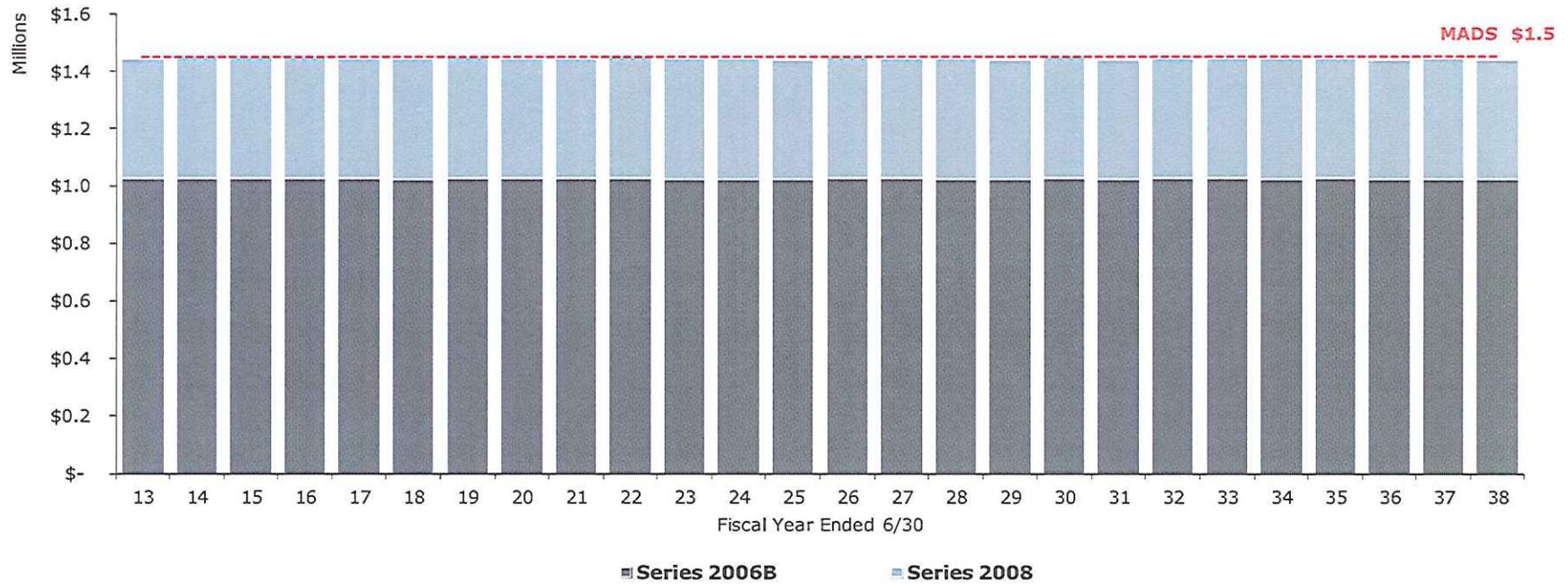
- In November 2005 Voter in Sweetwater County authorized \$22.1 million of Specific Purpose Taxes for financing of a portion of the Hospital renovation and expansion project (the “Project”).
- In 2006 Sweetwater County on behalf of Memorial Hospital issued \$40,855,000 of variable rate demand notes (VRDNs) backed by a direct pay letter of credit from Key Bank
- In 2008 an additional VRDN of \$7,750,000, again supported by a Key Bank letter of credit was issued to complete the Hospital Project
- Both bonds issue were secured by a pledge of net hospital revenues, which could include the SPT revenues, but the SPT was not specifically pledged to repayment
- Due to the rapid receipt of SPT revenues the aggregate principal amount of debt had been paid down to approximately \$25 million currently. All taxes expired in 2011
- In November 2012 voters approved an additional SPT for the Hospital in the amount of \$18.8 million to help finance the construction of a new Medical Office Building (“MOB”)
- Total Cost of the MOB is expected to be \$19.1 million including furnishing and equipment
- Construction, which commenced in September 2012 is expected to be completed by October 2013
- Because the construction will occur over a much shorter time period than the collection of the SPT, some form of financing is necessary to ensure the Hospital will have sufficient funds to complete the MOB without severely drawing down its cash reserves

Existing Debt

Memorial Hospital of Sweetwater County Existing Capital Structure

Outstanding Debt Summary									
Issue	Principal Outstanding	Structure	Mode	Call Information	Credit Enhancement	Remarketing Agent	Final Maturity	Put Risk Exposure	CUSIP
Series 2006B	\$ 18,120,000	VRDN	Variable (w)	Any at Par	KeyBank (exp. 9.28.13)	Wells Fargo	9/1/2037	<input checked="" type="checkbox"/>	87048PAA3
Series 2008	7,430,000	VRDN	Variable (w)	Any at Par	KeyBank (exp. 9.28.13)	Wells Fargo	9/1/2037	<input checked="" type="checkbox"/>	87048PAC9
Total \$ 25,550,000									

Existing Debt Service ¹

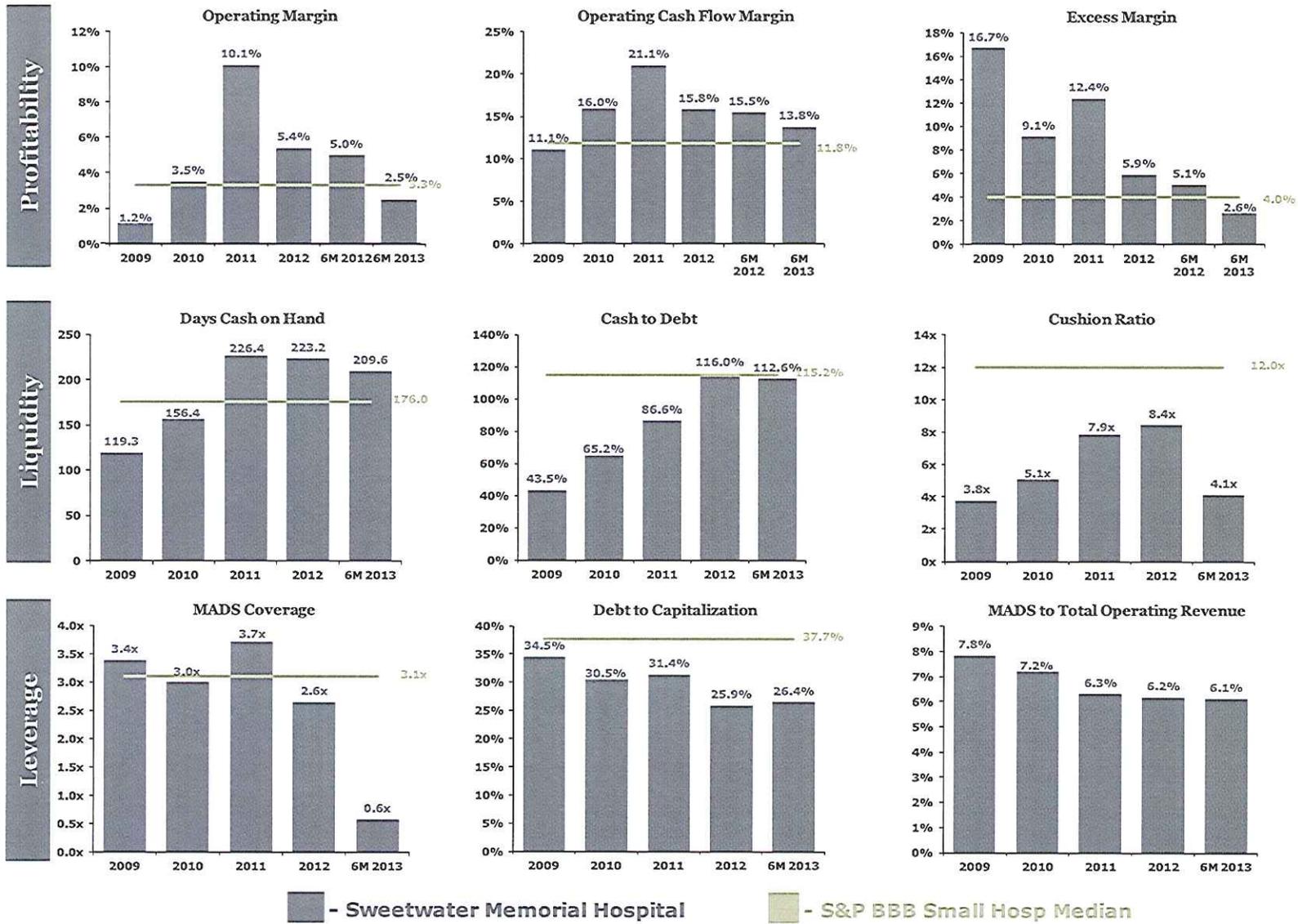


¹ - Variable rate assumed to be 3.00%.

Sources: Bloomberg

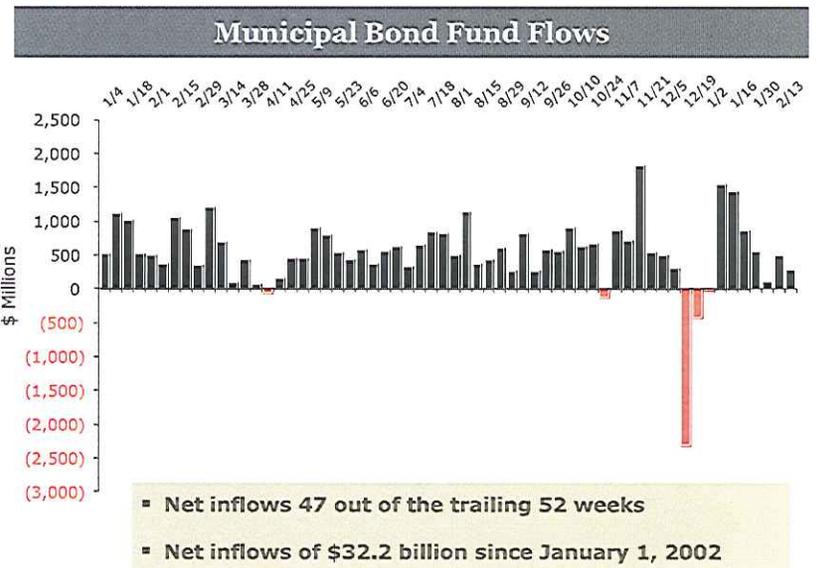
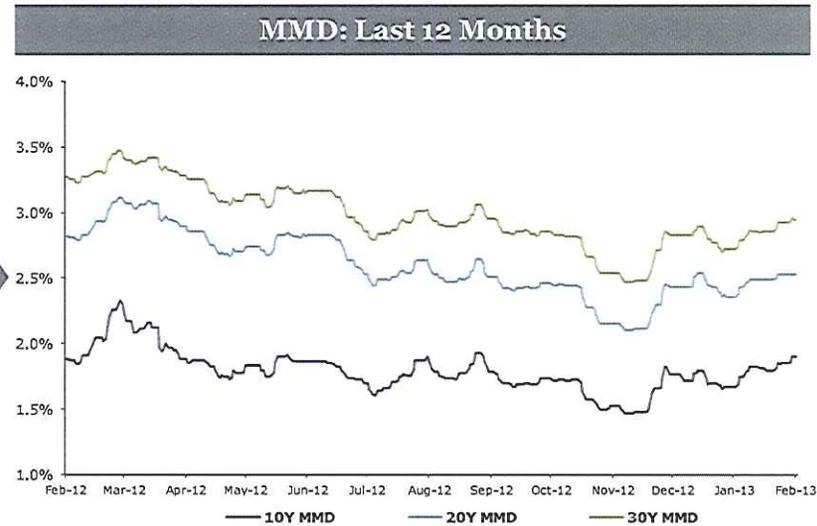
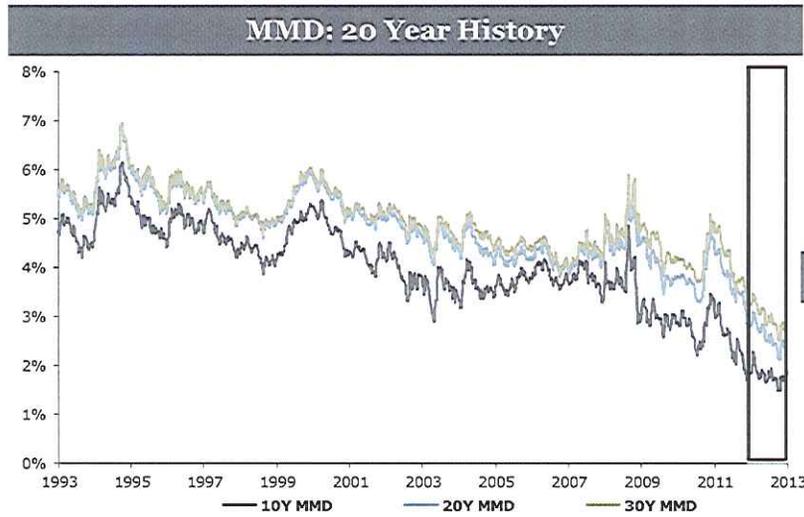
Credit Profile

Memorial Hospital of Sweetwater County Existing Credit Profile



Credit Market Update

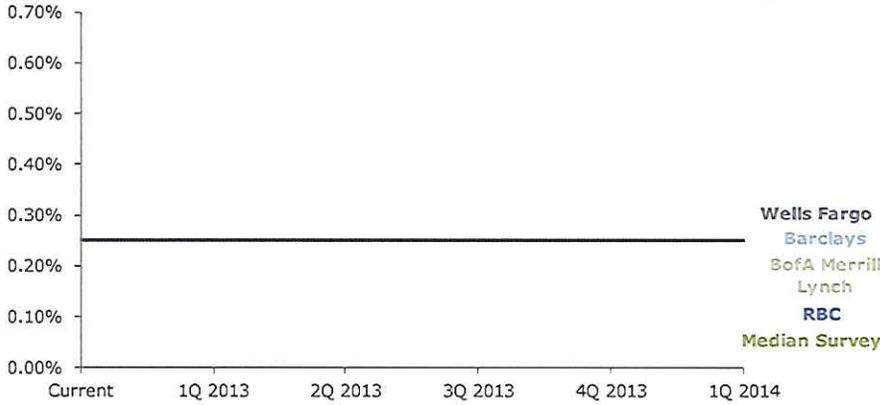
The Tax-Exempt Market Continues to Approximate its Historical Lows Throughout the Curve



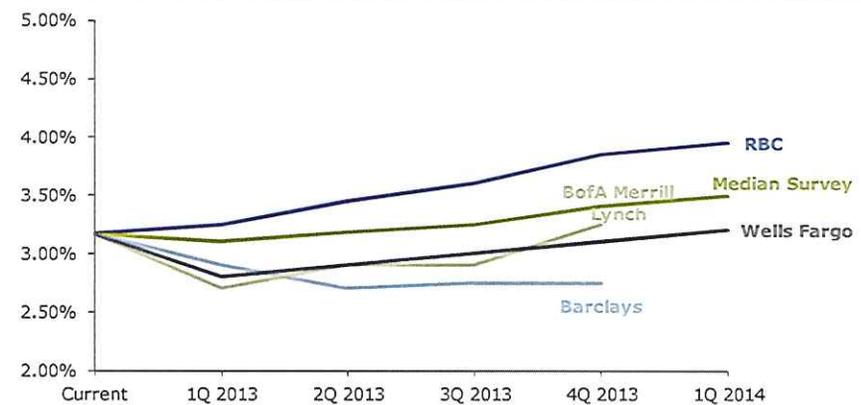
Sources: Thomson Reuters, Lipper FMI (As of 2/25/2013)

The Fed Expects to Hold Fed Funds Near Zero Through 2014

Economist Outlook on the Federal Funds
(as of February 6, 2013)



Economist Outlook on the 30-Yr US Treasury
(as of February 6, 2013)



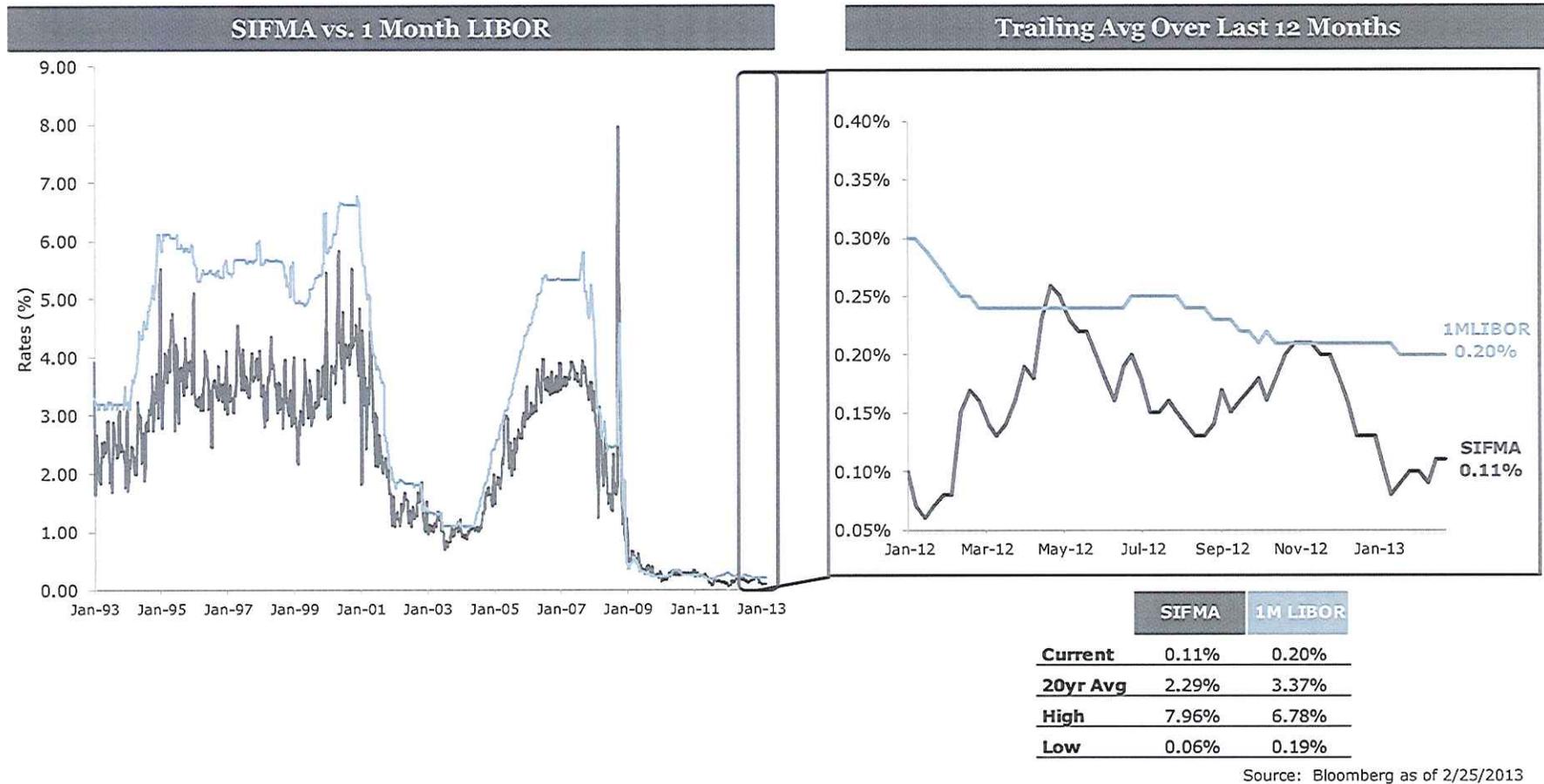
Source: Bloomberg, as of 2/6/2013

Wells Fargo U.S. Economic Forecast

	Actual				Forecast							
	2012				2013				2014			
	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
Real GDP (a)	2.0	1.3	3.1	-0.1	2.0	2.0	1.9	2.1	2.1	2.2	2.3	2.6
Unemployment Rate	8.3	8.2	8.0	7.8	7.8	7.6	7.5	7.4	7.3	7.2	7.1	7.0
Consumer Price Index (b)	2.8	1.9	1.7	1.9	1.5	1.8	1.7	1.7	2.1	2.1	2.1	2.2
Fed Funds Target Rate	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
10 Year Note	2.23	1.67	1.65	1.78	1.90	2.00	2.10	2.20	2.30	2.50	2.70	2.90
30 Year Bond	3.35	2.76	2.82	2.95	2.80	2.90	3.00	3.10	3.20	3.40	3.60	3.80

Forecast as of February 6, 2013
 (a) Compound Annual Growth Rate Quarter-over-Quarter
 (b) Year-over-Year Percentage Change

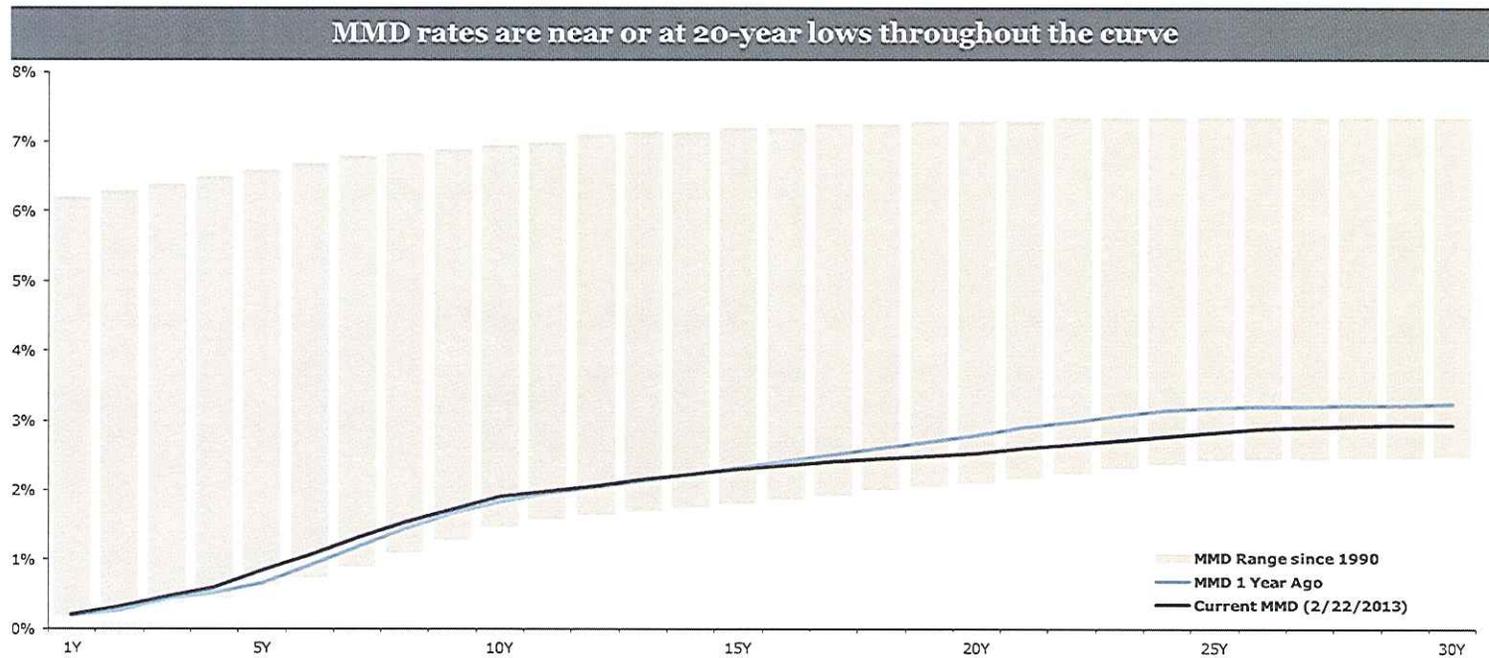
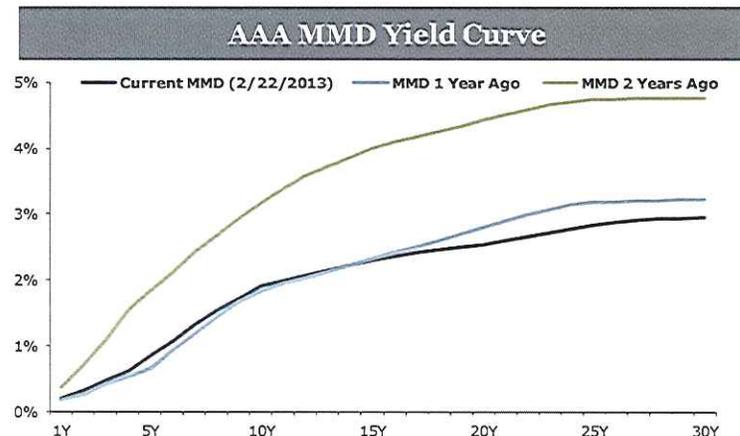
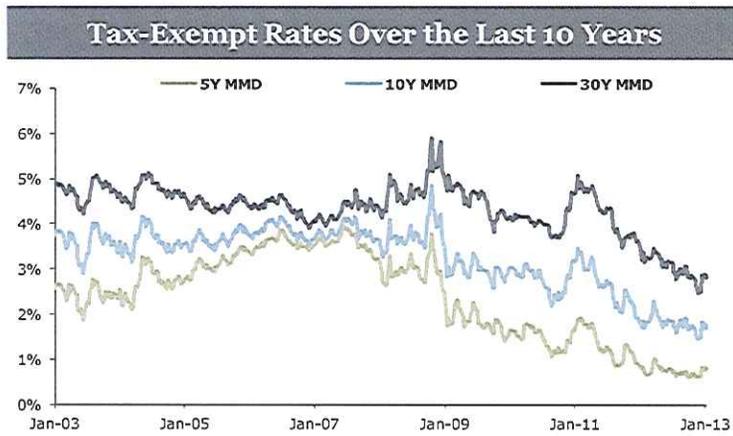
Short-Term Rates Remain Near Historical Lows



- Supply & demand of variable rate bonds have declined
 - Tax-exempt money market funds in 2012 had inflows total \$47.0 billion as compared to outflows of \$17.9 billion in 2011
 - Municipalities sold \$13.6 billion of VRDBs in 2012, a decline of 6% when compared to 2011
 - Given the risks of the VRDB market, and historical low fixed rates, issuers are looking for alternatives to create committed funding

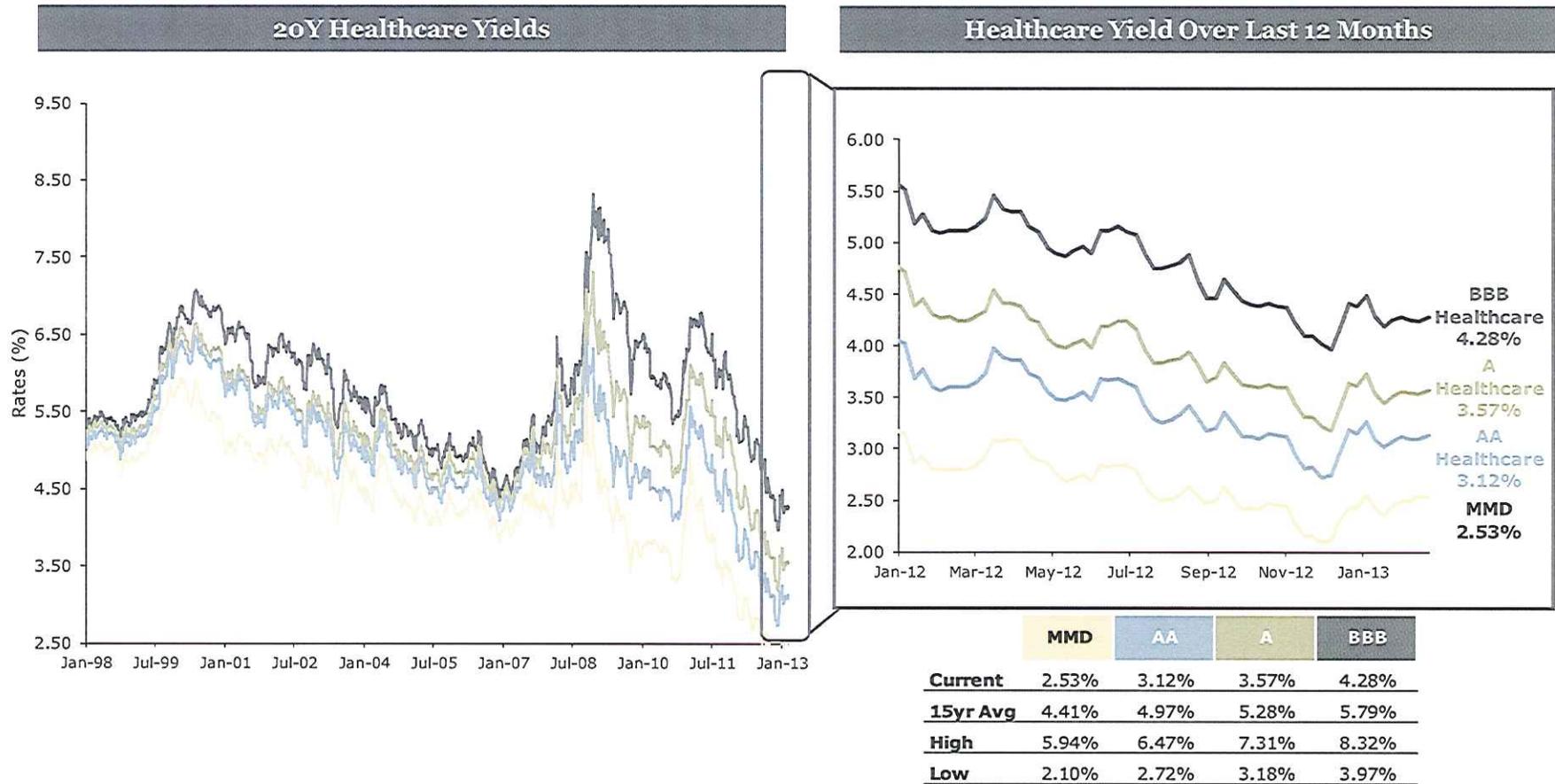
Source: The Bond Buyer

Tax-exempt yields hit record lows across the curve amid light supply & strong investor demand in 2012



Source: Municipal Market Data, as of 2/25/2013

Historical Healthcare Yields



Source: Thomson Reuters, TM3 as of 2/25/2013

- Largely as a result of year-end supply and “Fiscal Cliff” concerns, yields on healthcare bonds increased approximately 40 bps over the last 7 weeks of 2012, yet remain near historic lows.
- In 2012 average spreads for BBB rated healthcare bonds with a 20-year maturity decreased 65 bps to +175 bps.

Proposed Plan of Finance

Current Capital Structure Characteristics

Current Debt Structure

- Has numerous risks over the long term:
 - Interest rate risk
 - Letter of credit renewal risk
 - Bank rating downgrade risk

- Was originally contemplated to be converted to fixed rate when Memorial Hospital could independently support the remaining debt with its own cash flow and obtain an investment grade rating from one or more of the major rating agencies

- Conversion of the existing variable rate debt to fixed rate eliminates all capital structure risks at historically low levels.

- Estimated Current all-in fixed rate of 4.08%*

* - Includes all issuance costs. Preliminary, subject to change.

Plan of Finance*

Sources	Series 2013A Direct Purchase	Series 2013B Public Offering	Total
Par Amount	\$ 16,000,000	\$ 25,950,000	\$ 41,950,000
Net Premium/(Discount)	-	1,796,150	1,796,150
Debt Service Fund	-	58,800	58,800
Memorial Equity Contribution	3,000,000	-	-
	\$ 19,000,000	\$ 27,804,950	\$ 43,804,950
Uses			
Project Fund	\$ 19,000,000	\$ -	\$ 16,000,000
Refunding Deposit	-	25,608,800	25,608,800
Debt Service Reserve Fund	-	1,814,000	1,814,000
Cost of Issuance	-	382,150	382,150
	\$ 19,000,000	\$ 27,804,950	\$ 43,804,950

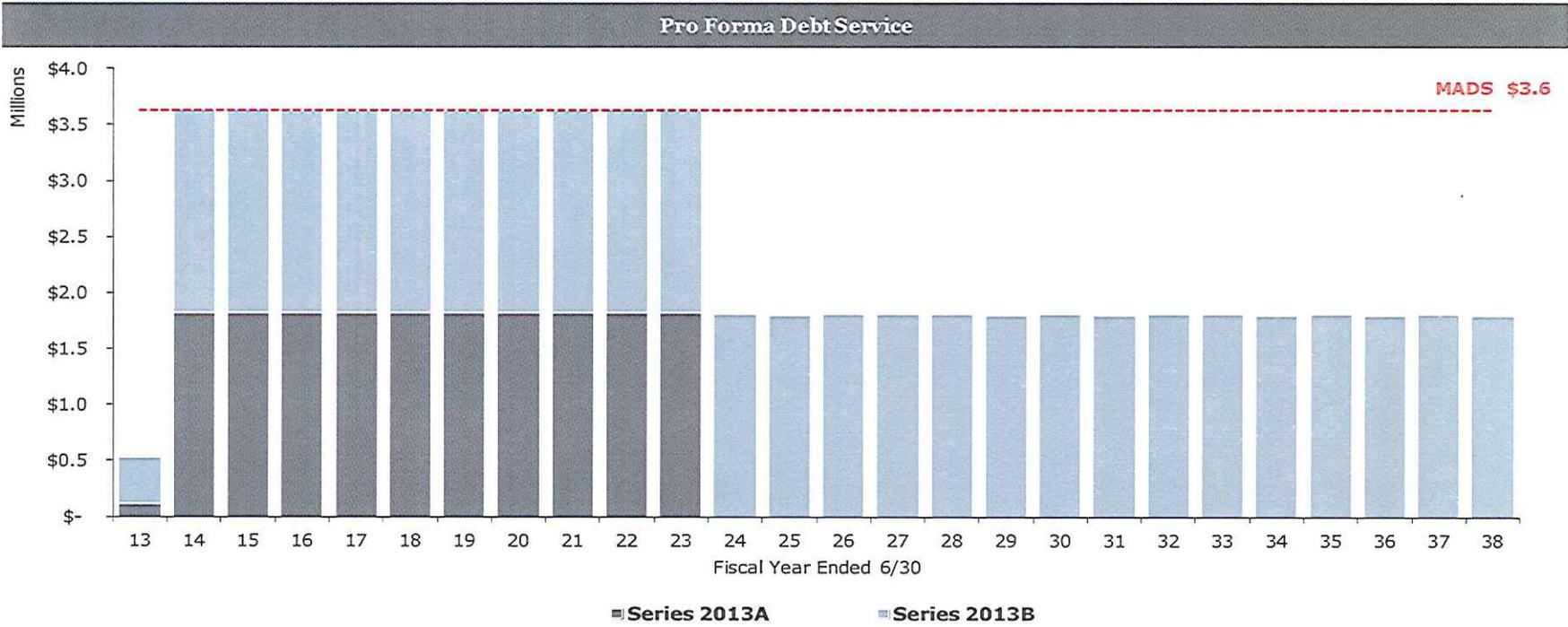
- **New Money:** The first is financing the construction and equipping of an MOB adjacent to the Hospital
 - The proposed financing for the MOB will be issued as privately placed variable rate bonds to one or more commercial banks (the “Bank Bonds”). While on a parity with other indebtedness, these bonds will be paid from the recently voter approved Specific Purpose Tax, which is expected to be collected over the next 5 years. As part of the structure of the Bank Bonds, the County Treasurer will enter into an agreement to send the monthly SPT receipts directly to the Bond Trustee with instructions to pay interest due and to redeem as much principal of outstanding bonds as such collected receipts permit until the Bonds are paid in full.
 - Based upon similar historical sales tax collections and estimates from the County Treasurer, SPT collections are projected at \$1.5 million per month. It’s assumed MHSC will receive 23% (Hospital portion of the final resolution) of the monthly collection.

- **Refunding:** Refinancing to a fixed rate the Hospital’s approximately \$25 million of Variable Rate Demand Notes outstanding, currently backed by a letter of credit from Key Bank with a public fixed rate bond issue

* - Preliminary, subject to change.

Memorial Hospital of Sweetwater County Pro Forma Capital Structure*

Pro Forma Debt Summary							
Issue	Principal Outstanding	Mode	Structure	Call Information	Credit Provider	Underwriter	Final Maturity
Series 2013A	\$ 16,000,000	Variable	Index	Any at Par	Bank	--	9/1/2022
Series 2013B	25,950,000	Fixed	Fixed	9/1/2023 at Par	--	Wells Fargo	9/1/2037
Total							
	\$ 41,950,000						

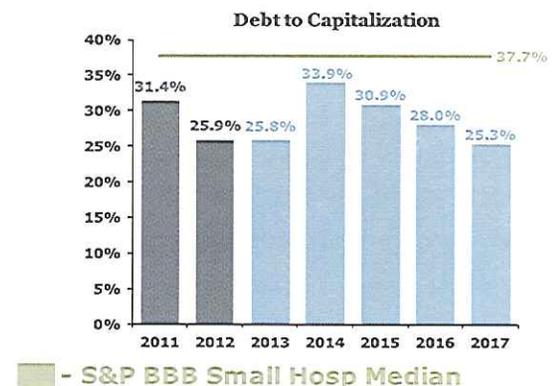
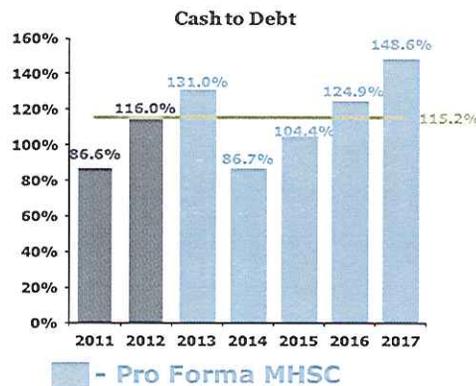
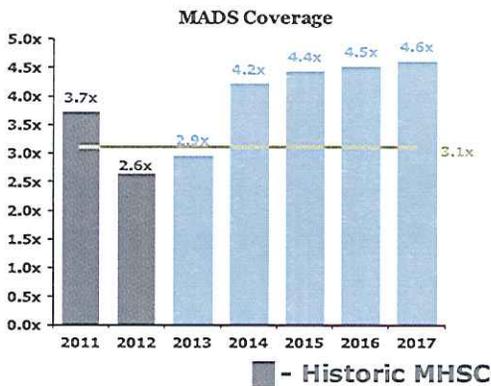


* - Preliminary, subject to change.

Memorial Hospital of Sweetwater County Pro Forma Credit Ratios

- Operating revenue and expense (with exception of interest expense) annual growth rate of 2%
- Project construction period of 24 months, completed in FY2015
- Project depreciable over 30 years, beginning in FY2014
- Investment income assumed to be 2% of unrestricted cash and investments
- Interest expense determined from pro form debt service schedules
- Sales tax revenues assumed to be \$345,000 a month (\$4.14 million annually)
- Routine capital expenditures equal to annual depreciation expense
- Account Receivable days (net): 46 days
- Account Payable days (net): 48 days

	Audited FYE 6/30		Projections FYE 6/30				
	2011	2012	2013	2014	2015	2016	2017
Profitability							
Net Patient Service Revenues (\$000)	\$54,670	\$55,438	\$56,926	\$58,065	\$59,226	\$60,410	\$61,619
Operating Margin	10.1%	5.4%	6.3%	3.7%	3.8%	4.0%	4.1%
Excess Margin	12.4%	5.9%	6.4%	11.5%	11.5%	11.7%	11.8%
Operating Cash Flow Margin	21.1%	15.8%	17.4%	16.6%	17.5%	17.4%	17.4%
Liquidity							
Unrestricted Cash & Investments (\$000)	\$27,615	\$29,650	\$32,528	\$34,876	\$39,961	\$45,300	\$50,829
Days Cash on Hand (days)	226.4	223.2	240.2	244.9	278.4	309.9	341.4
Cushion Ratio	7.9x	8.4x	9.3x	9.9x	11.4x	12.9x	14.5x
Cash-to-Debt	86.6%	116.0%	131.0%	86.7%	104.4%	124.9%	148.6%
Leverage							
Total Debt (\$000)	\$31,901	\$25,550	\$24,834	\$40,245	\$38,290	\$36,280	\$34,215
MADS Coverage	3.7x	2.6x	2.9x	4.2x	4.4x	4.5x	4.6x
Debt-to-Capitalization	31.4%	25.9%	25.8%	30.9%	28.0%	25.3%	25.3%
MADS-to-Total Op Rev	6.3%	6.2%	5.9%	5.8%	5.7%	5.6%	5.5%



Conclusion

Existing Debt

- Fixed interest rates are very near lowest levels in 50 years
- Initial indication from Standard & Poor's on 2/25/2013 is a rating in the BBB category for Memorial Hospital ("MHSC")
- At today's rates MHSC can convert its existing variable rate debt to fixed rate at an all-in cost in the low 4% range to final maturity (2037)
- Conversion to fixed rate:
 - Eliminates interest rate risk
 - Eliminates bank renewal risk
 - Eliminates put and remarketing risk
 - Eliminates bank downgrade risk

Medical Office Building Financing

- Specifically structured to be payable from SPT revenues
- Fully amortizing over 10 years but prepayable at any time
- Limited put risk – put in year 7 after expected SPT revenues have retired debt
- No remarketing or bank downgrade risk

Timetable

Timetable

March 2013							April 2013							May 2013						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6				1	2	3	4	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
24	25	26	27	28	29	30	28	29	30											
31													26	27	28	29	30	31		

- March 2013**
- Convene working group
 - Receive credit assessment from S&P
 - Begin drafting bank / bond documents / Appendix A
 - Schedule Rating Agency Meetings

- April 2013**
- Meet with rating agencies
 - Conduct due diligence
 - Receive verbal consent / procedures letter from Auditor
 - Receive ratings
 - Ensure all internal approvals are received

- May 2013**
- Post Preliminary Official Statement
 - Hold Investor Presentation(s)
 - Price Bonds / Sign BPA
 - Send redemption notice(s)
 - Close transaction

Important Disclosures

Disclosures (Continued):

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Any opinions or estimates contained in the Materials represent the judgment of Wells Fargo Securities at this time, and are subject to change without notice. Interested parties are advised to contact Wells Fargo Securities for more information.

IRS Circular 230 Disclosure:

To ensure compliance with requirements imposed by the IRS, we inform you that any advice contained in the Materials does not constitute tax advice and shall not be used for the purpose of (i) avoiding tax penalties or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

If you have any questions or concerns about the disclosures presented herein, you should make those questions or concerns known immediately to Wells Fargo Securities.

MASTER MUTUAL AID AGREEMENT FOR EMERGENCY RESPONSE

THIS AGREEMENT made and executed this _____ day of February, 2013 by and between the City of Green River, Wyoming, a municipal corporation, and Sweetwater County, a duly organized governmental entity under the laws of the State of Wyoming.

WHEREAS, it is to the mutual advantage and benefit of the parties hereto that each agree to render supplemental emergency mutual aid fire protection outside their territorial limits in the event of an unusual emergency, disaster or conflagration that threatens the health, safety and welfare of the public; and

WHEREAS, authority exists to provide emergency response fire assistance outside the normal territorial jurisdiction of each party; and

WHEREAS, the term "governmental entity" shall hereinafter refer to any duly formed and existing cities and towns, counties, school districts, joint powers boards, airport boards, fire protection districts, public corporations, special districts and their governing bodies, all political subdivisions of the state, and their agencies, instrumentalities and institutions;

NOW, THEREFORE, in consideration of the premises, and of the mutual covenants, promises and conditions hereinafter contained, the parties agree as follows:

1. Each party does hereby authorize and direct its fire chief or the other officer commanding in his absence to render and request mutual aid to and from the parties to this agreement to the extent of available personnel and equipment not required for adequate protection to the party rendering aid. The extent of assistance shall be determined in the sole reasonable judgment of the fire chief or officer commanding in his absence, for each department rendering aid, as to the amount of personnel and equipment available and the decision shall be final. The assistance may

be provided upon or actual or standby basis. It is understood that the assistance so furnished may be recalled at the sole reasonable discretion of the furnishing party.

2. The commanding officer of a party requested to render mutual aid assistance shall report to and receive instructions from the commanding personnel of the party to which assistance is being rendered; however, any other personnel rendering assistance to the other party shall be directly supervised, controlled and/or deployed by the commanding officer of the rendering party. Any firefighter who renders mutual aid assistance shall be responsible for his individual actions and conduct under the party's (own) regulations, guidelines and procedures, and/or state and federal laws, regardless of the jurisdiction in which he is performing such fire protection duties.

3. When providing mutual aid assistance, the firefighters who render such assistance shall not be considered for any purpose to be employees of the other party (to which assistance is rendered).

4. The fire chiefs of the various departments and/or municipalities shall establish uniform rules and regulations as to methods of requesting such assistance, the persons authorized to send and receive such requests, and the nature of the assistance provided, which shall be subject to the approval of the governing body of each such department and/or municipality. The rules and regulations may be revised and amended from time to time by the fire chiefs upon their unanimous agreement, subject to the approval of any such governing body.

5. While providing mutual aid assistance, any firefighter rendering such assistance shall have the same powers and authority conferred by law on the members of the fire department of the district and/or municipality to which such assistance is rendered.

6. While providing mutual aid assistance, any firefighter rendering such assistance shall be properly certified for the particular fire in which assistance is requested.

7. Vehicles and all equipment furnished in or for mutual aid assistance shall be operated by personnel of the party furnishing the equipment. It is understood that under no circumstances will privately owned vehicles and/or equipment be utilized in mutual aid assistance, unless commandeered and/or authorized by the commanding firefighter of the party in which such emergency exists.

8. Within the reciprocal fire protection zone, each municipality/county shall pay its own costs for a maximum of eight (8) hours following the initial call-out by the party requesting assistance. If the use of foam is appropriate and required at any time after the call-out, the requesting party shall pay the reasonable expenses for the applications of foam for fire suppression. If the responding party remains at the site of the fire after eight (8) hours have lapsed since the initial call-out, the responding party shall pay the fuel costs, and minor equipment repairs incurred by the responding party, if said minor repairs are under five hundred (\$500.00) dollars. All repairs to equipment incurred by the responding party in excess of five hundred (\$500.00) dollars are the obligation of the responding party or its insurance carrier as outlined in paragraph 9.

9. It is further understood and agreed that if while rendering assistance pursuant to this agreement, personal injury, death or property damage or loss occurs outside the territorial limits of the party rendering mutual aid assistance, the party rendering such assistance and/or the party's contracted insurance carrier(s) shall be liable for all legally determined damages that are incurred by the rendering party. Each party agrees to obtain sufficient insurance coverage to

meet the responsibility hereunder. Such insurance coverage shall include, but is not limited to, Worker's Compensation (insurance), vehicular comprehensive and collision, bodily injury (minimum coverage \$500,000.00) and property damage (minimum coverage \$500,000.00) liability insurance; general liability (minimum coverage \$500,000.00).

10. The provisions of this agreement shall not be construed to impose an obligation on any party hereto to respond to a request for mutual aid assistance. At any time such assistance is requested, the party so requested may, if for any reason, deem it advisable not to respond and may so inform the requesting party. No municipality and/or department shall under any circumstances be held liable for any loss or damage by reason of its failure to effectively combat or handle any fire in the territory of the other party.

11. This agreement shall not be constructed as or deemed to be an agreement for the benefit of any third party or parties, and no third party or parties shall have any right of action hereunder for any cause whatsoever.

12. This agreement shall become effective for each party when that party, by ordinance, resolution, or minute action of its governing body, adopts and approves this agreement and authorizes the proper official to execute the same.

13. This agreement shall continue in full force and effect among the parties hereto unless terminated as herein provided. Any volunteer firefighter's organization and its governing bodies may withdraw and cancel their obligations under this agreement at any time by so notifying each of the other parties herein in writing at least sixty (60) days prior to an intended withdrawal and cancellation.

14. In the event it becomes necessary to enforce any of the terms of this agreement, either with or without suit, the losing party agrees to pay the prevailing party all reasonable costs and expenses, including a reasonable attorney's fee that may be made and incurred.

15. This agreement contains the entire agreement between the parties and shall not be modified, changed or discharged in any manner except by an instrument in writing executed by the parties. If any term or provision of this agreement or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of the agreement, or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term and provision of this agreement shall be valid and enforced to the fullest extent permitted by law.

16. The waiver of any party hereto of any breach, condition or provision of this agreement by the other parties shall be limited to the particular instance, and shall not operate or be deemed to waive any future breach or breaches of said condition or provision. The failure of any party to insist in any one instance, or more, upon the performance of any of the conditions or provisions of this agreement, or to exercise any right or privilege herein conferred, shall not be construed as waiving any such condition, provision, right or privilege, but the same shall continue and remain in full force and effect.

17. The terms, covenants agreements herein contained shall apply to, bind and inure to the benefit of the parties hereto and their legal representative, successors and assigns.

APPROVED the _____ day of February, 2013

City of Green River, Wyoming

By: _____
Mayor

ATTEST:

Clerk

APPROVED the _____ day of February, 2013

Sweetwater County Commission

By: _____
Wally J. Johnson, Chairman

ATTEST:

Dale Davis, Sweetwater County Clerk

**Sweetwater County
Request to Restaff Vacant Position**

Board Meeting Date: 3/5/2013

Department: Sheriff's Office - Detention Center

Position: Detention Officer

Vacancy Date: 2/15/2013

Detention Corporal voluntarily resigned, 2/15/13; Sheriff will promote an existing Detention Officer to Corporal position, leaving vacant Detention Officer position

Reason for vacancy: Officer position

To Restaff Detention Officer position immediately, in a full time capacity with full benefits

Anticipated Re-staff Date 4/1/2013

Approved	Date: 3/5/2013
Denied	
Full time	# Hours (if part time)
Part time	Delay re-staffing until (month)
Restaff Immediately	

	Monthly							Total cost of employment (Salary + benefits)	Annual Cost of employment
	Salary	Retirement	Health Insurance	LTD	FCOA	Workers Compensation	Total benefits		
Position Detention Officer II (5 years, Grade 18 step 4 rate of pay)									
Hire Date	4/1/2009	\$ 4,714.83	\$ 810.95	\$ 1,415.97	\$ 31.59	\$ 360.68	\$ 96.18	\$ 2,715.38	\$ 7,430.21
Current costs for Detention Employee									\$ 89,162.49
Anticipated Costs to restaff (Position Vacancy)	4/1/2013	\$ 3,727.25	\$ 641.09	\$ 1,415.97	\$ 24.97	\$ 285.13	\$ 76.04	\$ 2,449.20	\$ 74,045.40
Net Difference (savings)		\$ (987.58)	\$ (169.86)	\$ -	\$ (6.62)	\$ (75.55)	\$ (20.15)	\$ (272.18)	\$ (1,259.76)
									\$ (15,117.08)

NOTES

Health Insurance: Anticipates Family health insurance coverage, for new employee.

Costs calculated using a re-staffing date of 4/1/2013



Reviewed by HR Representative (signature)



Reviewed by Department Head/Elected Official (signature)

Commission Chair (signature)

Date: 2/21/13

Date: 2/21/13

Date:

MEMORANDUM OF UNDERSTANDING BETWEEN
SWEETWATER COUNTY SHERIFF'S OFFICE,
GREEN RIVER POLICE DEPARTMENT,
AND ROCK SPRINGS POLICE DEPARTMENT
REGARDING
MUTUAL ASSISTANCE IN RESPONDING TO THREATS OF EXPLOSION

WHEREAS, the parties recognize the threat to property or persons occasioned by the presence of explosive or destructive devices or conditions.

WHEREAS, the parties further acknowledge the utility of "pooling" resources, as individually the parties frequently do not have the requisite resources in the form of expertise, equipment and manpower to respond effectively to the threat presented by explosive or destructive devices, or conditions.

WHEREAS, cooperation among the parties to this agreement is expressly authorized by W.S. § 7-2-106.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL COVENANTS, CONTAINED HEREIN, THE PARTIES MUTUALLY AGREE TO PROVIDE SUPPLEMENTED ASSISTANCE AS DESCRIBED HEREIN:

Defined Terms

1. Parties – The parties to this Memorandum of Understanding are: Sweetwater County Sheriff's Office, Rock Springs Police Department, and Green River Police Department.
2. Requesting Party – The requesting party includes any party that requests assistance in addressing the risk posed by an accidentally or intentionally placed explosive or destructive device or explosive condition.
3. Responding Party – The responding party or parties includes those parties who respond to a request from a requesting party by providing equipment or officers who can assist the requesting party in addressing the risk posed by an accidentally or intentionally placed explosive device, or an explosive condition.

Mutual Responsibilities

1. Each party shall designate the individual to be contacted for receiving or initiating requests for assistance. Pursuant to W.S. § 7-2-106, this individual can be the sheriff or his or her designee, or the police chief or his or her designee.
2. The requesting party may request assistance from any other party. This assistance may be in the form of expertise, manpower, or equipment to supplement the resources of the requesting party in responding to an explosive threat. All requests for assistance should include detailed information regarding the nature of the threatening situation and the specific needs of the requesting party.
3. The responding party shall provide to the requesting party its capabilities in responding to the request as soon as practicable. In assessing its capabilities, the responding party shall use its best efforts in committing equipment, expertise or other manpower which it can reasonably spare, under the existing circumstances.

4. The responding party shall assign its officers and provide the other resources at the location determined by the requesting party.
5. All responding officers while so assigned pursuant to the Memorandum of Understanding, shall be subject to the direction and control of the Sheriff or Chief of Police of the requesting party. The requesting party shall to the extent feasible, recognize the rank and chain of command of the responding officers. The Sheriff or Chief of Police of the requesting party shall also have control over any equipment or other resource contributed from the responding party.
6. The responding party may request assistance from other parties if it identifies deficiencies in its own ability to respond to emergencies, resulting from its contribution of officers and resources pursuant to this Memorandum of Understanding.
7. The requesting party shall release the responding party's officers and equipment as soon as they are no longer needed, or upon request from the responding party.
8. The requesting party, unless otherwise agreed, is obligated to provide services to those who must be evacuated. These services could include transportation, temporary shelter, or other services.
9. All parties to this memorandum shall specify the certified peace officers who are subject to being assigned under this Memorandum of Understanding in the attached list which is hereby incorporated into this Memorandum of Understanding.
10. The geographical area covered by this Memorandum of Understanding shall include Sweetwater County, including the corporate limits of the towns and cities.

Distribution of Costs

1. The responding party is obligated to pay the responding officers' salary and benefits, pursuant to W.S. §7-2-106(d).
2. The requesting party is obligated to pay the costs of damage to the responding officers' equipment or the responding party's equipment if the damage results from action taken pursuant to the Memorandum of Understanding.
3. The requesting party must pay the costs of responding incurred by the responding party including food, lodging, fuel and other consumables, unless waived by the responding party.
4. All payment obligations must be paid within sixty (60) days upon the return of the assigned officers, unless other arrangements have been made between the parties.

Terms of Assignments and Expiration of Agreement

1. This agreement shall expire in four (4) years.
2. The term of assignments of Officers pursuant to this agreement shall not exceed one (1) month beyond the current term of office of the participating sheriff or chief of police.
3. Any party may withdraw from this Memorandum of Understanding by providing thirty (30) days prior written notice to all the other parties.

In Witness Whereof, the following elected or appointed representative of each governmental entity signatory hereto, cause to be signed and attended to by the officers or notary shown on the date with each signature.

INTENTIONALLY LEFT BLANK

TO BOTTOM OF PAGE

Representing the County of Sweetwater

Sweetwater County Commissioner, Chairperson

Attested to this _____ day of _____, 2013

Clerk, Recorder or Notary

STAMP

Representing the City of Green River

Mayor

Attested to this _____ day of _____, 2013

Clerk, Recorder or Notary

STAMP

Representing the City Rock Springs

Mayor

Attested to this _____ day of _____, 2013

Clerk, Recorder or Notary

STAMP

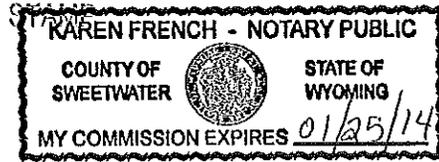
Richard Husheer

Sweetwater County Sheriff

Attested to this 20th day of February 2013

Karen French

Clerk, Recorder or Notary



Chief of Police

Attested to this _____ day of _____, 2013

Clerk, Recorder or Notary

STAMP

Chief

Attested to this _____ day of _____, 2013

Clerk, Recorder or Notary

STAMP

Sally Shoemaker

From: Brenda Rael - Sweetwater County Human Resources Department
Sent: Tuesday, February 26, 2013 4:06 PM
To: Sally Shoemaker
Subject: HR meeting requests
Attachments: HR Meeting request 3-5-2013 to remodel HR office.pdf; HR Meeting request 3-5-2013 re payroll dates .pdf

Sally,

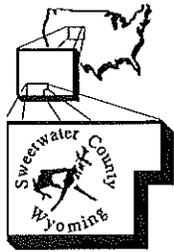
Please find attached meeting request for HR. Garry will provide the documents tomorrow.

Thank you,
Brenda

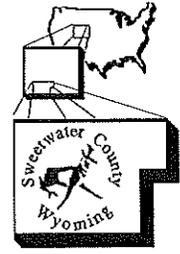
Brenda Rael
Sweetwater County
Human Resources Specialist
80 W. Flaming Gorge Way, Suite 17
Green River, WY 82935
Phone: 307-872-3910
Fax: 307-872-3996
mail: raelb@sweet.wy.us

2-27-13. As of deadline date & distribution of packet, no handouts provided. (12:00-noon)

2-27-13 @ 2:30 p.m. rcvd from Brenda Rael



Sweetwater County Department of Human Resources



80 W. Flaming Gorge Way, Ste. 17
Green River, WY 82935

E-MAIL: swchr@sweet.wy.us

Phone: 307-922-5429 (RS)
307-872-3910 (GR)
Fax: 307-872-3996

MEMORANDUM

TO: Sweetwater County Board of Commissioners
FROM: Garry McLean 
DATE: February 21, 2013
RE: Proposed HR Office Area Modifications
C: Chuck Radosevich

Recently, Mark Kot moved to occupy an office on the second floor of the Courthouse. As a result of this move, the HR Department would like to use this opportunity to solve some problems currently associated with our work space. As such, I am requesting permission to move ahead with work area modifications described below. I have attached a schematic which visually depicts the proposed changes. For clarity, I have indicated the changes in red, while the areas remaining the same are indicated in blue. The proposed changes are as follows;

- 1. Tim Knight moving to Mark Kot's former office:** This move is important because it allows the conference room to move back to its former location (*Tim Knight's former office*), thereby allowing the current space to be used for applicants and a reception area for people coming to the HR office. Presently, when the conference room is being used, applicants must go to the P&Z office to be assisted. Frequently, applicants want to be as discreet as possible about the fact that they are applying for a job. This move is very important to improve public service.

I have discussed this possibility with Mr. Knight and he is willing to move and further indicated that in the future, with the completion of the 333 Broadway building, he may be assigning one of his staff to staff the IT resources in that facility, thereby freeing up space in the current IT suite offices for him to have an office. Also, Mr. Knight will be able to use the conference room for his staff meetings, vendor meetings and project meetings. He agreed that moving the conference room to the back of the office suite made the most sense.

Ultimately, when space allows, I would like to convert Mark Kot's former office to a file storage area for better file security and privacy

2. **Move the Conference room to Tim Knight's Former Office:** Historically, this area was a conference room, but due to lack of available space, this was converted to an office. With the completion of the veranda offices and Mark Kot's subsequent move here, there is finally room to move the conference room back to a quieter, more private and more appropriate location.
3. **Installation of Solid Doors:** As indicated on the attached diagram, I wish to replace the pocket door (*Door A*) with a solid door, which will lock and provide better security and sound protection. Secondly, I am requesting the installation of a solid door (*Door B*) which will provide for better security of the files currently stored in the adjacent hallway and to limit public access to job applicants and employees performing business with the HR Department.
4. **Installation of Service Counter:** I would request to install a service counter, so indicated on the attached drawing, to connect the reception area to Stefanie Boling's office where the public can be served. As it stands currently, none of the HR staff are aware when someone enters the office. This is poor public service. With the installation of a service counter that includes a wheelchair accessible counter, Ms. Boling can promptly receive and address any requests made of the department.
5. **Remove paneling and Paint Walls:** Two of the current offices are covered with wood paneling, which makes the rooms dark, dated and unprofessional. Since some of the paneling will be removed as part of the other remodel items, I would request permission to remove the remainder and to paint the walls.

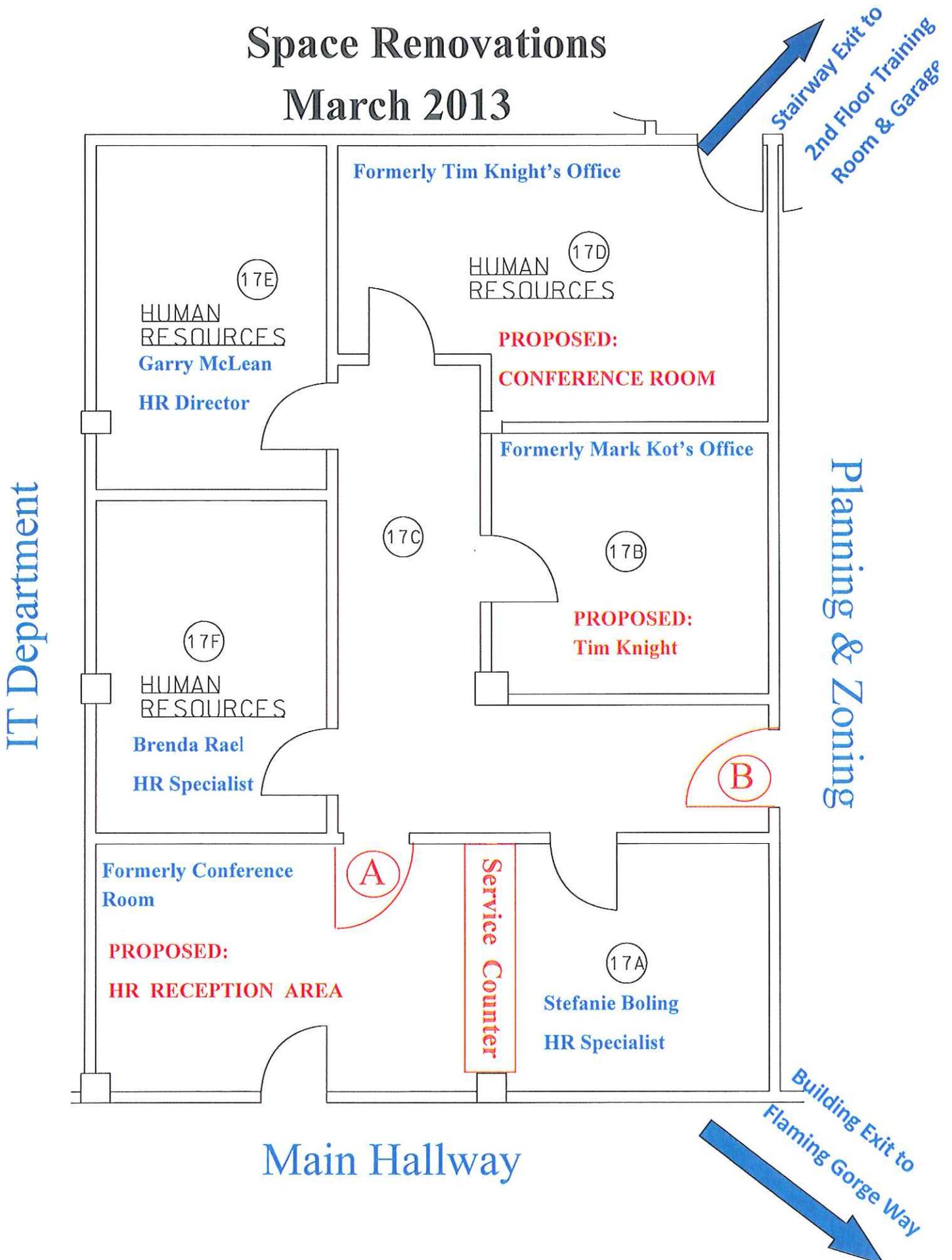
COSTS: I do not have a specific dollar amount of the proposed project, but Chuck Radosevich has assured me that the requested items are well within his budget and capable of being performed by his staff. Aside from staff time, the only costs are two doors, a counter, paint and miscellaneous hardware. As such, I am not requesting any additional funding.

SUMMARY: This project, if approved, would greatly improve the functioning and public service in the department. All affected parties are in agreement with the proposed plans and all project costs can be covered within existing budgets. I respectfully request the board authorize commencement of this proposed remodel. Please contact me with any questions.

Proposed Human Resources Office

Space Renovations

March 2013



Sally Shoemaker

From: Brenda Rael - Sweetwater County Human Resources Department
Sent: Tuesday, February 26, 2013 4:06 PM
To: Sally Shoemaker
Subject: HR meeting requests
Attachments: HR Meeting request 3-5-2013 to remodel HR office.pdf; HR Meeting request 3-5-2013 re payroll dates .pdf

Sally,

Please find attached meeting request for HR. Garry will provide the documents tomorrow.

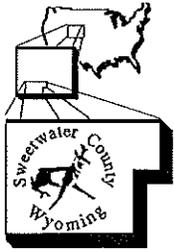
Thank you,
Brenda

Brenda Rael
Sweetwater County
Human Resources Specialist
80 W. Flaming Gorge Way, Suite 17
Green River, WY 82935
Phone: 307-872-3910
Fax: 307-872-3996
-mail: raelb@sweet.wy.us

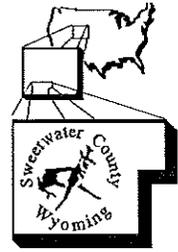
2-27-13- As of deadline date & distribution of packet, no handouts provided.

2-27-13 - Brenda dropped off @ 4:30. Because it was past the deadline date, I advised that they would have to get authorization from Chairman Johnson.

2-28-13- Brenda advised that wally approved & dropped material off @ 12:00.



Sweetwater County Department of Human Resources



80 W. Flaming Gorge Way, Ste. 17
Green River, WY 82935

E-MAIL: swchr@sweet.wy.us

Phone: 307-922-5429 (RS)
307-872-3910 (GR)
Fax: 307-872-3996

MEMORANDUM

TO: Sweetwater County Board of Commissioners
FROM: Garry McLean, Dale Davis, Bonnie Phillips
DATE: February 27, 2013
RE: Proposed Changes to Payroll Processing

For several years staff has discussed ways to improve the efficiency of payroll processing for the County. There were two clear impediments to achieving this. The first problem was that the County had no automated time entry system. This problem was solved with the implementation of the time and attendance system in January of 2011. The second problem has been more complicated to resolve and we are now prepared to address. Moreover, with the forthcoming Tyler software project, led by Tim Knight, our failure to address this issue will result in the new system functioning just like the old system with regard to payroll.

THE PROBLEM

Historically, the County has paid employees one time per month on the last working day of the month. This monthly paycheck was compensation for the month worked (*e.g., March*). This system is neither difficult, nor unusual. However, what makes this system dysfunctional is the fact that the March timesheet includes time from February 17, 2013 through March 16, 2013 (*SEE Exhibit -1*). There is no time record covering the period from March 17, 2013 through March 31, 2013. Yet, employees are still paid for this period. During the next payroll cycle, any leave time or changes are corrected up. Because of the inherent problems with this system, all hourly employees were placed on a monthly salary. Collectively, these two features of the County's payroll have so complicated the payroll process, that the payroll computer can be used for nothing more than printing checks. Overtime, leave and many other typical payroll processes have to be performed manually and often checked and rechecked, due to the complex arrangement.

In short, these issues have made what is a relatively easy procedure, very complicated and very labor intensive. To the credit of our payroll staff, they have labored diligently to keep this process manageable. Prior to implementing any changes, payroll was historically a two (2) week process, hence the cutoff in the middle of the month, which provided ample time to have payroll completed by the end of the month. By comparison, most similarly sized businesses are processing similar sized payrolls in a day or less.

Aside from the toll on the payroll staff, this convoluted system is also difficult for employees to understand. It is very hard to explain to a new employee that he/she is getting paid for two

weeks, for which they have yet to report any time. Moreover, try explaining to an employee why their paycheck does not equal the time reported on his/her timesheet.

To make matters more complicated, sick leave and vacation accruals are earned per month. Since the current payroll process has timesheets end in the middle of the month, the accruals reported on the employee's check at the end of the month are inaccurate.

Finally, when an employee unexpectedly terminated in the last two weeks of a month, they must hurriedly be pulled from the normal payroll, to avoid the employee from being paid for time they have not yet earned. Many times, the lateness of this notice makes it difficult to effectuate.

All of these difficulties have translated into increased costs of processing payroll and increased confusion to employees and supervisors. We believe that prior to implementing new workflows in the Tyler system, we should use this opportunity to fix this notorious problem.

THE SOLUTION

There are many different ways to solve this problem and we have evaluated them for several years. However, the proposed solution below is the one that we believe will be the easiest to implement, have the least amount of impacts on employees, most cost effective to implement and the one that will work within the County statutory scheme. The essential elements of the proposed change are as follows;

1. **Change Pay Date:** Change the current pay date from the last working day of the month to the 7th day of the following month. So, instead of the pay date for March being March 29, 2013, it would be April 7th 2013. By doing this, time could cutoff at the end of the month, and employees would receive their paycheck for the month of March work on April 7th. As well, an employee's time accruals would also match their timesheet for that particular month.
2. **Change Time Sheet:** Change the time sheet to reflect all days worked in a particular month (*e.g., for March the timesheet would be through March 31, 2013. (SEE Exhibit – 2)*)
3. **Move all Non-exempt Employees to Hourly pay** such that an employee's paycheck for March, for example, would represent compensation for all hours actually worked in March, rather than an averaged salary amount. By effectuating this change, all that would be required to process the hourly payroll is to upload the time for the month from the time and attendance system to the payroll computer. The computer would automatically calculate overtime, FICA, Retirement, etc and prepare the checks.
4. **July 31, 2013 Go-Live Date with August 7th 2013 Paycheck:** For various logistic reasons, we are proposing going live with the proposed changes on the July, 2013 payroll, such that employees would receive their July paycheck on August 7, 2013, rather than July 31, 2013. This go-live date provides plenty of time to make the necessary changes in the time and attendance system, have group meetings with employees and managers and for employees to make any needed changes with bill payment dates.

Human Resources, Payroll and Finance strongly believe that it is in the best interest of both the County and employees to fix this lingering problem, prior to implementing a new payroll system. Failure to do so would result in a waste of money being spent on a new computer system, a waste of time processing payroll that could be processed more quickly and a perpetuation of confusion for employees. This is a great time and opportunity for us to correct an age-old problem now. This change, while inconveniencing some people briefly, will not cost anything, but will allow the County to operate more appropriately and cost effectively in the future.

Current Pay Period

EXHIBIT 1

Sweetwater County

Employee: _____

Dept. _____

Date	2-17	2-18	2-19	2-20	2-21	2-22	2-23
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total						0.00	

Date	3-3	3-4	3-5	3-6	3-7	3-8	3-9
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total						0.00	

Date							
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total						0.00	

Period **February 17, 2013** thru **March 16, 2013**

Date	2-24	2-25	2-26	2-27	2-28	3-1	3-2
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code		H1					
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total						0.00	

Date	3-10	3-11	3-12	3-13	3-14	3-15	3-16
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total						0.00	

- AL = Administrative Leave
- CE = Comp Time Earned
- CU = Comp Time Used
- FL = Funeral Leave
- H1 = Holiday
- JD = Jury Duty
- ML = Military Leave
- PL = Parental Leave
- SE = Social Events
- SP = Suspension
- S1 = Sick Time Used
- V1 = Vacation Time Used
- WC = Workers' Comp.

[CLICK HERE TO SEE CODE DEFINITIONS](#)

EMPLOYEE PLEASE COMPLETE	
TOTAL HOURS FOR PERIOD:	0.00
TOTAL COMP. TIME EARNED:	0.00
TOTAL COMP. TIME USED:	0.00
TOTAL HOLIDAY HOURS WORKED:	0.00
TOTAL VACATION TIME USED:	0.00
TOTAL SICK TIME USED:	0.00

TIME SHEETS ARE DUE IN THE COUNTY CLERK'S OFFICE NO LATER THAN NOON:

March 18, 2013
NO EXCEPTIONS!

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

Proposed Pay Period

EXHIBIT 2

Sweetwater County

Employee: _____

Dept. _____

Period

March 1, 2013 thru **March 31, 2013**

Date	3-1	3-2
Day	Fri	Sat
Actual Hours Worked		
Other Hours		
Code		
Other Hours		
Code		
Total Hours	0.00	0.00
Weekly Total		0.00

Date	3-10	3-11	3-12	3-13	3-14	3-15	3-16
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total							0.00

Date	3-24	3-25	3-26	3-27	3-28	3-29	3-30
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Actual Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total							0.00

Date	3-31	
Day	Sun	
Actual Hours Worked		
Other Hours		
Code		
Other Hours		
Code		
Total Hours	0.00	
Weekly Total		0.00

Date	3-3	3-4	3-5	3-6	3-7	3-8	3-9
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours Worked							
Other Hours							
Code		H1					
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total							0.00

Date	3-17	3-18	3-19	3-20	3-21	3-22	3-23
Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Hours Worked							
Other Hours							
Code							
Other Hours							
Code							
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Weekly Total							0.00

- AL = Administrative Leave
- CE = Comp Time Earned
- CU = Comp Time Used
- FL = Funeral Leave
- HI = Holiday
- JD = Jury Duty
- ML = Military Leave
- PL = Parental Leave
- SE = Social Events
- SP = Suspension
- S1 = Sick Time Used
- V1 = Vacation Time Used
- WC = Workers' Comp.

[CLICK HERE TO SEE CODE DEFINITIONS](#)

EMPLOYEE PLEASE COMPLETE

TOTAL HOURS FOR PERIOD: 0.00
 TOTAL COMP. TIME EARNED: 0.00
 TOTAL COMP. TIME USED: 0.00

 TOTAL HOLIDAY HOURS WORKED: 0.00
 TOTAL VACATION TIME USED: 0.00
 TOTAL SICK TIME USED: 0.00

Weekly Total **0.00**

TIME SHEETS ARE DUE IN THE COUNTY CLERK'S OFFICE NO LATER THAN NOON:

April 2, 2013

NO EXCEPTIONS!

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

To: Sweetwater County Commissioners
From: Tim Knight
Subject: County Logo

Executive Summary:

Our new software package includes a number of forms that are sent, printed or stored in the system. These include invoices, tax bills, checks, purchase orders, etc. Sweetwater County may include a logo to be printed on such forms.

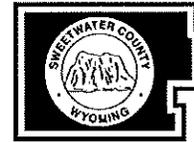
There are several different logos being used throughout the County. Some attempts have been made in the past to create a logo. A decision needs to be made as to the use of a logo on the forms sent or printed in the new system. A decision could also be made as to an official County Logo that would be used by all County agencies.

Options:

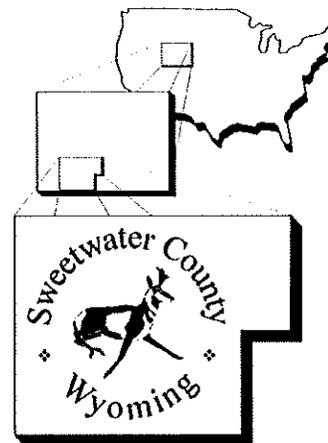
- 1 – We could refrain from putting a logo on our forms and leave the decision to individual departments to use the logos they are currently using or use nothing at all.
- 2 – We could select a logo out of the logos that are currently being used as the preferred or official County Logo (See attached sheet of logos)
- 3 – We could hire an agency such as Civic Plus (our website designer) to design a logo for us. I received a proposal from them last year for that work. (See attached proposal)
- 4 – We could ask permission from the Joint Travel and Tourism Board to use the logo they created.

Currently Used Logos

SWEETWATER
C·O·U·N·T·Y



SWEETWATER
C·O·U·N·T·Y



This image is trademarked by UW and needs special permission to use

Joint Tourism Board Logo



Tim Knight - IT Director

From: Justin LaRue <larue@civicplus.com>
Sent: Friday, October 28, 2011 12:37 PM
To: Tim Knight - IT Director
Subject: Logo Design Quote

Tim-

The logo design would be \$1500.

It works a lot like our design process in that you get revisions, but the big difference is you'll be presented with 4 logo "ideas" after our initial consultation and then you'll choose one to move forward with.

Justin D. LaRue, CivicPlus

Project Manager
Main 888-228-2233 x 358
Direct 785-323-4754
Fax 785-587-8951
www.CivicPlus.com
www.CivicPlusUniversity.com

_____ Information from ESET NOD32 Antivirus, version of virus signature database 6616 (20111109)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Sally Shoemaker

From: Chuck Radosevich - Facilities Manager
Sent: Friday, March 01, 2013 3:39 PM
To: Sally Shoemaker
Subject: FW: Information for Tuesday's Meeting
Attachments: 20130301153528696.pdf

Sally, Could you put a copy of this on each of their desks and email it to them? Thanks Chuck

-----Original Message-----

From: swscan@sweet.wy.us [<mailto:swscan@sweet.wy.us>]
Sent: Friday, March 01, 2013 1:35 PM
To: Chuck Radosevich - Facilities Manager
Subject:

This E-mail was sent from "PU-C4540" (Aficio MP C4500).

Scan Date: 03.01.2013 15:35:28 (-0500)
Queries to: swscan@sweet.wy.us



SWEETWATER C.O.U.N.T.Y

FACILITIES DEPARTMENT

CAPITAL CONSTRUCTION PROJECTS, MAINTENANCE & CUSTODIAL DIVISION
50140 A US HWY.191 SOUTH • ROCK SPRINGS, WY 82901
TELEPHONE (307) 872-3905 ~ FAX (307) 872-6469, EMAIL radosevjhc@sweet.wy.us

Interoffice Correspondence

To: Sweetwater County Board of County Commissioners

From: Chuck Radosevich, Facilities Manager *CR*

Date: March 1, 2013

RE: CDC Renovation Project

Sweetwater County received 4 bids for the CDC Renovation Project (see attached bid tabulation). The architect reviewed the bids (see attached letter) and has recommended awarding the bid to Delta Construction, Laramie, Wyoming. The bid amount including the additive alternates is lower than the estimated construction cost and therefore is within the budget.

Recommendation

After evaluating each of the bids, we are recommending that the bid be awarded to the low bidder, Delta Construction of Laramie, Wyoming in the amount of \$1,130,925.00. This amount includes the 4 additive alternates for the project. The debarment list has been checked for this contractor.

Action Requested:

Award the CDC Renovation Project to Delta Construction of Laramie, Wyoming and approval for the Chairman to sign the contract after review by the County Attorney's Office.



4020 Dewar Dr., Suite "A"
Rock Springs, WY 82901
Tel: (307) 352-2954
Fax: (307) 352-2956

1001 12th Street
Cody, WY 82414
Tel: (307) 587-8646
Fax: (307) 587-8366

189 N. Main, Suite 112
Driggs, ID 83422
Tel: (208) 354-8036
Fax: (208) 354-8037

MEMO

To: Chuck Radosevich

From: Charlie Van Over, AIA

Date: March 1, 2013

Re: SDC Bid Opening

Project No.: 1214 B/L

cc:

Chuck,

As you are aware we opened bids on the above referenced project at 2:00 p.m. on February 28, 2013. We received 4 bids out of the 8 that attended the mandatory pre-bid meeting.

The apparent low bidder is Delta Construction from Laramie Wyoming at \$1,068,000 as a base bid. We had 4 additive alternates and 4 deductive alternates. I would recommend that the Board of County Commissioners award the base bid and the 4 additive alternates to Delta Construction in the amount of \$1,130,925.00.

Should you have any questions or need any additional information please feel free to contact me.

Charlie



BID FORM

Project No.: 1214
 Project Name: SWC CDC

Bld Date: 02/28/13
 Bld Time: 2:00 p.m.

Bidder	Base Bid #1	Add Alt 1	Add Alt 2	Add Alt 3	Add Alt 4	Deduct Alt 1	Deduct Alt 2	Deduct Alt 3	Deduct Alt 4	Addenda	Bld Security	Resident Status
*Shepard Construction	\$1,340,600.00	\$23,000.00	\$8,400.00	\$4,600.00	\$30,000.00	\$8,800.00	\$400.00	\$2,800.00	N/A	1 & 2	✓	Resident
*A. Pleasant Construction												
*Ascent Construction	\$1,410,000.00	\$24,000.00	\$13,700.00	\$5,000.00	\$25,200.00	\$9,900.00	\$4,800.00	\$5,300.00	\$17,500.00	1 & 2	✓	Non Resident
*Delta Construction	\$1,068,000.00	\$16,278.00	\$13,232.00	\$5,032.00	\$28,383.00	\$10,000.00	\$4,853.00	\$5,382.00	\$17,916.00	1 & 2	✓	Resident
*Century Contractors/Pacific West												
*Skyline Construction	\$1,416,000.00	\$14,500.00	\$9,900.00	\$4,900.00	\$33,170.00	\$0.00	\$5,140.00	\$3,900.00	\$43,500.00	1 & 2	✓	Non Resident
*Circle H												
*Classic Contractors												

*Attended mandatory pre-bid.

PURCHASING & INVENTORY WAREHOUSE

SWEETWATER
C•O•U•N•T•Y

50140 A US HWY 191 S. • ROCK SPRINGS, WY 82901
MAIN (307) 922-5434 ~ FAX (307) 872-6469

- MARTY DERNOVICH, MANAGER
(307) 922-5435
- MARILYN "MEL" NOMIS, SENIOR BUYER
(307) 922-5436
- ERIN WYANT, INVENTORY CONTROLLER
(307) 922-5437

To: Sweetwater County Commissioners
From: Marty Dernovich, Purchasing Manager *MD*
Date: February 25, 2013
Subject: Surplus Property Disposal/Sale

Sweetwater County Purchasing has received two requests for surplus property if the county has any and if the commission would be willing to donate those items.

1. Cynthia Diodati with the Big Sandy Clinic sent a request for any surplus furniture that the county may have. (see attached request)
2. Allen Blankenship, Director of Nutrition-Executive Chef – Memorial Hospital requested a surplus vehicle to be used as a catering vehicle. (see attached request)

The other item of business that the Purchasing Department is bring before the Board is that of an overhead crane located in our vehicle shop. Purchasing is requesting approval to advertisement the crane for sale as Chuck has been approached by a potential buyer and would like to have it removed. Currently the crane is not in use and is locked and power has been shut off. Please see Facilities Department interoffice correspondence.



January 24, 2013

Marty Dernovich – Sweetwater County Purchasing Manager
50140A US Hwy 191 S.
Rock Springs, Wyoming 82901

5013C - status

Dear Marty:

My name is Cynthia. We are planning to open a non-profit medical clinic in the Farson Community.

Target date for opening is April 1, 2013.

I am writing to request donations for office furniture and or equipment, below is a list that may be helpful.

Office Desks/Chairs

Computers/Color Printers

Phones

Shelving/Cabinets

Sinks (For Nurses Stations)

Surge protectors

We would be very happy to pick up any donation.

I was referred to you by Curtis Sandbeck and Shirley DeLambert.

My direct phone number is 575-551-8305.

Please feel free to contact me with any questions or concerns.

Thank you for your consideration.

Respectfully,

Cynthia Diodati
Cynthia Diodati
Clinic Manager
Big Sandy Clinic
5 Hwy 28
Farson, Wyoming 82932

Board Members include:

Mike Kuzara

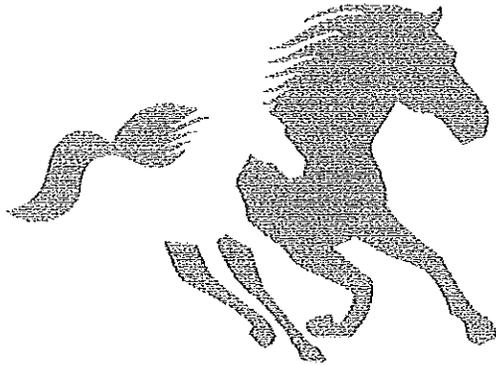
Shelly Lloyd

Shirley DeLambert - 307-705-5053

Maryanne Mines

Shauna Romrell

Cindy Smith



Memorial Hospital

OF SWEETWATER COUNTY

To: Sweetwater Purchasing Department

*From: Allen Blankenship/ Director of Nutrition-Executive Chef/ Memorial
Hospital of Sweetwater County*

In-Regards to: Replaced vehicle Truck/SUV

Hello my name is Allen Blankenship and I am the Director of Nutrition / Executive Chef of Memorial Hospital of Sweetwater County. I am writing this letter in response to some information I received of possibly receiving a replaced vehicle from the County. I am very interested in a truck/suv whichever is available. I will use this to further serve the community as a catering vehicle through Memorial Hospital of Sweetwater County. I appreciate your time and consideration and thank you in advance. You may contact me at any of the available option below at any time.

Cell # 304-590-3093

Work# 307-352-8496 (direct line)

E-mail- chef@minershospital.org



SWEETWATER

C·O·U·N·T·Y

FACILITIES DEPARTMENT

CAPITAL CONSTRUCTION PROJECTS, MAINTENANCE & CUSTODIAL DIVISION
50140 A US HWY 191 SOUTH • ROCK SPRINGS, WY 82901
TELEPHONE (307) 872-3905 ~ FAX (307) 872-6469, EMAIL radosevich@sweet.wy.us

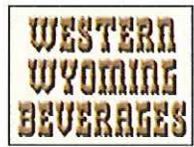
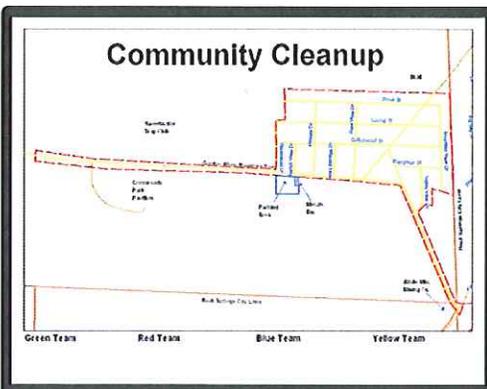
Interoffice Correspondence

To: Marty Dernovich, Purchasing Manger
From: Chuck Radosevich, Facilities Manager *CR*
Date: February 25, 2013
RE: Vehicle Maintenance Overhead Crane

On Thursday, February 22, 2013, a gentleman stopped to inquire about purchasing the overhead crane in the Vehicle Maintenance building. He had spoken to Jim Daniels, and he had said it was no longer used. Jim also said he had not planned to use it in the future. As you recall, during the inspection, the cost to bring it into compliance was high. At that time we also discussed the high inspection fees and the fact that it was not being used. Jim utilizes the R & B truck cranes or has plans to use their Gantry Crane. Currently the crane has been locked and the power has been switched off. I would recommend that we should consider having the crane removed from the building.

COMMUNITY CLEANUP

**RELIANCE AND
CLEARVIEW COMMUNITIES
SATURDAY, MAY 18TH
9:00 AM - NOON**



The Sweetwater County Land Use Office is asking for the Board's support in hosting a Community Cleanup in the Reliance and Clearview communities. We would like to solicit volunteers from the community as well as the County to assist us in this effort. We have planned our event to coincide with the clean up efforts of the City of Rock Springs. After the cleanup, we would like to invite all volunteers to join us for lunch at Reliance Park.

LET'S MAKE A DIFFERENCE IN OUR COMMUNITIES!

Lee Splett
President

Bruce Thomson
Treasurer

Carmen Staab
Secretary

Clearview Improvement and Service District

117 Mountain View Drive; P. O. Box 2634

Rock Springs, Wyoming 82902

Phone: 307-362-1140

Tuesday, February 26, 2013

Sweetwater County Commission
80 West Flaming Gorge Way
Green River, Wyoming 82935
Wally Johnson, Chairman

Dear Commissioner Johnson:

It is with great reluctance that we write this letter but circumstances within the Clearview I & S District leave us little choice. Water line breaks and sewage backups during the past year have shown that the District is in a state of critical concern as to the condition of the culinary water and wastewater infrastructure.

Preliminary review and inspections done while repairing line breaks, sewage backups, and meter failures and leaks has shown that the district's delivery and collection systems are in a state of serious disrepair. The condition of meter pits, main line valves and fire hydrants reveals that the District faces serious maintenance issues. Therefore, the District has determined that a comprehensive study of the District's systems is an immediate necessity so that the District can develop and implement a structured plan to recondition its infrastructure.

Clearview I & S District personnel are working with contractors, engineers, and regulatory agencies to identify the most needed repairs. All the while, the cost of immediate, necessary repairs to the system has drained the district's reserves. The District has been unable to accumulate the funds necessary to adequately survey the systems and develop the comprehensive plan to resolve the infrastructure deficiencies.

The District feels that it would be imprudent to commit funds to study infrastructure deficiencies or initiate a major repair project until a reserve has been accumulated. To do so would leave the District without the funds necessary to cover emergency repairs due to sewage backups, line breaks, meter failures or other unforeseen conditions contributing to possible violations of laws or regulations, or that may constitute a threat to public health or safety. To this end the District must request funding assistance from Sweetwater County to enable it to hire the firms necessary to complete the study.

Attached for your consideration is the Districts proposed plan to complete the comprehensive

infrastructure study. The immediate funds needed are as follows:

Water System:

Complete a review of all meter pits for roots, incompetent pits, and other potentials for meter failures

Review surface facilities for damage, hazardous conditions.

Review condition of main line vales, fire hydrants including flushing requirements.

Develop comprehensive plan to correct deficiencies.

\$4,500.00; estimate by Wire Brothers construction.

Complete a hydraulic study reviewing dead ended lines, isolation criteria, additional valving

\$15,400.00; estimate by Choice Engineering Services

Waste Water System:

Clean and inspect all sewage lines, complete video camera inspection, identify areas of critical concern.

\$20,000.00; estimate by Sanitary Systems

Review sewer system video, recommend corrective action, and estimate construction costs.

\$7,550.00; estimate by Choice Engineering Services

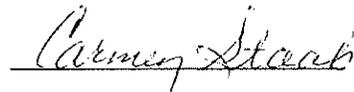
Total funding request: \$47,450.00

Sincerely;

Leon A. Splett, President

Bruce Thomson, Treasurer

Carmen Staab, Secretary



**Sweetwater County
Board of County Commissioners
Public Meeting**

March 5, 2013

**Land Use
Agenda and Staff Report**

Prepared by:

**Sweetwater County Land Use
80 West Flaming Gorge Way, Suite 23
Green River, WY 82935
(307) 872-3914**

Board of County Commissioners

Public Hearing Agenda

March 5, 2013

**County Commissioner's Meeting Room
80 West Flaming Gorge Way
Green River, WY 82935**

Public Hearings

1. Tata Chemical (Soda Ash) Partners
Zoning Map Amendment
Agriculture to Mineral Development (MD-2)

Public Hearing #1

Board of County Commissioners

March 5, 2013

Applicant

Tata Chemical
P.O. Box 551
Green River, WY 82935

Property Owner

Uinta Development
P.O. Box 1330
Houston, TX 77251

Legal Description

558+ Acres
All of Section 25
T18N, R109W
04-1809-25-1-00-011-00

Current Zoning

A
(Agriculture)

Legal Requirements

Adjacent Notices Sent

January 11, 2013

Public Hearing Advertised

January 11, 2013

Sign Posted

January 22, 2013

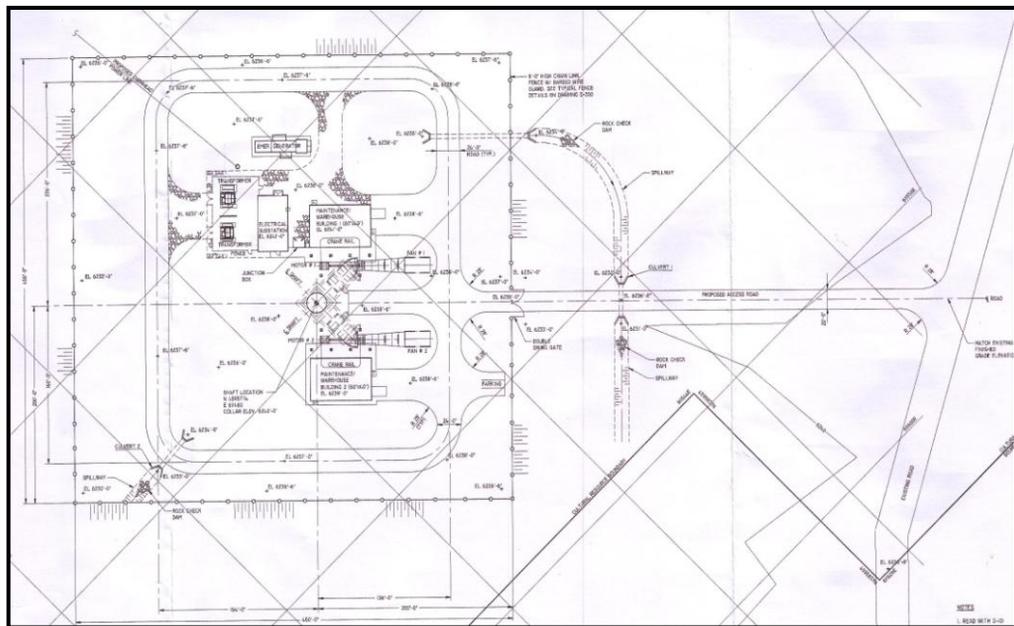
Services Access

BLM Resource Road
Fire
Sweetwater County

Land Use Presenter

Eric Bingham
Land Use Director
(307) 872-3916

Tata Chemical (Soda Ash) Partners Zoning Map Amendment Agriculture (A) to Mineral Development Overlay (MD-2)



Summary of Application

Tata Chemical is requesting a zoning map amendment to place a Mineral Development Overlay on a section of land currently zoned Agriculture. This overlay allows underground mining while keeping the base zoning as agriculture. The base zoning will retain all permitted uses and all regulations of the Agriculture zoning district will apply to any surface use or construction.

The applicant is proposing this amendment in order to support their ongoing underground trona mining by installing a ventilation shaft and supporting facilities on property owned by Uinta Development. The Agriculture district does not allow underground mining, but will support the above ground facilities under the permitted use of Mineral Exploration and Drilling. Construction of the support facilities is scheduled to begin this spring.

Access to the project location is by a BLM resource road located off of Hwy. 374 approximately 3-1/2 miles from the Hwy. 372/I-80 interchange. Surrounding sections are owned by BLM, Anadarko and Gary Hodges.

Public Hearing #1

Tata Chemical (Soda Ash) Partners Zoning Map Amendment – A to MD-2

Public Comments

No public comments have been received as of the date of this report.

Agency Comments

Colorado Interstate Gas – Both Colorado Interstate Gas Company and Wyoming Interstate Company have no facilities at that location, thus we have no concerns.

Emergency Management – Permit request does not require further comment from our agency.

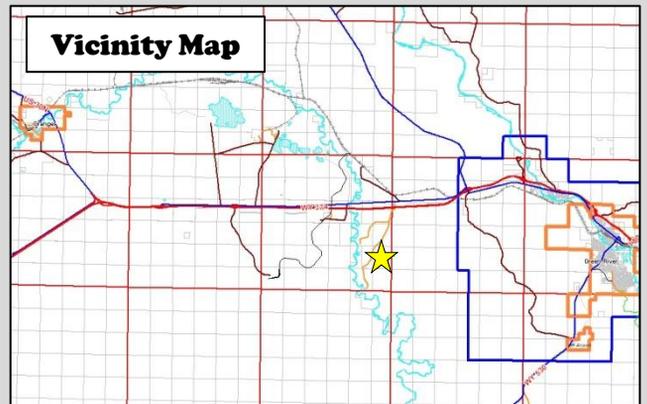
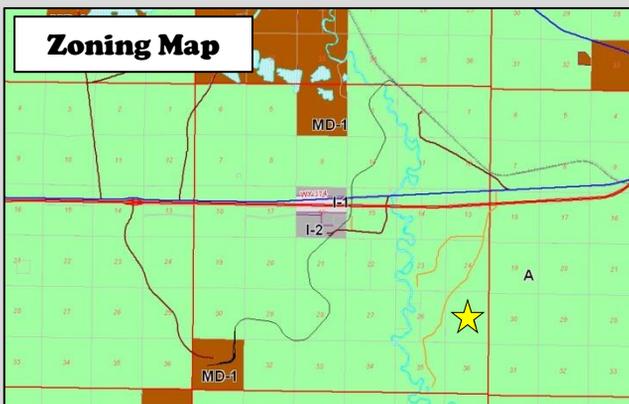
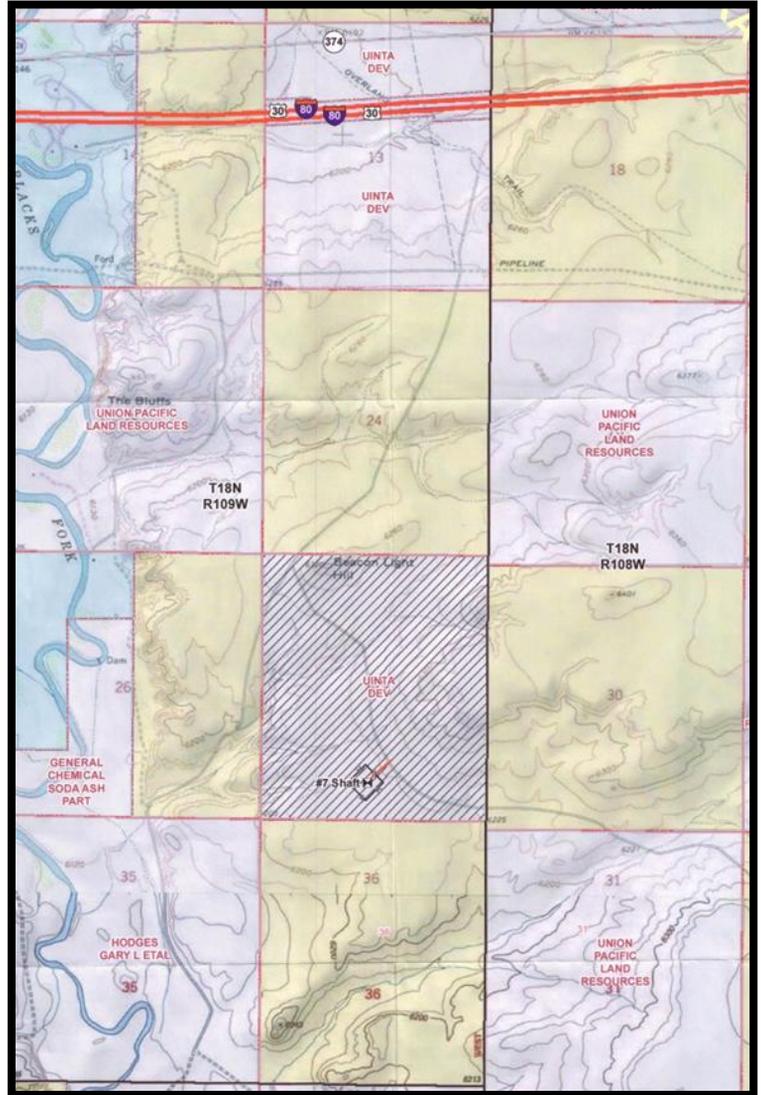
Environmental Health – No comment because there is no septic system involved.

Staff Comments

The Sweetwater County Zoning Resolution states that the zoning map shall not be amended except to correct an error or recognize changing conditions. Staff recognizes the changing conditions of the area and the necessity of this zoning map amendment to support the expansion of the trona industry.

Recommendations and Conditions

Staff recommends that the Zoning Map Amendment be approved without conditions.



RECOMMENDATION 13-02-ZO-01

**TATA CHEMICAL (SODA ASH) PARTNERS
ZONING MAP AMENDMENT
AGRICULTURE (A) TO MINERAL DEVELOPMENT OVERLAY (MD-2)**

WHEREAS, Tata Chemical (Soda Ash) Partners has requested a Zoning Map Amendment from Agriculture (A) to Mineral Development Overlay (MD-2) in accordance with Section 24.B.1.b. of the Sweetwater County Zoning Resolution. This application is to be located on a parcel of land owned by Uinta Development and described as:

Section 25, Township 18 North, Range 109 West, of the Sixth Principal Meridian, County of Sweetwater, State of Wyoming.

WHEREAS, the Sweetwater County Planning and Zoning Commission held a public hearing in accordance with the procedural requirements of the County’s Zoning Resolution on February 13, 2013 to consider the applicant’s request; and,

WHEREAS, after due consideration and discussion, the Planning and Zoning Commission voted 5-0 to recommend approval of this request;

NOW THEREFORE, the Sweetwater County Planning and Zoning Commission recommends that this request be APPROVED.

Dated this 13th day of February, 2013.

Attest:

Sweetwater County
Planning and Zoning Commission

Steven Dale Davis, County Clerk

James Reinard, Chairman

RESOLUTION 13-03-ZO-01

**TATA CHEMICAL (SODA ASH) PARTNERS
ZONING MAP AMENDMENT
AGRICULTURE (A) TO MINERAL DEVELOPMENT OVERLAY (MD-2)**

WHEREAS, Tata Chemical (Soda Ash) Partners has requested a Zoning Map Amendment from Agriculture (A) to Mineral Development Overlay (MD-2) in accordance with Section 24.B.1.b. of the Sweetwater County Zoning Resolution. This application is to be located on a parcel of land owned by Uinta Development and described as:

Section 25, Township 18 North, Range 109 West, of the Sixth Principal Meridian, County of Sweetwater, State of Wyoming.

WHEREAS, the Sweetwater County Board of County Commissioners held a public hearing in regards to this matter on March 5, 2013 and has given due consideration to the recommendation of the Planning and Zoning Commission and to all the evidence and testimony presented at the hearing.

NOW THEREFORE BE IT RESOLVED, that the applicant's request be APPROVED.

Dated this 5th day of March, 2013.

Sweetwater County
Board of County Commissioners

Wally J. Johnson, Chairman

Gary Bailiff, Member

John K. Kolb, Member

Don Van Matre, Member

Attest:

Steven Dale Davis, County Clerk

Reid O. West, Member



Sweetwater County, Wyoming Zoning Map Amendment Application Form

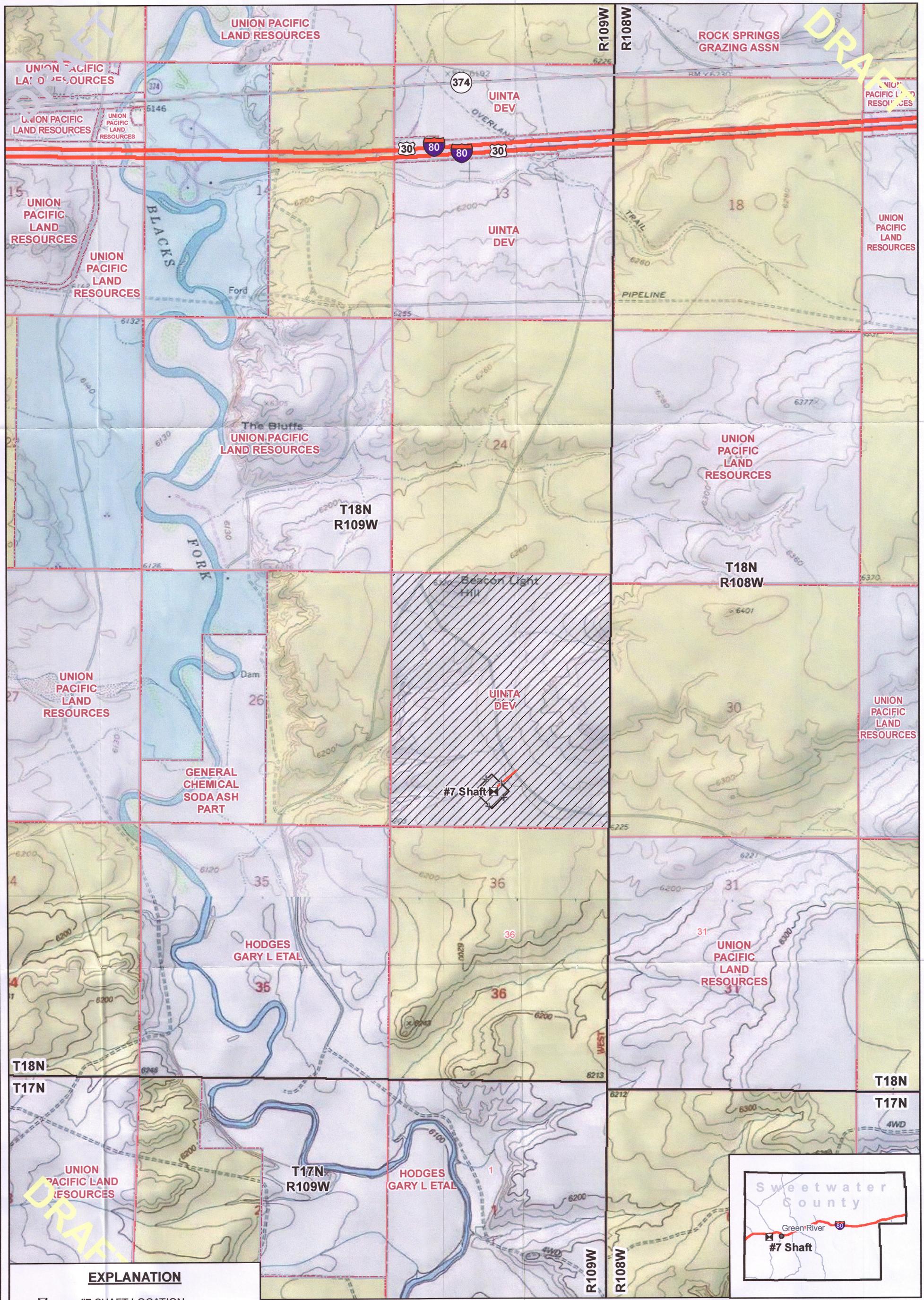
Sweetwater County Community Development
 80 West Flaming Gorge Way, Suite 23
 Green River, WY 82935
 p: (307) 872-3914 / 922-5430 f: 872-3991
Application Fee: \$225.00

Date of Submittal: 12.10.12
 Permit Number: PB 12-039
 Zone Change Number: ZC 2013-01
 PID: 04- 1809 - 25 - 1 - 00 - 011 - 00

Land Owner of Record:		Applicant/Legally Responsible Party:							
Name: <u>Uinta Development</u>	Mailing Address: <u>P.O. Box 1330</u> <u>Houston, TX 77251</u>	Name: <u>Tata Chemical (Soda Ash) Partners</u>	Mailing Address: <u>P.O. Box 551</u> <u>Green River, WY 82935-0551</u>						
Phone: _____		Phone: <u>307-872-3445</u>	Relationship to Owner: _____						
Legal Description of Property: <i>(Attach legal description on separate sheet).</i>		County Assigned Street Address or Location:							
T18N R109W SEC25		Property Identification Number(s): 04- <u>1</u> <u>8</u> <u>0</u> <u>9</u> - <u>1</u> <u>3</u> - <u>1</u> <u>0</u> <u>0</u> - <u>0</u> <u>0</u> <u>1</u> <u>0</u> <u>0</u> *04- _____ - _____ - _____ - _____ *if applicable							
Area Of Proposed Zone Change: <i>(Acres or Sq. Ft)</i> <u>640 acres</u>		Current Zoning Agricultural	Proposed Zoning <u>MD-2</u> Mineral Development						
Describe the nature and effect of the proposed amendment and cite legal basis for change: 1) Changing conditions; or 2) To correct an error in the Official Zone Map. If the amendment is for mineral exploration and mining, submit state or federally required materials. In order to support the ongoing underground trona mining, a ventilation shaft (the #7 Shaft) and support facilities need to be constructed. The current zoning does not support mining operations. The site falls under federal MSHA guidelines and WDEQ-LQD Permit 464.									
Describe the proposed development and time schedule for development: Construction of a ventilation shaft, buildings, and support structures to continue operations at the trona mine. Development scheduled to start late winter/early spring 2013 and be completed in 2014.									
An Area Map showing property to be rezoned and its relationship to abutting properties must accompany all applications for amendments.									
Exhibits Submitted: Figure 1: Area Map for Zoning Map Amendment Application, T18N R109W, Section 25		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Land Owner of Record's Signature</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="text-align: center;"><u>Randy T. Peck</u></td> <td style="text-align: center;"><u>12/7/12</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Applicant/Legally Responsible Party's Signature</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>		Land Owner of Record's Signature	Date	<u>Randy T. Peck</u>	<u>12/7/12</u>	Applicant/Legally Responsible Party's Signature	Date
Land Owner of Record's Signature	Date								
<u>Randy T. Peck</u>	<u>12/7/12</u>								
Applicant/Legally Responsible Party's Signature	Date								
NOTE: THE OWNER(S) OR APPLICANT(S) OF THE LAND MUST BE PRESENT OR PROPERLY REPRESENTED AT ALL PUBLIC HEARINGS!!!!									

RECEIVED
DEC 10 2012

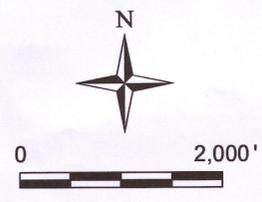
SWC LAND USE



DRAFT

EXPLANATION

- #7 SHAFT LOCATION
- FENCE
- PROPOSED ACCESS ROAD
- ZONING CHANGE REQUEST AREA
- BUREAU OF LAND MANAGEMENT
- PRIVATE
- STATE



Trihydro
CORPORATION

1252 Commerce Drive
Laramie, WY 82070
www.trihydro.com
(P) 307/745.7474 (F) 307/745.7729

FIGURE 1
AREA MAP FOR ZONING MAP
AMENDMENT APPLICATION
T18N R109W, SECTION 25

TATA CHEMICALS
GREEN RIVER, WYOMING

RECEIVED
DEC 10 2012
SWC LAND USE

February 27, 2013

To: Chairman Wally Johnson &
Sweetwater County Board of County Commissioners

From: Steve Horton, Planner III, Land Use Department *SA*

Re: ▶ Appeal of Denied Zoning Permit for a residence
▶ Applicant is Brandon Tinker
▶ Property address is 785 Washam Road
▶ Denied for non-compliance with the following sections of the Sweetwater County Zoning Resolution: ●Section 17.C.2.C. The Private Road provides access to the applicant's parcel which is located behind a parcel that immediately abuts a continuously maintained public street; ●Section 17.C.3. A private road shall have a minimum 30 ft wide access easement which is recorded in the Office of the Sweetwater County Clerk and Recorder
▶ PIN# 04-1209-08-3-00-025-00
▶ Zoning: Agricultural
▶ T12NN, R109W, SEC8, NE4SW4 6th Principal Meridian, Sweetwater County, Wyoming

Dear Chairman Johnson and Sweetwater County Board of County Commissioners:

Mr. Brandon Tinker has filed an Appeal of a Denied Zoning Permit. The Zoning Permit Application is for a residence to be located at 785 Washam Road, on property zoned Agriculture. The Sweetwater County Zoning Resolution requires that a Zone Lot must abut a public or private street. Mr. Tinker's application includes a private road which crosses two (2) parcels to connect with the public road which is Washam Road. Mr. Tinker has secured access easements from both properties that he crosses with the private road.

The Zoning Permit was denied for non-compliance with the following sections of the Sweetwater County Zoning Regulations:

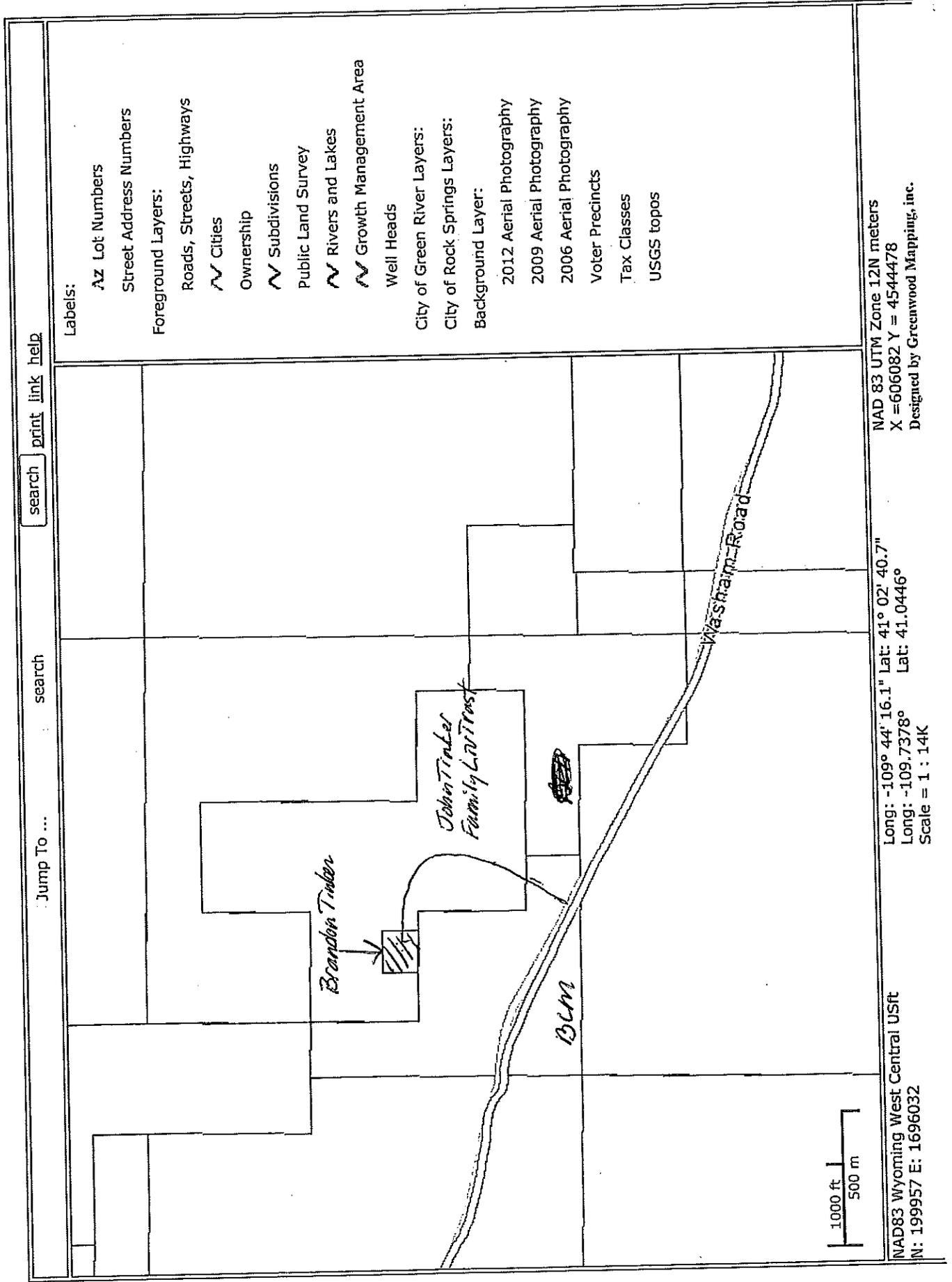
●Sweetwater County Zoning Resolution Section 17.C.2.C.
The Private Road provides access to the applicant's parcel which is located behind a parcel that immediately abuts a continuously maintained public street. Mr. Tinker's property is located 2 lots back from Washam Road (public road).

●**Sweetwater County Zoning Resolution Section 17.C.3.**

A private road shall have a minimum 30 ft wide access easement which is recorded in the Office of the Sweetwater County Clerk and Recorder. Mr. Tinker has only a 20 ft wide easement across the BLM parcel and does not meet the required 30 ft. easement width.

Staff is supportive of Brandon Tinker's request. Although Brandon Tinker crosses two parcels to get to his property, one parcel is BLM and the other parcel is owned by the Tinker Family Trust.

Attached is a copy of the Zoning Permit Application filed by Mr. Brandon Tinker.



search print link help

search

Jump To ...

Labels:

AZ Lot Numbers

Street Address Numbers

Foreground Layers:

Roads, Streets, Highways

Cities

Ownership

Subdivisions

Public Land Survey

Rivers and Lakes

Growth Management Area

Well Heads

City of Green River Layers:

City of Rock Springs Layers:

Background Layer:

2012 Aerial Photography

2009 Aerial Photography

2006 Aerial Photography

Voter Precincts

Tax Classes

USGS topos



Long: -109° 44' 16.1" Lat: 41° 02' 40.7"

Long: -109.7378° Lat: 41.0446°

Scale = 1 : 14K

NAD 83 UTM Zone 12N meters
X = 606082 Y = 4544478

Designed by Greenwood Mapping, inc.

NAD83 Wyoming West Central USft

N: 199957 E: 1696032



Zoning Permit for Construction/Use

Sweetwater County Land Use
80 West Flaming Gorge Way, Suite 23
Green River, WY 82935
p: (307) 872-3914 / 922-5430 f: 872-3991
landuse@sweet.wy.us

Date of Submittal: 2-12-13
Permit Number: _____
Present Zoning: A
PID: 04-1209-00-3-00-025-00

Approved Approved with Conditions: _____
 Denied/Reason: Section 17.6.2.C private road more than 1 parcel back, Section 17.6.3.A
Date of Action: 2/22/13 Land Use Official Signature: [Signature]

Application Fee: \$50.00 for Residential and Agricultural Construction *road easement does not meet 30' width requirement*
 0.1% of Project, \$300.00 Minimum, \$5,000.00 Maximum for Non-Residential Construction
Please make checks payable to Sweetwater County

GENERAL INFORMATION: While Sweetwater County has not adopted and does not enforce the International Residential Code or the International Building Code, it has adopted and will inspect for the International Fire Code. It is the applicant's or landowner's responsibility to ensure that construction standards are met and buildings and structures are inspected. Please fill the application out completely; incomplete applications will be returned. Attach all required supporting documentation. Additional information may be required following review of your application and must be provided before a permit is issued.

PROPERTY INFORMATION:

Non-Residential Total Project Cost, Including Labor and Materials, Over \$300,000: \$ _____

County Assigned Address: To be determined Lot Size: 5 (acres)

Project Location: Quarter(s): NE Qtr of SW Section: 8 Township: 12 Range: 109 W

Subdivision Name: _____ Lot: _____ Block: _____

Brandon Tinker
Owner of Record

Applicant/Agent Name if Different from Owner

HC 65 Box 146 Green River WY 82935
Owner's Mailing Address

Applicant/Agent Mailing Address

801-870-7628
Telephone/Email

Telephone/Email

ANSWER THE FOLLOWING IN THE SPACE PROVIDED (site and floor plan shall accompany permit):

Primary Structure (i.e. Home, Office) Existing _____ Proposed Type of Foundation: Concrete
Square Footage: 4170 Height: 15 (ft) Type of Construction: Modular
Use: Primary residence

Additions Existing _____ Proposed _____ Type of Foundation: _____
Square Footage: _____ Height: _____ (ft) Type of Construction: _____
Use: _____

Accessory Structures (i.e., Shop, Garage, Shed) Existing _____ Proposed _____ Attached _____ Detached _____
Square Footage: _____ Height: _____ (ft) Type of Construction/Foundation: _____
Use: _____

Accessory Structures (i.e., Shop, Garage, Shed) Existing _____ Proposed _____ Attached _____ Detached _____
Square Footage: _____ Height: _____ (ft) Type of Construction/Foundation: _____
Use: _____

Accessory Structures (i.e., Shop, Garage, Shed) Existing ___ Proposed ___ Attached ___ Detached ___
Square Footage: _____ Height: ___ (ft) Type of Construction/Foundation: _____
Use: _____

Accessory Structures (i.e., Shop, Garage, Shed) Existing ___ Proposed ___ Attached ___ Detached ___
Square Footage: _____ Height: ___ (ft) Type of Construction/Foundation: _____
Use: _____

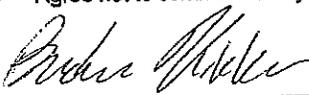
PERMIT SUBMITTAL REQUIREMENTS

The following information and supporting documentation must be included with this application:

1. **Site Plan:** A site plan, legibly drawn to scale and based on legally established lot corners that are permanently marked and identified, showing the following information:
 - a. Address of the property.
 - b. Legal Description
 - c. Location and dimensions of the land area in question
 - d. Size, shape, dimensions and location of existing or proposed structures
 - e. Location of fire hydrant or water supply
 - f. Access including dimensions, distance from property corners and size of culvert
 - g. Show general drainage of lot or parcel
 - h. Parking and loading areas
 - i. Commercial signage, if applicable
 - j. Septic and well locations
 - k. Fuels being used or stored on the property
 - l. Utilities
 - m. Easements
2. **Residential Floor Plan:** A floor plan including: rooms labeled and dimensioned, size of egress windows and doors, location of smoke alarms, type of door hardware, hallway widths, width of stairs and garage or building separation material.
3. **Commercial Floor Plan:** Include all items in the residential floor plan as well as location and type of exit signs, details of emergency lighting plan and location of fire extinguishers.
4. **Water and/or Sewer Supply:**
 - a. Private Wyoming State Well Permit Number or Name of Water District: U.W.198910
 - b. Private Septic System Permit Number or Name of Sewer District: 12-103

The undersigned hereby certifies and acknowledges that they:

- Provided information that is true, accurate and complete with the intent that the County rely upon such information.
- Accurately identified the legal boundaries of their property.
- Have an unencumbered legal right to possess, use and occupy the subject property in the manner proposed.
- Grant Sweetwater County, its agents and employees, the right of ingress and egress to their property as reasonably necessary to determine compliance with county regulations or conditions of this permit.
- Acknowledge, by signing this application, that the County's acceptance of this application and application fees does not constitute approval of a permit.
- Agree not to commence any work for which this application is being made prior to approval.



Signature of Owner of Record

2-12-13

Date

Signature of Applicant/Agent if Different from Owner Date

Brandon Tinker

Print Name

Print Name

Legal Description

A parcel of land located in Resurvey Tract 47, Township 12 North, Range 109 West of the Sixth Principal Meridian, Sweetwater County, Wyoming, being more particularly described as follows:

Commencing at the southeast corner (AP2) of said Tract 47 being marked by an AC monument stamped 'PLS6147 - 2012', set this survey;

Thence N 89° 19' 29"W on the south boundary of said Tract 47 for a distance of 225.10 feet to the true POINT OF BEGINNING;

Thence continuing N 89° 19' 29"W on the south boundary of said Tract 47 for a distance of 507.00 feet;

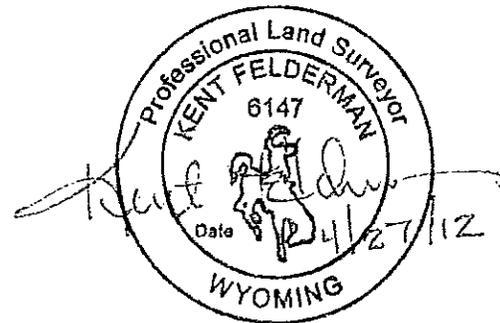
Thence N 0° 40' 31"E for a distance of 430.00 feet;

Thence S 89° 19' 29"E for a distance of 507.00 feet;

Thence S 0° 40' 31"W for a distance of 430.00 feet to the point of beginning.

Said parcel contains an area of 218,010 SqFt or 5.005 Acres, more or less.

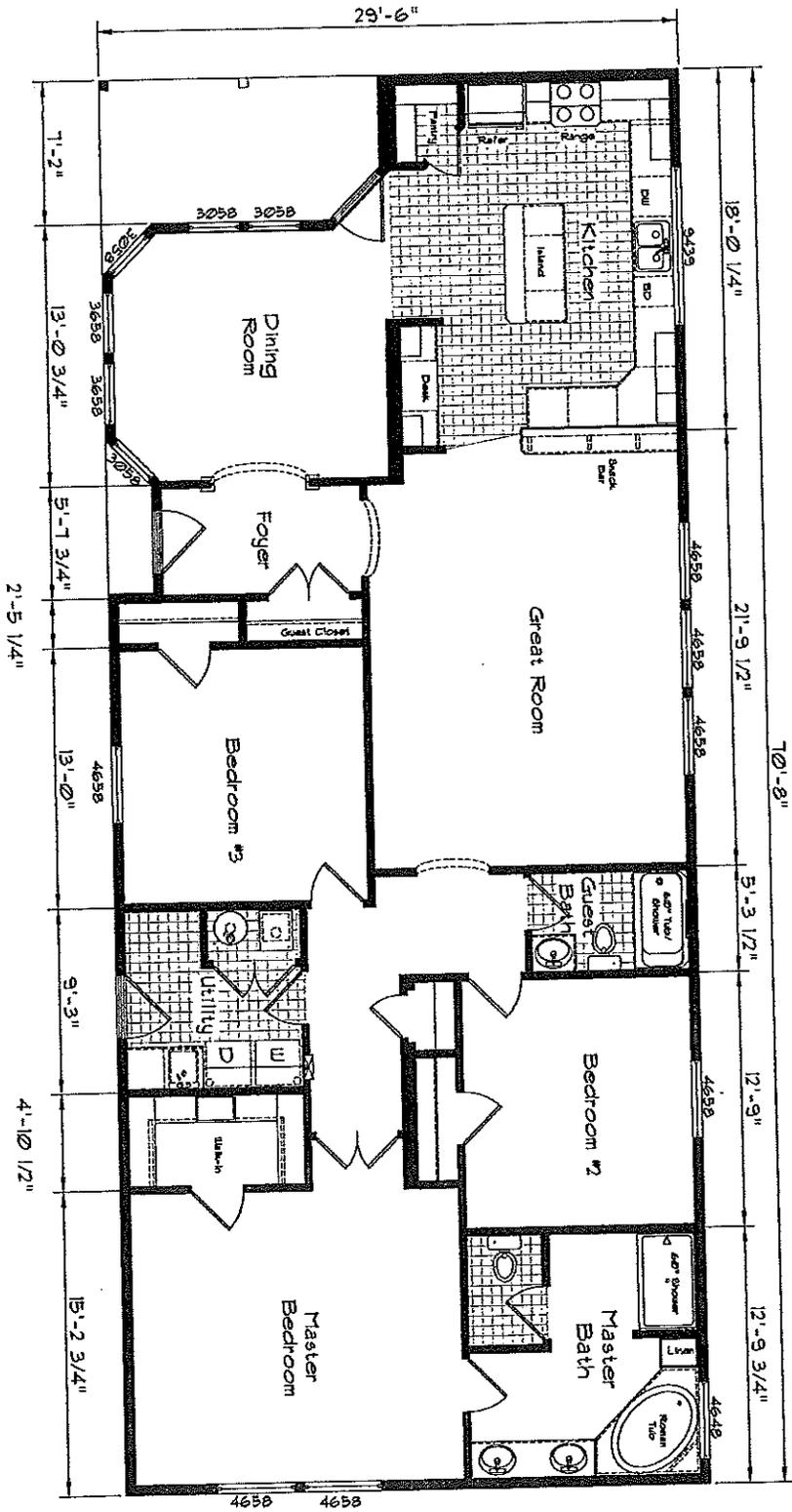
All bearings reported herein are referred to the south boundary of said Tract 47, N 89° 19' 29"W between the aforesaid set AC monument and a found BC monument stamped 'GLO - 1909' at the southeast and southwest corners respectively thereof.



Prepared By:
Rocky Mountain Survey, Inc
503 Fifth Street
Rock Springs, WY 82901
307-382-2212

April 27, 2012

Cedar Canyon

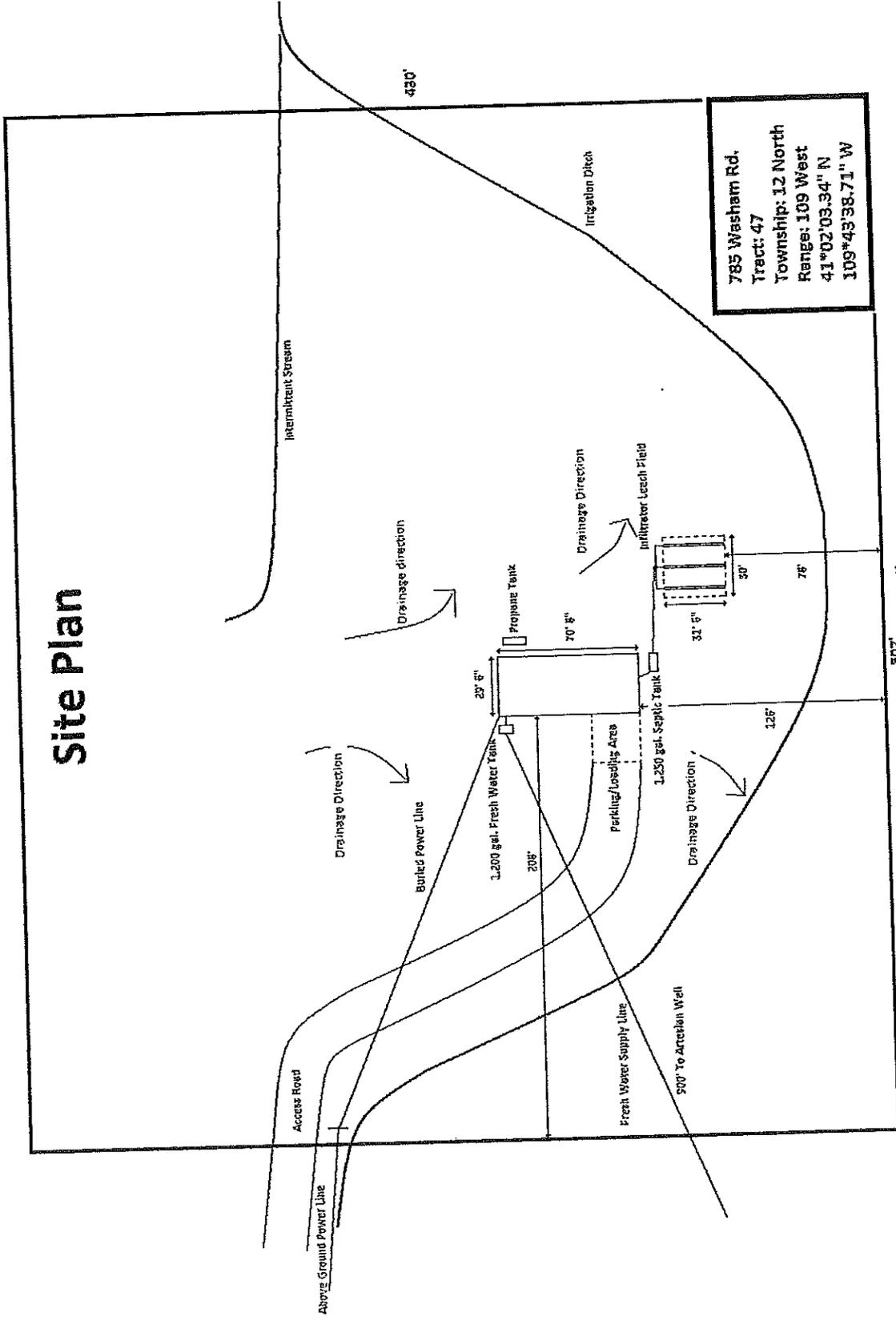


Model: 2044
 3 Bedroom, 2 Bath
 2085 Square Feet w/porch
 Floor Size
 10'-8" x 29'-6"

KHEW 4/14/11



Site Plan



785 Washam Rd.
Tract: 47
Township: 12 North
Range: 109 West
41°02'03.34" N
109°43'38.71" W

GRANT OF EASEMENT

KNOW ALL MEN BY THESE PRESENTS, that for and in regard of good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, John Tinker Family Living Trust, hereinafter referred to as Grantor, hereby grant to Brandon John Tinker, hereinafter referred to as Grantee, whose mailing address is HC 65 Box 146 Green River WY 82935, and their successors and assigns, a perpetual easement for the purpose of transport over and across real property owned by Grantor, being particularly described in Exhibit 'A', attached hereto and by reference made a part hereof.

IN WITNESS WHEREOF, this Grant of Easement has been executed by Grantor, having authority to do so, this 15th day of February, 2013.

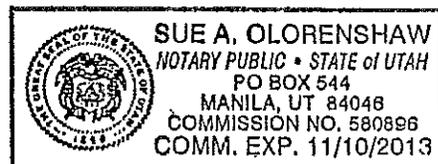
Glen F. Tinker
<Print Grantor Name>
Glen F. Tinker
<Signature>

The foregoing instrument was acknowledged before me by Glen F. Tinker this 15th day of February, 2013.

Witness my hand and official seal.

Sue A. Olorenshaw
Notary Public

My commission expires: 11-10-2013



*Proposed Access Right-of-Way to Serve
Brandon Tinker Parcel
Crossing John Tinker Family Living Trust Lands*

Legal Description

PART I

A strip of land 30 feet in width, located in Tract 46, Township 12 North, Range 109 West of the Sixth Principal Meridian, Sweetwater County, Wyoming, lying 15.0 feet on each side of the following described centerline:

Commencing at the southwesterly corner (AP5) of said Tract 46;

Thence on the south boundary of said Tract 46, N89° 55' 59"E for a distance of 302.75 feet to the true POINT OF BEGINNING;

Thence N25° 07' 13"E for a distance of 199.01 feet;

Thence N37° 38' 6"W for a distance of 78.17 feet;

Thence N0° 15' 48"W for a distance of 157.93 feet;

Thence N47° 05' 30"E for a distance of 130.77 feet;

Thence N17° 12' 42"E for a distance of 121.99 feet;

Thence N50° 07' 20"E for a distance of 86.59 feet;

Thence N46° 57' 45"W for a distance of 124.76 feet;

Thence N39° 32' 21"W for a distance of 52.59 feet;

Thence N45° 05' 01"W for a distance of 91.21 feet;

Thence N50° 38' 09"W for a distance of 57.38 feet;

Thence N46° 31' 29"W for a distance of 23.18 feet;

Thence N40° 39' 10"W for a distance of 41.51 feet;

Thence N47° 52' 09"W for a distance of 21.01 feet;

 DW
RECORDED 2/20/2013 AT 4:20 PM REC# 1624878 BK# 1199 PG# 28
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY Page 2 of 5

*Prepared By: Rocky Mountain Survey, Inc
503 Fifth Street
Rock Springs, WY 82901
307-382-2212*

February 8, 2013

*Proposed Access Right-of-Way to Serve
Brandon Tinker Parcel
Crossing John Tinker Family Living Trust Lands*

Legal Description

PART I (Cont'd)

Thence N53° 41' 38"W for a distance of 19.08 feet;

Thence N58° 16' 04"W for a distance of 48.07 feet;

Thence N51° 38' 11"W for a distance of 52.21 feet;

Thence N47° 31' 01"W for a distance of 90.01 feet;

Thence N40° 28' 5"W for a distance of 77.11 feet;

Thence N12° 43' 15"W for a distance of 81.92 feet;

Thence N0° 12' 52"E for a distance of 119.78 feet;

Thence N68° 28' 00"W for a distance of 14.94 feet to a point on the west boundary of said Tract 46.

Said strip being 1,689.22 feet, 102.377 rods or 0.320 miles in length and containing 1.163 acres, more or less.

Together with the following part II:


RECORDED 2/20/2013 AT 4:20 PM REC # 1624878 BK# 1199 PG# 29
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY Page 3 of 5

*Prepared By: Rocky Mountain Survey, Inc
503 Fifth Street
Rock Springs, WY 82901
307-382-2212*

February 8, 2013

*Proposed Access Right-of-Way to Serve
Brandon Tinker Parcel
Crossing John Tinker Family Living Trust Lands*

Legal Description

PART II

A strip of land 30 feet in width, located in Tract 47, Township 12 North, Range 109 West of the Sixth Principal Meridian, Sweetwater County, Wyoming, lying 15.0 feet on each side of the following described centerline:

Commencing at the southeasterly corner (AP2) of said Tract 47;

Thence on the east boundary of said Tract 47, N0° 02' 47" W for a distance of 22.54 feet to the true POINT OF BEGINNING;

Thence N68° 28' 00"W for a distance of 38.50 feet;

Thence N82° 04' 30"W for a distance of 190.36 feet to a point on the east boundary of a parcel of land conveyed to Brandon Tinker by that deed of record in Book 1195 on Page 4502 in the Office of the Sweetwater County Clerk, said point lying N0° 40' 31"E, a distance of 60.26 feet from the southeast corner thereof;

Said strip being 228.86 feet, 13.870 rods or 0.043 miles in length and containing 0.158 acres, more or less.

All bearings reported herein are referred to the west boundary of said Tract 46, N0° 02' 47" W between found monuments at the southwest (AP5) and northwest (AP6) corners thereof.

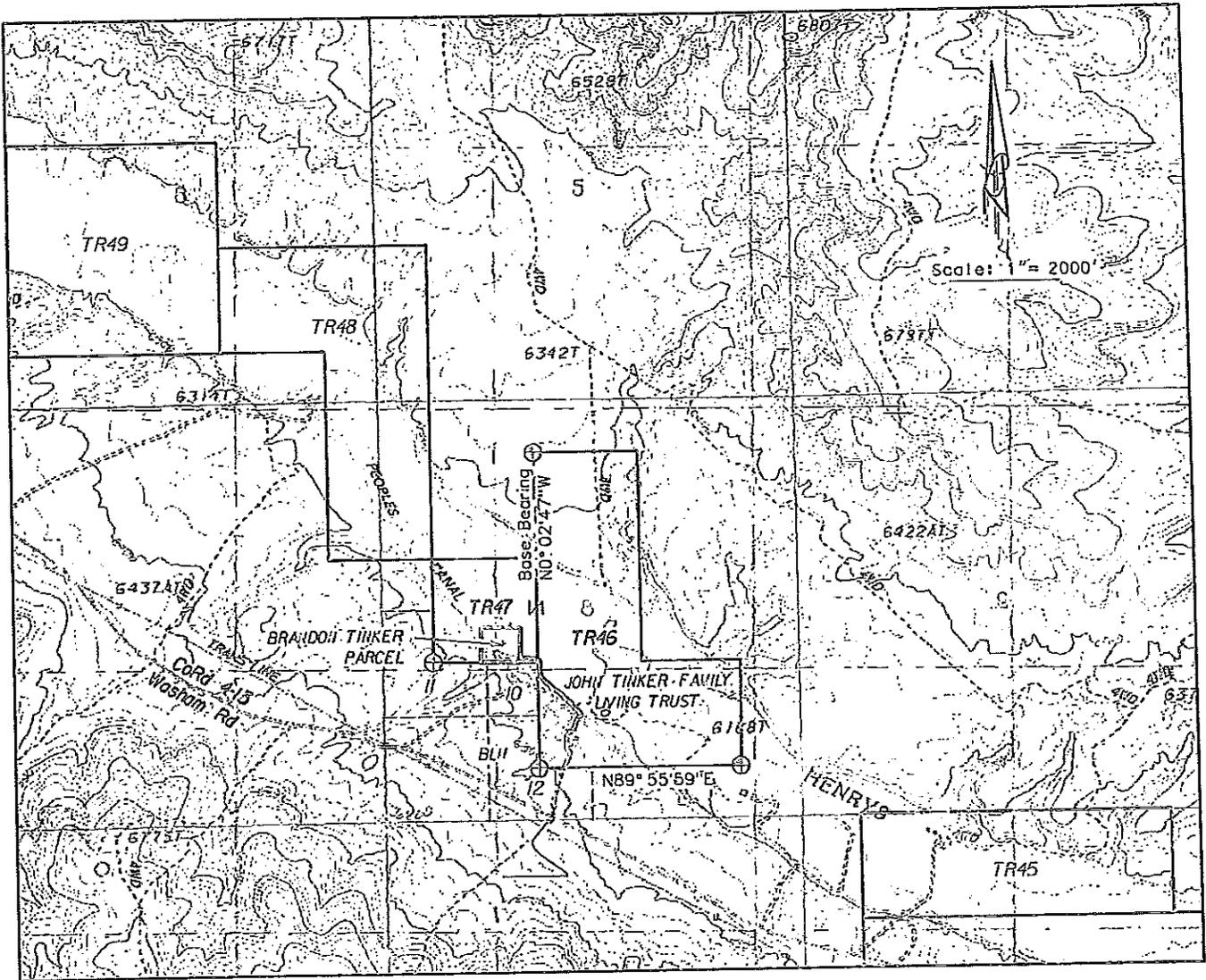
All in accordance with the Map of Survey (RMS, Inc. Drawing No. 130301) attached hereto and by reference made a part hereof.

 DW
RECORDED 2/20/2013 AT 4:20 PM REC # 1624878 BK# 1199 PG# 30
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY Page 4 of 5

*Prepared By: Rocky Mountain Survey, Inc
503 Fifth Street
Rock Springs, WY 82901
307-382-2212*

February 8, 2013

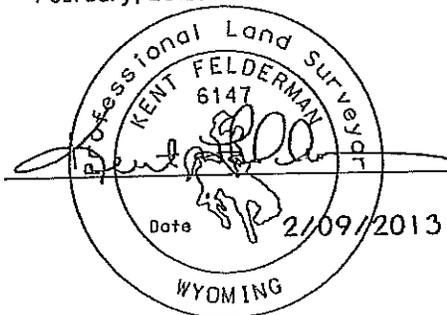
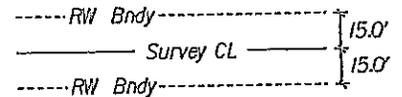
Township 12 North, Range 109 West



Certificate of Surveyor

I, Kent E. Felderman, hereby certify that I am a Professional Land Surveyor, registered under the laws of the State of Wyoming, employed by Brandon Tinker to perform a survey of a ACCESS ROAD EASEMENT, and that this map accurately shows the results of said survey as performed by me or under my direct supervision, commencing on the 6th day of February, 2013.

Typical Easement
 No Scale



Legend

- ⊕ 1909 GLO BC Monument Found
- Proposed Access Road Easement

MAP TO ACCOMPANY
 LEGAL DESCRIPTION

Proposed Access Easement
 To Serve Brandon Tinker Parcel
 Crossing John Tinker Family Trust Lands
 Tract 46 and Tract 47,
 Township 12 North, Range 109 West
 6th PM, Sweetwater County, Wyoming

Rocky Mountain Survey, Inc.
 Rock Springs, WY 82901
 (307)-382-2212
 Surveying & Mapping Services, GIS Development
 Licensed in Wyoming, Colorado & Utah

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
RIGHT-OF-WAY GRANT/TEMPORARY USE PERMIT

SERIAL NUMBER WYWYW167869

1. A right-of-way is hereby granted pursuant to Title V of the Federal Land Policy and Management Act of October 21, 1976 (90 Stat. 2776; 43 U.S.C. 1761).

2. Nature of Interest:

a. By this instrument, the holder:

Brandon Tinker
HC 65 Box 146
Green River, WY 82935

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SWC LAND USE

receives a right to construct, operate, maintain, and terminate a(n) access road, on public lands described as follows:

T. 12 N., R. 109 W., 6th P.M., Sweetwater County, Wyoming
section 8: Lot 12

b. The right-of-way or permit area granted herein is 20 feet wide, 643.86 feet long and contains 0.29 acres, more or less.

c. This instrument shall terminate on December 31, 2042, 30 years from its effective date unless, prior thereto, it is relinquished, abandoned, terminated, or modified pursuant to the terms and conditions of this instrument or of any applicable Federal law or regulation.

d. This instrument may be renewed. If renewed, the right-of-way or permit shall be subject to the regulations existing at the time of the renewal and any other terms and conditions that the authorized officer deems necessary to protect the public interest.

e. Notwithstanding the expiration of this instrument or any renewal thereof, early relinquishment, abandonment, or termination, the provisions of this instrument, to the extent applicable, shall continue in effect and shall be binding on the holder, its successors, or assigns, until they have fully satisfied the obligations and/or

liabilities accruing herein before or on account of the expiration, or prior termination, of the grant.

3. Rental

For and in consideration of the rights granted, the holder agrees to pay the Bureau of Land Management fair market value rental as determined by the authorized officer unless specifically exempted from such payment by regulation. Provided, however, that the rental may be adjusted by the authorized officer, whenever necessary, to reflect changes in the fair market rental value as determined by the application of sound business management principles, and so far as practicable and feasible, in accordance with comparable commercial practices.

4. Terms and Conditions:

- a. This grant or permit is issued subject to the holder's compliance with all applicable regulations contained in Title 43 Code of Federal Regulations part 2800 and 2880.
- b. Upon grant termination by the authorized officer, all improvements shall be removed from the public lands within 90 days, or otherwise disposed of as provided in paragraph (4)(d) or as directed by the authorized officer.
- c. Each grant issued for a term of 20 years or more shall, at a minimum, be reviewed by the authorized officer at the end of the 20th year and at regular intervals thereafter not to exceed 10 years. Provided, however, that a right-of-way or permit granted herein may be reviewed at any time deemed necessary by the authorized officer.
- d. The stipulations, plans, maps, or designs set forth in Exhibit(s) A and B, dated October 2, 2012, attached hereto, are incorporated into and made a part of this grant instrument as fully and effectively as if they were set forth herein in their entirety.
- e. Failure of the holder to comply with applicable law or any provision of this right-of-way grant or permit shall constitute grounds for suspension or termination thereof.
- f. The holder shall perform all operations in a good and workmanlike manner so as to ensure protection of the environment and the health and safety of the public.
- g. The holder shall contact the authorized officer at least FIVE days prior to the anticipated start of construction and/or any surface disturbing activities. The authorized officer may require and schedule a preconstruction conference with the

holder prior to the holder's commencing construction and/or surface disturbing activities on the right-of-way. The holder and/or his representative shall attend this conference. The holder's contractor, or agents involved with construction and/or any surface disturbing activities associated with the right-of-way, shall also attend this conference to review the stipulations of the grant including the plan(s) of development.

- h. In the event that the public land underlying the right-of-way (ROW) encompassed in this grant, or a portion thereof, is conveyed out of Federal ownership and administration of the ROW or the land underlying the ROW is not being reserved to the United States in the patent/deed and/or the ROW is not within a ROW corridor being reserved to the United States in the patent/deed, the United States waives any right it has to administer the right-of-way, or portion thereof, within the conveyed land under Federal laws, statutes, and regulations, including the regulations at 43 CFR Part 2800, including any rights to have the holder apply to BLM for amendments, modifications, or assignments and for BLM to approve or recognize such amendments, modifications, or assignments. At the time of conveyance, the patentee/grantee, and their successors and assigns, shall succeed to the interests of the United States in all matters relating to the right-of-way, or portion thereof, within the conveyed land and shall be subject to applicable State and local government laws, statutes, and ordinances. After conveyance, any disputes concerning compliance with the use and the terms and conditions of the ROW shall be considered a civil matter between the patentee/grantee and the ROW Holder.
- i. The holder shall construct, operate, and maintain the facilities, improvements, and structures within this right-of-way in strict conformity with the plan(s) of development which was (were) approved and made part of the grant on 1/18/13. Any relocation, additional construction, or use that is not in accord with the approved plan(s) of development, shall not be initiated without the prior written approval of the authorized officer. A copy of the complete right-of-way grant, including all stipulations and approved plan(s) of development, shall be made available on the right-of-way area during construction, operation, and termination to the authorized officer. Noncompliance with the above will be grounds for an immediate temporary suspension of activities if it constitutes a threat to public health and safety or the environment.
- j. The holder shall designate a representative(s) who shall have the authority to act upon and to implement instructions from the authorized officer. The holder's representative shall be available for communication with the authorized officer within a reasonable time when construction or other surface disturbing activities are underway.
- k. Any cultural and/or paleontological resource (historic or prehistoric site or object) discovered by the holder, or any person working on his behalf, on public or

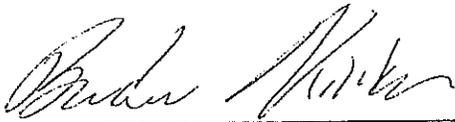
Federal land shall be immediately reported to the authorized officer. Holder shall suspend all operations in the immediate area of such discovery until written authorization to proceed is issued by the authorized officer. An evaluation of the discovery will be made by the authorized officer to determine appropriate actions to prevent the loss of significant cultural or scientific values. The holder will be responsible for the cost of evaluation and any decision as to proper mitigation measures will be made by the authorized officer after consulting with the holder.

- l. Use of pesticides shall comply with the applicable Federal and state laws. Pesticides shall be used only in accordance with their registered uses and within limitations imposed by the Secretary of the Interior. Prior to the use of pesticides, the holder shall obtain from the authorized officer written approval of a plan showing the type and quantity of material to be used, pest(s) to be controlled, method of application, location of storage and disposal of containers, and any other information deemed necessary by the authorized officer. Emergency use of pesticides shall be approved in writing by the authorized officer prior to such use.
- m. The holder shall be responsible for weed control on disturbed areas within the limits of the right-of-way. The holder is responsible for consultation with the authorized officer and/or local authorities for acceptable weed control methods (within limits imposed in the grant stipulations).
- n. The holder shall protect all survey monuments found within the right-of-way. Survey monuments include, but are not limited to, General Land Office and Bureau of Land Management Cadastral Survey Corners, reference corners, witness points, U.S. Coastal and Geodetic benchmarks and triangulation stations, military control monuments, and recognizable civil (both public and private) survey monuments. In the event of obliteration or disturbance of any of the above, the holder shall immediately report the incident, in writing, to the authorized office and the respective installing authority if known. Where General Land Office or Bureau of Land Management right-of-way monuments or references are obliterated during operations, the holder shall secure the services of a registered land surveyor or a Bureau cadastral surveyor to restore the disturbed monuments and reference using surveying procedures found in the Manual of Surveying Instructions for the Survey of the Public Lands in the United States, latest edition. The holder shall record such survey in the appropriate county and send a copy to the authorized officer. If the Bureau cadastral surveyors or other Federal surveyors are used to restore the disturbed survey monument, the holder shall be responsible for the survey cost.
- o. No construction or routine maintenance activities shall be performed during periods when the soil is too wet to adequately support construction equipment or when watershed damage is likely to occur. If such equipment creates ruts in excess of four

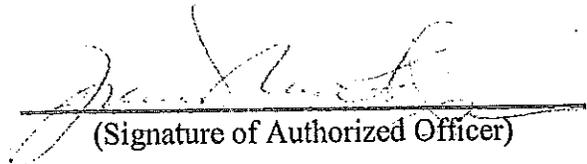
inches deep, the soil shall be deemed too wet to adequately support construction equipment. Frozen soil or soil mixed with snow will not be used in construction.

- p. The holder shall meet Federal, State, and local emission standards for air quality.
- q. Construction-related traffic shall be restricted to routes approved by the authorized officer. New access roads or cross-country vehicle travel will not be permitted unless prior written approval is given by the authorized officer. Authorized roads used by the holder shall be rehabilitated or maintained when construction activities are complete as approved by the authorized officer.
- r. Except rights-of-way expressly authorizing a road after construction of the facility is completed, the holder shall not use the right-of-way as a road for purposes other than routine maintenance as determined necessary by the authorized officer in consultation with the holder.
- s. Prior to termination of the right-of-way, the holder shall contact the authorized officer to arrange a pretermination conference. This conference will be held to review the termination provisions of the grant.

IN WITNESS WHEREOF, The undersigned agrees to the terms and conditions of this right-of-way grant or permit.



(Signature of Holder)



(Signature of Authorized Officer)

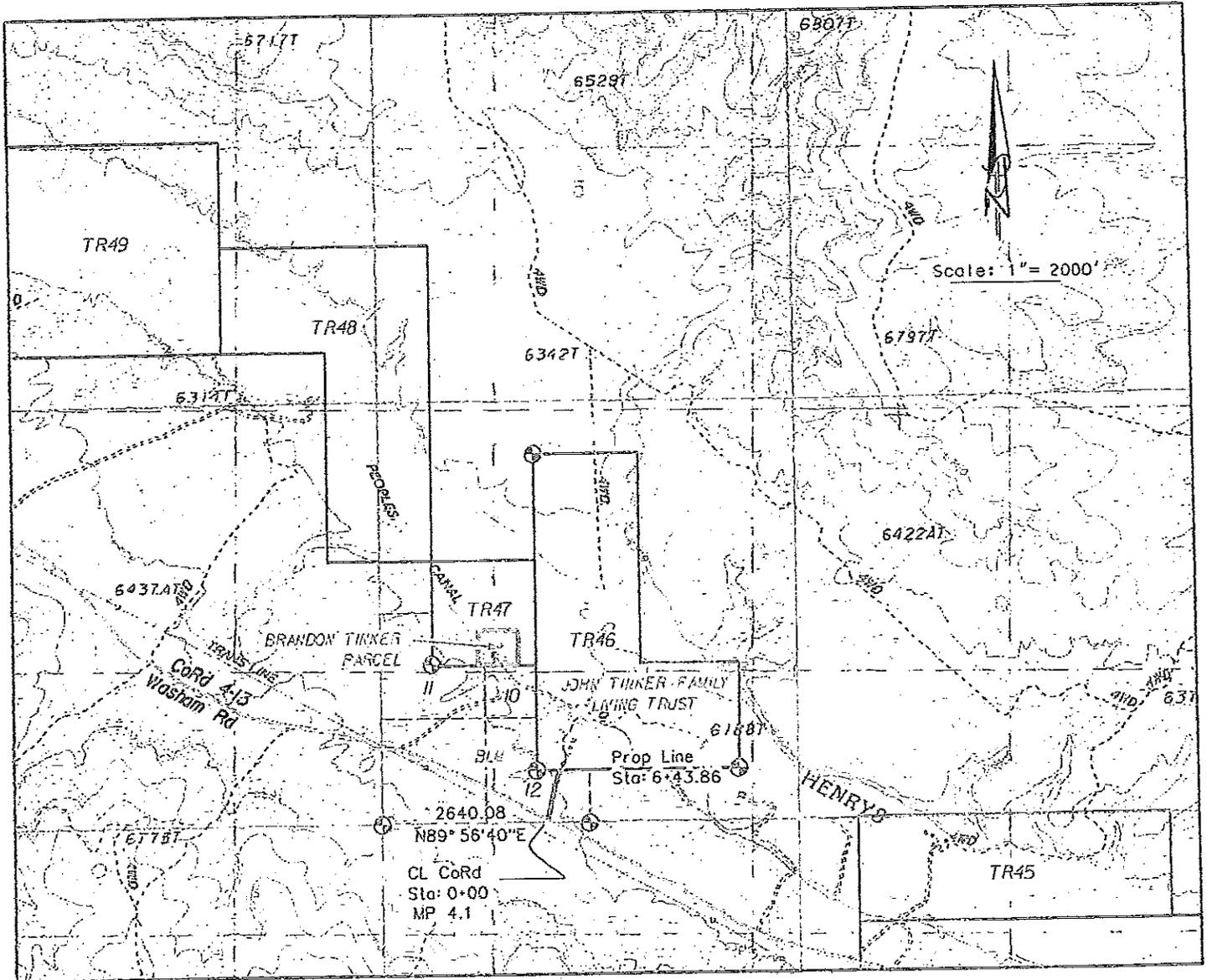
Land Owner / Applicant
(Title)

Assistant Field Manager
Minerals and Lands
(Title)

01-23-2013
(Date)

JAN 1 6 2013
(Effective Date of Grant)

Township 12 North, Range 109 West



Legal Description

A strip of land 30 feet in width, located in Federal Lot 12 in Section 8, Township 12 North, Range 109 West of the Sixth Principal Meridian, Sweetwater County, Wyoming, lying 15.0 feet on each side of the following described centerline:

Commencing at the southwest section corner of said Section 8;
 Thence N 88° 39' 45" E for a distance of 2088.98 feet to the true POINT OF BEGINNING;
 Thence N 27° 25' 14" E for a distance of 63.39 feet;
 Thence N 13° 12' 57" E for a distance of 340.08 feet;
 Thence N 17° 28' 37" E for a distance of 183.89 feet;
 Thence N 25° 07' 13" E for a distance of 56.50 feet to a point on the south boundary of Federal Tract 46 in said Township 12 North, Range 109 West, lying N 28° 58' 30" W for a distance of 754.54 feet from the south quarter corner of said Section 8.

Said strip being 643.86 feet, 39.022 rods or 0.122 miles in length and containing 0.443 acres, more or less.

Certificate of Surveyor

I, Kent E. Felderman, hereby certify that I am a Professional Land Surveyor, registered under the laws of the State of Wyoming, employed by Brandon Tinker to perform a survey of a ACCESS ROAD RIGHT-OF-WAY, and that this map accurately shows the results of said survey as performed

Typical Access R.O.W
No Scale

*Proposed Access Right-of-Way to Serve
Brandon Tinker Parcel
Section 8, T 12 N, R 109 W – BLM Lands*

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Thence N 25° 7' 13"E for a distance of 56.50 feet to a point on the south boundary of Federal Tract 46 in said Township 12 North, Range 109 West, lying N 28° 58' 30"W, a distance of 754.54 feet from the south quarter corner of said Section 8.

Said strip being 643.86 feet, 39.022 rods or 0.122 miles in length and containing 0.443 acres, more or less.

All bearings reported herein are referred to the southerly line of said Section 8, N 89° 56' 40" E between found monuments at the southwest section corner and the south quarter corners thereof.

All in accordance with the Map of Survey (RMS, Inc. Drawing No. 121401) attached hereto and by reference made a part hereof.

*Prepared By:
Rocky Mountain Survey, Inc
503 Fifth Street
Rock Springs, WY 82901
307-382-2212*

June 27, 2012

Finding	Person/Department	Description
1 - Audit Adjustments	Bonnie	"did not identify the adjusting journal entries, which were significant to the County's financial statements..."
1 - Audit Adjustments	Marty/Purchasing Dept	"Significant adjustment identified...Property recording additions and deletions of property and equipment, accruing retainage payable..."
2 - Segregation of Duties	Treasurer	"One individual has authority to write checks and post journal entries."
2 - Segregation of Duties	Accounting Dept/Treasurer	"Several employees have access to the check printer, check stock, printed checks and the payroll and accounts payable system."
2 - Segregation of Duties	Purchasing Dept	"The purchasing department has the authority to authorize and create new vendors with the accounting system, enter invoices, and authorize all disposals."
2 - Segregation of Duties	Elected Officials/Department heads	"Several employees have the ability to request goods or services and also have the ability to approve the payment of those same goods or services"
2 - Segregation of Duties	Museum and Rec Board	"...not large enough to permit an adequate segregation of duties for an effective system of internal accounting control..."
3 - Journal Entries	Treasurer	"...did not have a review process in place over journal entries that are posted to the accounting system."
3 - Journal Entries	Dale	"Personnel responsible for performing the review also have the authority to initiate and record journal entries."
3 - Journal Entries	System deficiency	"...does not have a control system in place to identify journal entries that are posted to the accounting system in the normal course of business."
4 - Budgetary Compliance	Events Complex	"...the County did not officially approve the Events Complex amended budget."

Sally Shoemaker

From: Dale Davis - County Clerk
Sent: Wednesday, February 27, 2013 12:06 PM
To: Sally Shoemaker
Cc: Dale Davis - County Clerk; Vickie Eastin
Subject: findings source.xlsx
Attachments: findings source.xlsx

For meeting packet for March 5, 2013.