

NOTICE

**THE SWEETWATER COUNTY BOARD OF COUNTY COMMISSIONERS
WILL MEET ON TUESDAY, MARCH 3, 2015 AT 8:30 A.M.
IN THE COMMISSIONERS' CHAMBERS
(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: 2-17-15

ACCEPTANCE OF BILLS

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

PUBLIC HEARING

8:30 Renewal of Liquor Licenses

COMMISSIONER COMMENTS/REPORTS

8:40 Commissioner Wendling
8:50 Chairman Johnson
9:00 Commissioner Van Matre
9:10 Commissioner West
9:20 Commissioner Kolb

COUNTY RESIDENT CONCERNS

9:30

ACTION/PRESENTATION ITEMS

9:40 Approval of BLM Right of Way Grant #WYW87838
for a portion of County Road 4-86 (Exxon Plant Road) -
Tabled Previously

- 9:45** Resolution to vacate remnants of Chilton Road (CR4-17) and Superior Cutoff Road (CR 4-18) due to realignment of both roads
- 9:50** Approval of the CMAQ 2015 Agreement
- 9:55** Discussion on storage, maintenance, and use of Sweetwater County's mobile air unit
- 10:00** Approval of the Court Security Grant Resolution and Application
- 10:05** Emergency Medical Services (EMS) Needs Assessment Grant
- 10:15** Approval of the 2015 High Intensity Drug Trafficking Area (HIDTA) Subrecipient Grant Agreement
- 10:20** Medical Service Agreement between Sweetwater County Sheriff's Department and Kennon C Tubbs M.D., L.L.C.
- 10:35** Request Approval to restaff vacant Patrol position & vacant Emergency Management Coordinator position
- 10:40** Request Approval of Amendment to UMR Admin. Services Agreement - Fee schedule renewal
- 10:45** Big Sandy Clinic Update
- 11:05** University of Wyoming Extension - Personnel Changes
- 11:35** March 25 Ribbon Cutting - Business Alliance Update

Lunch

12:00

ACTION/PRESENTATION ITEMS CONTINUED

- 1:30** Memorial Hospital Update re: the Ambulatory Surgery Center - Barbara Bonds, Will Douglas and Darren McGarvey will present their findings and will answer questions regarding financing of the Ambulatory Surgery Center

2:30 Granger Water Plant

3:00 Letter to City of Rock Springs regarding space for
Women's Club - Lending Closet

OTHER

EXECUTIVE SESSION AS NEEDED

ADJOURN

[Per Wyo. Stat. §18-3-516\(f\) County information can be accessed on the
County's website at www.sweet.wy.us](http://www.sweet.wy.us)

February 17, 2015

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

Commissioner West moved to approve the agenda with the addition of the access road action we need to take on the Bitter Creek Drop Structure Project with the Bureau of Land Management. Commissioner Van Matre seconded the motion. The motion carried.

Approval of Minutes: 2-3-15

Commissioner Kolb moved to approve the minutes dated February 3, 2015. Commissioner Wendling seconded the motion. The motion carried.

Acceptance of Bills

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

Commissioner Van Matre moved to approve acceptance of the bills which includes the county vouchers/warrants, monthly reports, bonds and the abates/rebates. Commissioner West seconded the motion. The motion carried.

WARRANT NO.s	PAYEE	DESCRIPTION	AMOUNT
63664-63701, 63714 & ADVICES	EMPLOYEES AND PAYROLL VENDORS	PAYROLL RUN	1,346,108.59
63702	CENTURYLINK	PHONE BILL	9,079.08
63703	PURCHASE POWER	POSTAGE	108.00
63704	ROCK SPRINGS MUNICIPAL UTILITY	UTILITIES	3,164.19
63705	ROCKY MTN POWER	UTILITIES	11,066.15
63706	SWEETWATER CABLE TV	TV	170.15
63707	UNION TELEPHONE COMPANY INC	PHONE	42.09
63708	US BANCORP	LEASE	328,669.00
63709	VERIZON WIRELESS	CELL PHONES	228.27
63710	WYOMING DEPT OF WORKFORCE SERVICES	WORKER'S COMP	23,724.38
63711	WYOMING RETIREMENT SYSTEM	RETIREMENT	207,045.09
63712	WYOMING RETIREMENT SYSTEM	RETIREMENT	50.00
63713	WYOMING WASTE SERVICES - ROCK	UTILITIES	1,655.41
63715	BRIDGER VALLEY ELECTRIC ASSN	UTILITIES	265.74
63716	CITY OF GREEN RIVER	UTILITIES	1,674.64
63717	QUESTAR GAS	UTILITIES	8,146.91
63718	ROCKY MTN POWER	UTILITIES	8,464.11
63719	UNION TELEPHONE COMPANY INC	CELL PHONES	186.97
63720	UNION TELEPHONE COMPANY INC	PHONES/AIRCARDS	4,729.25
63721	WEST SIDE WATER & SEWER DISTRICT	UTILITIES	3,200.00
63722	4IMPRINT INC	SUPPLIES	1,080.12
63723	A & D OILFIELD DOZERS INC	ROAD REPAIRS	174,591.94
63724	ACE HARDWARE	SUPPLIES	575.98
63725	ACE HARDWARE #11263-C	SUPPLIES	85.90
63726	AIRGAS INC	SUPPLIES	27.65
63727	ALPINE PURE BOTTLED WATER	RENTAL/WATER	19.00
63728	BATTERY SYSTEMS	PARTS	471.08
63729	BENNETT PAINT & GLASS	SUPPLIES	169.56
63730	BI	SERVICES	171.36
63731	BOB BARKER COMPANY INC	INMATE CLOTHING	147.48
63732	BOTTOM LINE MARKETING LLC	MARKETING	459.76
63733	CAPITAL BUSINESS SYSTEMS INC	MAINTENANCE	1,529.29
63734	CARBON COUNTY	AGREEMENT	12,000.00
63735	CARQUEST AUTO PARTS	PARTS	2,287.07
63736	CIVICPLUS	FEE	4,653.65
63737	COMMUNICATION TECHNOLOGIES INC	EQUIPMENT	4,780.42
63738	COPIER & SUPPLY CO INC	REPAIRS	627.00
63739	DELL MARKETING L P	COMPUTER	1,084.48
63740	DELTA DENTAL	CLAIMS	30,689.20
63741	DELTA RIGGING & TOOLS	PARTS	256.60
63742	DEPARTMENT OF TRANSPORTATION	PLATES	13.00
63743	DIGITAL-ALLY INC	SUPPLIES	100.00
63744	DRINKLE, PATRICIA W	MILEAGE	290.95
63745	ED SIDWELL	EQUIPMENT	249.99
63746	ELECTRICAL CONNECTIONS INC	REPAIRS	8,468.70
63747	ESQUIBEL, SYLVIA	POSTAGE	34.78
63748	F B MCFADDEN WHOLESALE COMPANY	INMATE FOOD	4,812.64
63749	FIRST CHOICE FORD	PARTS	42.50
63750	FLEETPRIDE	SUPPLIES	295.94
63751	FORCE AMERICA DISTRIBUTING LLC	MAINTENANCE	489.06
63752	FREMONT MOTOR ROCK SPRINGS INC	PARTS	285.58
63753	G & K SERVICES	SERVICES	438.78
63754	GRAINGER	OFFICE SUPPLIES	445.64
63755	GREEN RIVER CHAMBER OF COMMERCE	DUES	120.00

63756	HCC LIFE INSURANCE COMPANY	FEES	26,768.62
63757	HI-ROCKY SUPPLY INC	SUPPLIES	1,014.00
63758	HIGH SECURITY LOCK & ALARM	LOCK	67.50
63759	HOMAX OIL SALES INC	DIESEL	11,124.01
63760	HOSE & RUBBER SUPPLY	PARTS	194.60
63761	HOSPICE OF SWEETWATER COUNTY	BUDGET ALLOCATION	26,225.00
63762	HOWARD SUPPLY COMPANY, LLC	TOOLS	213.04
63763	IBARRA, JOSEFINA	MILEAGE	392.73
63764	IBS INCORPORATED	SUPPLIES	804.72
63765	INDUSTRIAL HOIST AND CRANE	MAINTENANCE	171.38
63766	INDUSTRIAL SOLUTIONS INC	SERVICE	717.00
63767	INTERACT	POSTAGE	18.78
63768	J & V ENTERPRISES INC	OFFICE SUPPLIES	469.38
63769	JACK'S TRUCK & EQUIPMENT	PARTS	1,245.09
63770	JENNY SERVICE CO	COMMISSARY	1,845.04
63771	JESTER SIGNS & GRAPHICS	SIGNS	70.50
63772	JME FIRE PROTECTION INC	INSPECTIONS	285.60
63773	JOHNSON, WALLY J	MILEAGE	775.10
63774	KROGER - SMITH'S CUSTOMER CHARGES	SUPPLIES	9.95
63775	LEWIS AND LEWIS INC	SALT/SAND	18,348.04
63776	LITTLE AMERICA - CHEYENNE	LODGING	2,677.57
63777	MEADOW GOLD DAIRIES SLC	INMATE FOOD	1,009.77
63778	MEMORIAL HOSPITAL OF SWEETWATER CO	MEDICAL	68,866.89
63779	MODEL SERVICE INC	DECAL	144.00
63780	MOUNTAIN WEST BUSINESS SOLUTIONS	CONTRACT	30.00
63781	MOUNTAIN WEST ELECTRICAL SERVICES LLC	LIGHTING	36,304.98
63782	MOUNTAINLAND SUPPLY COMPANY	SUPPLIES	194.68
63783	NAPA AUTO PARTS UNLIMITED	PARTS	358.11
63784	NEOPOST NORTHWEST	SUPPLIES	328.97
63785	NICHOLAS & COMPANY	INMATE FOOD	1,594.87
63786	PACIFIC STEEL & RECYCLING	MAINTENANCE	201.46
63787	PERFORMANCE OVERHEAD DOOR INC	REPAIRS	505.45
63788	PLAINS TIRE CO	REPAIR	37.80
63789	PLAINSMAN PRINTING & SUPPLY	OFFICE SUPPLIES	2,503.66
63790	PM AUTOGLASS INC	MAINTENANCE	750.00
63791	PUBLIC DEFENDER	RENT	2,500.00
63792	QUILL CORPORATION	OFFICE SUPPLIES	2,162.97
63793	REAL KLEEN INC	SUPPLIES	707.55
63794	REILLY, CARLA S	RENT	600.00
63795	ROCK SPRINGS NEWSPAPERS INC	ADS	3,825.34
63796	ROCK SPRINGS NEWSPAPERS INC	ADS	54.68
63797	ROCK SPRINGS WINLECTRIC CO	PARTS	441.19
63798	ROCK SPRINGS, GREEN RIVER,	FUNDING	176,416.38
63799	ROCKY MOUNTAIN PROPANE	PROPANE	1,553.62
63800	ROCKY MOUNTAIN SERVICE BUREAU INC	COMMISSION	916.53
63801	RON'S ACE RENTALS	PARTS	7.00
63802	SAFETY-KLEEN SYSTEMS INC	SUPPLIES	238.64
63803	SHADOW MOUNTAIN WATER OF WYOMING INC	RENTAL	27.00
63804	SKAGGS COMPANIES INC	UNIFORMS/SUPPLIES	2,059.70
63805	SMYTH PRINTING INC	OFFICE SUPPLIES	397.93
63806	SODEXO INC & AFFILIATES	REFRESHMENTS	141.20
63807	SOURCE MEDICAL EQUIPMENT LLC	EQUIPMENT	5,004.00
63808	SPECIALIZED PATHOLOGY CONSULTANTS PC	AUTOPSY	1,040.00
63809	SPRINGHILL SUITES BY MARRIOTT	LODGING	747.00
63810	STAFFORD, NANCY	MILEAGE	297.85
63811	STERLING COMMUNICATIONS & ELECTRONICS	LICENSE	2,330.16
63812	SUBWAY	MEAL	151.00
63813	SUNLITE SERVICE	TOWING	75.00
63814	SW-WRAP	GRANT EXPENSES	5,132.48
63815	SWCO CONSERVATION DISTRICT	BUDGET ALLOCATION	7,347.50
63816	SWEETWATER CO CLERK DISTRICT COURT	FEE	20.00
63817	SWEETWATER CO SCHOOL DISTRICT #1	GRANT EXPENSES	3,285.93
63818	SWEETWATER COUNTY HEALTH BOARD	BUDGET ALLOCATION	103,218.92
63819	SWEETWATER COUNTY INSURANCE	PREMIUMS/CLAIMS	302,178.46
63820	SWEETWATER TROPHIES	SHIPPING	69.60
63821	THE MASTER'S TOUCH LLC	POSTAGE	9,292.01
63822	THE SHERWIN-WILLIAMS CO	PAINT	502.68
63823	THE TIRE DEN INC	TIRES/LABOR	12,378.61
63824	THE UPS STORE - #3042	SHIPPING	39.96
63825	TYLER TECHNOLOGIES INC	MAINTENANCE	15,794.10
63826	U S FOODS INC	INMATE FOOD	2,475.33
63827	UMR INC	FEES	11,983.04
63828	UNITED SITE SERVICES	RESTROOM	158.00
63829	UNIVERSITY OF WYOMING EXTENSION	SALARIES	19,579.62
63830	VAN MATRE, DON	MILEAGE	625.60
63831	VIRS	BUDGET ALLOCATION	17,903.74
63832	VISION SERVICE PLAN	PREMIUMS	4,858.08
63833	WENDLING, RANDAL M	MILEAGE	736.00
63834	WESTERN RELIEF LLC	RENTAL	125.00
63835	WESTERN WYOMING COLLEGE	OFFICE SUPPLIES	15.20
63836	WESTERN WYOMING FAMILY PLANNING	BUDGET ALLOCATION	2,036.97
63837	WESTERN WYOMING RADIO INC	ADVERTISING	550.00
63838	WHISLER CHEVROLET COMPANY	PARTS	246.94
63839	WHITE MOUNTAIN LUMBER & RENTAL	PARTS	32.58

63840	WILLIAMS SCOTSMAN INC	RENT	411.46
63841	WYOMING BEHAVIORAL INSTITUTE	MEDICAL	3,425.00
63842	WYO COUNTY COMMISSIONERS ASSOCIATION	CONFERENCE	300.00
63843	WYOMING DEPT OF TRANSPORTATION	PERU BRIDGE	179.40
63844	WYOMING MACHINERY COMPANY	PARTS	7,701.83
63845	WYOMING STATE BAR	ADVERTISING	95.00
63846	WYOMING.COM	E-MAIL/WIRELESS	61.95
63847	YOUNG AT HEART CENTER	GRANT EXPENSES	3,626.05
63848	YWCA OF SWEETWATER COUNTY	GRANT EXPENSES	3,342.92
GRAND TOTAL:			3,157,266.11

The following bonds were placed on file:

Bobbie L. Amos	Town of Wamsutter, Treasurer	\$25,000.00
Charles Barnum	SWCO Events Complex, Treasurer	\$10,000.00
Sheila L. Wakefield	Town of Bairoil, Town Clerk/Treasurer	\$10,000.00

TAXPAYER	VALUATION	TAXPAYER	VALUATION
ROACH ROSABELLE	-280	ROCKY MTN PIPELINE SYSTEMS LLC	-6,589
ROACH ROSABELLE	-277	DEVON ENERGY PROD CO	-42,650
ROACH ROSABELLE	-219	CHEVRON USA INC	-125
ROACH ROSABELLE	-215	TOC ROCKY MOUNTAIN INC	-302
ROACH ROSABELLE	-228	TOC ROCKY MOUNTAIN INC	-18,164
ROACH ROSABELLE	-228	CHEVRON USA INC	-2,847
ROACH ROSABELLE	-230	CAPITAL CARPET CLEANERS	-830
ROACH ROSABELLE	-239	ANDREWS THOMAS	-589
ROACH ROSABELLE	-255	ANDREWS THOMAS	-483
DAVIS EMILY & BILLY	-372	ANDREWS THOMAS	-480
DAVIS EMILY & BILLY	-375	ANDREWS THOMAS	-484
DAVIS EMILY & BILLY	-389	ANDREWS THOMAS	-464
DAVIS EMILY & BILLY	-416	ANDREWS THOMAS	-635
ROCKY MTN PIPELINE SYSTEMS LLC	-373,100	ANDREWS THOMAS	-610
ROCKY MTN PIPELINE SYSTEMS LLC	-52,127	ANDREWS THOMAS	-610
ROCKY MTN PIPELINE SYSTEMS LLC	-841	ANDREWS THOMAS	-616
ROCKY MTN PIPELINE SYSTEMS LLC	-4,720	ANDREWS THOMAS	-640
ROCKY MTN PIPELINE SYSTEMS LLC	-4,439	ANDREWS THOMAS	-683
ROCKY MTN PIPELINE SYSTEMS LLC	-258	RICH LONNIE	-374
ROCKY MTN PIPELINE SYSTEMS LLC	-202,217	RICH LONNIE	-389
ROCKY MTN PIPELINE SYSTEMS LLC	-5,109	RICH LONNIE	-415

Public Hearing- Budget Amendment- Title 25 (Involuntary Committed Medical Expenses)

County Clerk Dale Davis presented Resolution 15-02-CL-01. Following discussion, Chairman Johnson opened the meeting for public comment. Following comments from County Treasurer Robb Slaughter, the hearing was closed. Chairman Johnson entertained a motion to approve Resolution 15-02-CL-01, Sweetwater County Budget Amendment in the amount of \$300,000.00 for Title 25 operations. ***Commissioner West moved to approve. Commissioner Van Matre seconded the motion.*** After further discussion, the motion carried with Commissioner Kolb voting nay from lack of information.

R E S O L U T I O N 15-02-CL-01
SWEETWATER COUNTY
BUDGET AMENDMENT

DUE to unanticipated Title 25 costs for fiscal year 2015,

WHEREAS, it is the County Clerk's recommendation to transfer \$300,000 for additional costs that may occur within FY 2015,

WHEREAS, it has been determined that the aforementioned funds need to be transferred within the 2014-2015 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 2014-2015 fiscal year budget for Sweetwater County be amended to reflect the following budget changes and the County Clerk's office issue a warrant to the Memorial Hospital of Sweetwater County in the amount of \$90,776.30 for the remaining costs that were submitted to the County Clerk's office on February 6, 2015:

Expenditures Increase General Fund:

Title 25 - Operating	\$300,000
Budget Adjustments Decrease:	
Budget Adjustments	\$300,000

Dated at Green River, Wyoming this 17th day of February, 2015.

THE BOARD OF COUNTY COMMISSIONERS
OF SWEETWATER COUNTY, WYOMING

Wally J. Johnson, Chairman

John K. Kolb, Member

Don Van Matre, Member

Randal M. Wendling, Member

Reid O. West, Member

ATTEST:

Steven Dale Davis, County Clerk

Commissioner Comments/Reports

Commissioner Kolb

Commissioner Kolb reported that he attended a courtroom security meeting with Chairman Johnson noting that it was unanimously voted on to move forward with the expansion of the courtroom facility. Commissioner Kolb shared that he attended a Planning & Zoning meeting and noted their yearly efforts to help residents and the county attorney do their job more efficiently. Commissioner Kolb spoke regarding the Jake brake situation in Farson. Commissioner Kolb discussed several legislative bills. Commissioner Kolb also shared that he attended a meeting for Communities Protecting the Green and spoke with County Treasurer Robb Slaughter and Land Use Director Eric Bingham.

Commissioner Wendling

Commissioner Wendling reported that he visited with the Director of the Young at Heart Senior Center Jeanine Cox and attended a Sweetwater County Juvenile Probation meeting. Commissioner Wendling noted that he followed up with Bairoil Solid Waste Chairman Craig Donaldson regarding attending the March meeting of the Board of County Commissioners. Commissioner Wendling shared that he met with Facilities Manager Chuck Radosevich at the Health and Human Services Building and was given a tour of the building. Chairman Wendling also noted that he attended a Sweetwater County Conservation District meeting and met with Assistant Fire Warden Jessica Knezovich, Grants Manager Krisena Marchal, Clerk of District Court Donna Lee Bobak and Public Works Director John Radosevich.

Chairman Johnson

Chairman Johnson shared information regarding the transfer of public lands to the state. Chairman Johnson discussed the draft resolution relative to an industrial megaplex proposed by Governor Mead to possibly be located in Southwest Wyoming. Chairman Johnson shared that he met with the mayors of Green River and Rock Springs and noted the appointment of the new Rock Springs Fire Marshall James Wamsley. Chairman Johnson stressed that requests for help such as the one from the Green River Arts Council regarding the miner's statue should be presented as a budget request. Chairman Johnson also noted that he attended a WLCI (Wyoming Landscape Concept Initiative) project team meeting in Green River.

Commissioner Van Matre

Commissioner Van Matre reported that he attended an Airport Board meeting, met with the Green River Chamber of Commerce, and met with Facilities Manager Chuck Radosevich regarding the Health and Human Services Building and thanked Commissioner West for all of his work with the building. Commissioner Van Matre shared that he attended a Museum Board meeting, was updated on the training program for the recently hired Veteran's Service Officer in the Rock Springs office, and visited with Eden Valley Improvement District member Dustin Eaton regarding the Farson Community Center. Commissioner Van Matre also noted that he met with IT Director Tim Knight, Green River Golden Hour Senior Center Director Beth Whitman and Grants Manager Krisena Marchal.

Commissioner West

Commissioner West reported that he has been very busy with the Health and Human Services Building and shared that the facility will open for business on March 2, 2015 noting that the Grand Opening/Ribbon Cutting Ceremony followed by an open house will be held on March 25, 2015 and acknowledged everyone who has helped with the process. Commissioner West shared that he attended a hospital board meeting noting that a joint public meeting between the hospital board and the Board of County Commissioners will be scheduled regarding the ambulatory surgery center. Commissioner West reported that he also attended a meeting with Southwest Counseling Director Linda Acker, Memorial Hospital CEO Jerry Klein, County Attorney Dan Erramouspe and Deputy County Attorney Teresa Thybo

regarding the new policy that the hospital passed for Title 25. Commissioner West shared information, due to new personnel, regarding the bonding vs non-bonding process for 6th cent money for the City of Green River and the Town of Granger.

County Resident Concerns

Chairman Johnson opened county resident concerns. Upper Green River Water Board (UGRWB) member Don Hartley shared information regarding plugged abandoned oil wells on Pine Mountain. Hearing no further comments, the hearing was closed.

Break

Chairman Johnson called for a break.

Action/Presentation Items

Flaming Gorge Days Budget Request

Flaming Gorge Days Committee members Current Chairperson Deli Frantzen, Marketing Chairperson Susan Mitchell, Sponsorship Chairperson Dawn Trujillo, Treasurer Drew Varley and incoming Chairperson for 2016 Scott Sager came before the commission to request sponsorship for future Flaming Gorge Days. After discussion, Chairman Johnson recommended that they submit a budget request for the 2016 budget.

Application for Deposit of Public Funds

County Treasurer Robb Slaughter presented the application for deposit of public funds. Following discussion, Chairman Johnson entertained a motion to approve the application for deposit of public funds as presented by the county treasurer. *Commissioner Kolb made the motion with the understanding that the Sweetwater County Sheriff information should be the Sweetwater County Board of County Commissioners. Commissioner Don Van Matre seconded the motion.* The motion carried.

Approval of BLM Right of Way Grant #WYW77776 for County Road 4-27 (Aspen Mountain Road)

Public Works Director John Radosevich asked for approval of the BLM Right of Way Grant #WYW77776 for County Road 4-27 which is the Aspen Mountain Road and authorize the Chairman to sign. Following discussion, Chairman Johnson entertained a motion to approve the BLM Right of Way Grant #WYW77776 for County Road 4-27 (Aspen Mountain Road) as presented by staff. *Commissioner Wendling so moved. Commissioner Kolb seconded the motion.* The motion carried.

Sweetwater County Judicial Plan: Steering Committee Recommendation

EDA Architects Principal in Charge Tom Brennan presented to the commission a revised version of the Sweetwater County Judicial Plan. Mr. Brennan provided a summary of the history of the court situation as addressed in the September 16, 2014 Sweetwater County Judicial Plan Final Draft as well as the January 5, 2015 Steering Committee additional requests. Following a lengthy discussion which included statements from Judge Prokos, County Attorney Dan Erramouspe, Sheriff Lowell, Clerk of Court Donna Lee Bobak, Judge Jones, County Treasurer Robb Slaughter and Judge James, *Commissioner Kolb moved to proceed with the Sweetwater County Judicial Court Project to be comprised of a combined circuit court and drug court facility, a county attorney and public defender facility, and a sheriff administration facility at the Sweetwater County Detention Center at an estimated total project cost of \$19,500,000. Commissioner West seconded the motion.* After further comments from the commission, the motion carried.

Other

Chairman Johnson shared that he would be out of town and asked Commissioner West to be acting chairman in his absence.

Chairman Johnson presented a letter from the BLM relative to the Right of Way Grant/Temporary Use Permit Serial Number WYW183925. Chairman Johnson requested a motion to approve this document regarding the Access Road to the Bitter Creek Drop Structure Project. *Commissioner West so moved. Commissioner Van Matre seconded the motion.* Following further discussion, Chairman Johnson requested to amend the motion authorizing the Chairman to sign said document. *Commissioner Wendling so moved to add "to be signed by the Chairman." Commissioner Kolb seconded the motion.* The motion carried.

Executive Session(s)-Personnel/Legal

Chairman Johnson entertained a motion to enter into executive session for personnel. *Commissioner Kolb moved to go into executive session. Commissioner Wendling seconded the motion.* The motion carried. A quorum of the commission was present.

After coming out of executive session, Chairman Johnson explained that, due to HIPPA requirements, the motion would not reveal personnel information. *Commissioner West spoke that in regards to an appeal of a health insurance claim that had been denied to an employee, which was discussed during executive session, moved to approve the appeal in the amount not to exceed \$3,159.00. Commissioner Van Matre seconded the motion.* The motion carried.

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

John K. Kolb, Member

Don Van Matre, Member

Randal M. Wendling, Member

Reid O. West, Member

ATTEST:

Steven Dale Davis, County Clerk

	DATE	AMOUNT	WARRANT #'S
EAL	2/20/2015	140,703.33	63849-63867
EAL	2/27/2015	53,528.96	
EAL	3/3/2015	876,967.46	
EAL			
EAL			
EAL			

Payroll Run	742.79 Payroll:	Check #	Advice #
Payroll Run		63868	13525
Payroll Run			

TOTAL AMOUNT \$1,071,942.54

Vouchers in the above amount are hereby approved and ordered paid this date of 03/03/2015

Wally J. Johnson, County Commissioner

John K. Kolb, County Commissioner

Don Van Matre, County Commissioner

Randal M. Wendling, County Commissioner

Attest:

County Clerk

Reid O. West, County Commissioner

Authorization for Bonds

3-03-15

David S. Divis	Sweetwater County, Deputy County Assessor	\$ 5,000.00
Michael Fermelia	SWCO Solid Waste Disposal District #1, Treasurer	\$10,000.00
Gail Johnson	SWCO Weed & Pest District, Treasurer/Secretary	\$50,000.00
Linda J. Brantner	Town Clerk – Bairoil	\$10,000.00

THE BOARD OF COUNTY COMMISSIONERS
FOR SWEETWATER COUNTY, WYOMING

Wally J. Johnson, Chairman

John K. Kolb, Member

Donald Van Matre, Member

Attest:

Randal M. Wendling, Member

Steven Dale Davis, County Clerk

Reid O. West, Member

					COMMISSIONER			
ATTEST								
DALE DAVIS					COMMISSIONER			
					COMMISSIONER			
					COMMISSIONER			
					COMMISSIONER			

BOARD OF COUNTY COMMISSIONERS

MEETING REQUEST FORM

Requested Meeting Date: MARCH 3, 2015	Name & Title of Presenter: STEVEN DALE DAVIS
Department or Organization: COUNTY CLERK	Contact Phone & E-mail: 307-872-3765
Exact Wording for Agenda: RENEWAL OF LIQUOR LICENSES	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 8:30 AM - 10 MINUTES
Will there be Handouts? (If yes, include with meeting request form) YES	Will handouts require SIGNATURES: YES
Additional Information: 	

- All requests to be added to the agenda will need to be submitted in writing on the "Meeting Request Form" by Wednesday at 12:00 p.m. prior to the scheduled meeting and returned in person or electronically to Clerk Sally Shoemaker at: shoemakers@sweet.wy.us
- All handouts are also due by Wednesday at 12:00 p.m. prior to the scheduled meeting date. Handouts may be submitted to Clerk Sally Shoemaker either in person or electronically. *****If your handout is not accompanied with the request to be added to the agenda, your request will be dismissed and you may reschedule for the next meeting provided the handout(s) are received.*****
- Any documents requiring **Board Action** or **signature** are considered agenda items and need to be requested in the same manner.
- All **original** documents requesting action or signature must be submitted to Deputy County Clerk Vickie Eastin. However, a **copy** must be submitted to Sally Shoemaker for distribution of the packet and retention.
- As always, if you are unable to attend the meeting after being placed onto an agenda, please send a representative in your place or your item will be rescheduled.
- In order to determine placement on the agenda, please review the county website (www.sweet.wy.us/commissioner) on Thursday afternoon.
- If a request to be placed on an agenda is received **AFTER** the deadline, you will be considered for the next meeting date.
- No handout will be received during a meeting in session.

SWEETWATER COUNTY RENEWAL LIQUOR LICENSES 2015 - 2016

White Mountain Mining Company	Larry Shepard	Retail Liquor License
Kayar Distributing	Kelly & Denise Richards	Retail Liquor License
Buckboard Marina	Leslie R. Tanner	Retail Liquor License
Eden Saloon	George Buckendorf	Retail Liquor License
Mustang Travel Stop (THE HUB)	Mandy Slaugh	Retail Liquor License
Point Bar	Roger D. Varley	Retail Liquor License
Mitch's	Lalene A. Miller	Retail Liquor License
Spring Creek Guest Ranch	Todd or Cindy Jones	Retail Liquor License
Little America	Trudy Case	Retail Liquor License
The Travel Camp (TEX'S)	Shelley E. Smith	Retail Liquor License
Cruel Jack's Travel Plaza	Carole Kruljac	Retail Liquor License
Log Inn	Leslie R. Tanner	Restaurant Liquor License
Rolling Green Country Club	Jackie Legerski	Retail Liquor License (Club)
Point Merc	Roger D. Varley	County Malt Beverage License
Mustang Travel Stop	Mandy Slaugh	County Malt Beverage License
Farson Feed Store	Dustin Eaton	County Malt Beverage License
Little America	Trudy Case	County Malt Beverage License
Valley Mart Inc.	Dustin Eaton	County Malt Beverage License

-----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)

<p>To be completed by the City, Town or County Clerk:</p> <p>Date Filed: <u>01 / 08 / 2015</u></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Basic Fee</td> <td style="text-align: right;">Annual Fee</td> </tr> <tr> <td>Additional Disp Rm Fee</td> <td style="text-align: right;">\$ 1000.00</td> </tr> <tr> <td>Total Lic Fee Collected</td> <td style="text-align: right;">\$ 1000.00</td> </tr> <tr> <td>Publishing Fee Collected</td> <td style="text-align: right;">\$ 80.00</td> </tr> </table> <p>Required Attachments Received Yes <input checked="" type="checkbox"/></p> <p>Advertising Dates(4): <u>February 3, 10, 2015</u></p> <p>Hearing Date: <u>03 / 03 / 2015</u></p> <p>Local Licensing Number: <u>2015-MC-0011</u></p> <p>or the license term: <u>04 / 10 / 2015</u> <small>Month Day Year</small></p> <p>Through: <u>04 / 09 / 2016</u> <small>Month Day Year</small></p> <p>A copy must be immediately forwarded to: State of Wyoming Liquor Division 6601 Campstool Rd. Cheyenne WY 82002-0110</p>	Basic Fee	Annual Fee	Additional Disp Rm Fee	\$ 1000.00	Total Lic Fee Collected	\$ 1000.00	Publishing Fee Collected	\$ 80.00	<p>Applicant: <u>LT ENTERPRISES</u></p> <p>Trade Name (dba): <u>WHITE MOUNTAIN MINING COMPANY</u></p> <p>Premise Address: <u>76 GOOKIN</u> <small>Number & Street</small></p> <p><u>ROCK SPRINGS, WY 82901 SWEETWATER</u> <small>City State Zip County</small></p> <p>Mailing Address: <u>240 CLEAR VIEW</u> <small>Number & Street or P.O. Box</small></p> <p><u>GREEN RIVER, WY 82935</u> <small>City State Zip</small></p> <p>Business Telephone Number: <u>(307) 382-5265</u></p> <p>Fax Number:</p> <p>E-Mail Address: <u>whitemountainmining@yahoo.com</u></p> <p>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>
Basic Fee	Annual Fee								
Additional Disp Rm Fee	\$ 1000.00								
Total Lic Fee Collected	\$ 1000.00								
Publishing Fee Collected	\$ 80.00								

<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 <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <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 checked="" type="checkbox"/> RETAIL LIQUOR LICENSE</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> on-premise only <input type="checkbox"/> off-premise only <input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <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) <input type="checkbox"/> SEASONAL/PART-TIME</p> <p>(specify months of operation) from _____ to _____</p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>MONDAY - SATURDAY</u> HOURS OF OPERATION (e.g. 10a - 2a) <u>4:30 PM TO 2:00 AM</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):
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)
T19N R105W SEC 32 TRACT APPROX TWO MILES WEST OF ROCK SPRINGS, OFF FOOTHILL BLVD

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: \$ _____
 W.S.12-4-408(b) 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?
Terri 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 8 day of Jan, 2015. Terri A Shepard
 Applicant

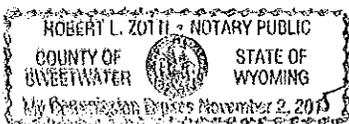
THE STATE OF WYOMING }
 COUNTY OF Sweetwater } SS. Larry G Shepard
 Applicant

Subscribed and sworn to before me by Terri A Shepard, Larry G Shepard this 8 day of Jan, 2015.

Witness my hand and official seal.

[Signature]
 Notary Public or Person Authorized to Administer Oath

My Commission expires: Nov 2, 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: 01 / 06 / 2015

Basic Fee	Annual Fee
\$ 1000.00	\$ 1000.00
Additional Disp Rm Fee	
\$	
Total Lic Fee Collected	\$ 1000.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0002

For the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
Month Day Year

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

Applicant: KAYAR DISTRIBUTING

Trade Name (dba): KELLY'S HITCHING POST

Premise Address: 1900 YELLOWSTONE ROAD
Number & Street

ROCK SPRINGS, WY 82901 SWEETWATER
City State Zip County

Mailing Address: PO BOX 1599
Number & Street or P.O. Box

ROCK SPRINGS, WY 82902
City State Zip

Business Telephone Number: (307) 382-6415

Fax Number: (307) 362-1482

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

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)

5:00 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):

15' X 30' ROOM IN NORTH END 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)

T19N R105W SEC 9 SE4NE4 TRACT 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: 12/31/2024 located on page 1, paragraph 3 of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page 2, paragraph 5 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: \$ _____ (_____ %)
W.S.12-4-408(b)

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 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.)

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 Violation Relating to Alcoholic Liquor or Malt Beverages?	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Kelly B. Richards	6/3/49	250 Mesa Drive Rock Springs, WY 82901	307-362-3587	22	50	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Denise Z. Richards	3/24/49	250 Mesa Drive Rock Springs, WY 82901	307-362-3587	22	50	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Island D. Richards	12/27/70	217 Mesa Drive Rock Springs, WY 82901	307-362-9328	20		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 5th day of January, 2015.

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss.

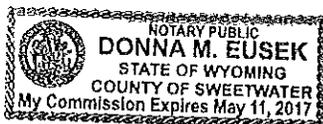
Kelly B. Richards Applicant
Denise Z. Richards Applicant

Subscribed and sworn to before me by Kelly B. Richards + Denise Z. Richards this 5 day of January, 2015.

Witness my hand and official seal.

Donna M. Eusek
Notary Public or Person Authorized to Administer Oath

My Commission expires: May 11, 2017



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: 01 / 12 / 2015

	Annual Fee
Basic Fee	\$ <u>500.00</u>
Additional Disp Rm Fee	\$ _____
Total Lic Fee Collected	\$ <u>500.00</u>
Publishing Fee Collected	\$ <u>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC 0021

For the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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.

<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 <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <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 type="checkbox"/> on-premise only <input type="checkbox"/> off-premise only <input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <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 _____ to _____</p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>MONDAY - SUNDAY</u></p> <p>HOURS OF OPERATION (e.g. 10a - 2a) <u>7:00 AM TO 7:00 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)}

- 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 10' ROOM IN NW CORNER 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))
T15N R108W SEC 28 FLAMING GORGE RESERVOIR
- 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: \$
 W.S.12-4-408(b) 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 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.)

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 Violation Relating to Alcoholic Liquor or Malt Beverages?	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Leslie R Tanner	12/2/35	HCR65 Box 100 Green River WY 82935	307-875-6927	43 44 yrs	90%	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
LEWIS L. GRAY	6/6/35	HCR65 Box 100 Green River WY 82935	307-875-6927	18 20 yrs	10%	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 12 day of January, 2015. 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 this 12th day of January, 2015.

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: 01 / 15 / 2015

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 500.00
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0042

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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)
T24N R106W SEC 20

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: \$
 W.S.12-4-408(b) 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 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.)

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 Violation Relating to Alcoholic Liquor or Malt Beverages?	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
George F Buckendorf	10-8-55	3629 U.S. Hwy 191W, Eden, Wyo 82932	307-273-3500	26	25%	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Cindy F. Buckendorf	11-16-59	3629 U.S. Hwy 191W, Eden, Wyo 82932	307-273-3300	26	25%	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Patsy J. Smith	8-10-48	3633 B 7 U.S. Hwy 191W, Eden, Wyo 82932	307-705-4680	26	50%	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 13th day of January, 2015.

George E. Buckendorf President
Applicant

THE STATE OF WYOMING }
COUNTY OF Sweetwater } ss.

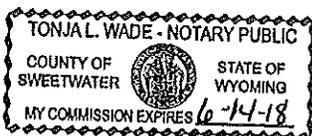
Patsy J. Smith Vice President
Applicant

Subscribed and sworn to before me by George E. Buckendorf, Patsy J. Smith this 13th day of January, 2015.

Witness my hand and official seal.

Tonja L. Wade
Notary Public or Person Authorized to Administer Oath

My Commission expires: June 14, 2018



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: 01 / 13 / 2015

Basic Fee	Annual Fee
\$ 500.00	\$ 500.00
Additional Disp Rm Fee	\$ 333.00
Total Lic Fee Collected	\$ 833.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0039

for the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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

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.

<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 <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <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 checked="" type="checkbox"/> RETAIL LIQUOR LICENSE</p> <p><input type="checkbox"/> on-premise only <input type="checkbox"/> off-premise only <input checked="" type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <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) <input type="checkbox"/> SEASONAL/PART-TIME (specify months of operation) from <u>January</u> to <u>December</u></p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>MONDAY - SUNDAY</u> HOURS OF OPERATION (e.g. 10a - 2a) <u>4:00 PM TO 2:00 AM WEEKDAYS 11:30 AM TO 2:00 AM WEEKENDS</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):
50' X 50' ROOM IN SW PORTION OF BLDG 31' X 10' ROOM IN NW PORTION 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)
T12N R109W SEC 22 & 27 PARCEL SWEETWATER COUNTY, TRACT 39A
- 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:	\$340,947.00
Food Sales:	\$169,781 (49%)
Liquor Sales:	\$171,166 (50%)
- 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 Violation Relating to Alcoholic Liquor or Malt Beverages?	
				YES	NO	YES	NO
				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 Violation Relating to Alcoholic Liquor or Malt Beverages?	
						YES	NO
Pick Slough	12 21 1972	516 E State Lane Road Manila ut 81046	435 784 3815	13	50	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Mandy Slough	2 25 1975	516 E State Lane Road Manila ut 81046	435 784 3815	13	50	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Nolan Slough	5 31 1939	876 S O. 1555 W. W.C ut 81120	801 918 9318	14	10	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 13 day of January, 2015. Mandy Slough Applicant

THE STATE OF WYOMING }
 COUNTY OF Sweetwater } SS. _____ Applicant

Subscribed and sworn to before me by Mandy Slough this 13th day of January, 2015.

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 / 12 / 2014

Basic Fee	Annual Fee
\$ 500.00	\$ 500.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2014-MC-1035

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
Month Day Year

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

Applicant: VARLEY MERCANTILE 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 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)
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)

T20N R101W SEC 27 NE4SW4, 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.)

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: 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:

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 <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?
A. Jill Varley	2-27-1959	212 Park Ave Point of Rocks WY 82942	362 4166	19	10%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Roger D. Varley	1-04-1963	410 Pioneer Ave Point of Rocks WY 82942	350 4185	19	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 12-10 day of December, 2014.

THE STATE OF WYOMING
COUNTY OF Sweetwater } SS.

[Signature]
Applicant

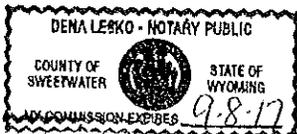
[Signature]
Applicant

Subscribed and sworn to before me by Roger Varley this 10 day of December, 2014.

Witness my hand and official seal.

[Signature]
Notary Public or Person Authorized to Administer Oath

My Commission expires: 9-8-17



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:	01 / 12 / 2015
Basic Fee	Annual Fee \$ 500.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 80.00
Required Attachments Received	Yes <input checked="" type="checkbox"/>
Advertising Dates(4):	February 3, 10, 2015
Hearing Date:	03 / 03 / 2015
Local Licensing Number:	2015-MC-0024
For the license term:	04 / 10 / 2015 <small>Month Day Year</small>
Through:	04 / 09 / 2016 <small>Month Day Year</small>
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): MITCHS
 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 - SATURDAY

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

6:00 AM TO 8:00 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 12' ROOM ON NORTH END 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)

T25N R106W SEC 27 SW4NW4 PART SWEETWATER 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.) 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: 04/10/2016, 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: Gross Sales: \$ 267,715
 Food Sales: \$ 261,857 (98%)
 Liquor Sales: \$ 5,857.90 (2%)
- 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?
Lalene A. Miller	08/13/1967	PO Box 1365 4010 Hwy 191 N Farsen WY 82432	(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.

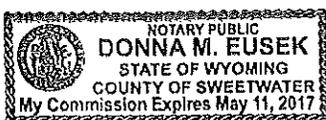
Dated this 5 day of January, 2015. Lalene A. Miller Applicant

THE STATE OF WYOMING }
 COUNTY OF Sweetwater } ss. _____ Applicant

Subscribed and sworn to before me by Lalene A. Miller this 5 day of January, 2015.

Witness my hand and official seal. Donna M. Eusek
 Notary Public or Person Authorized to Administer Oath

My Commission expires: May 11, 2017



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 / 22 / 2014

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ <u>500.00</u>
Total Lic Fee Collected	\$ <u>500.00</u>
Publishing Fee Collected	\$ <u>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2014-MC-1040

For the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
Month Day Year

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

Applicant: TODD or CINDY JONES

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: PO BOX 261
Number & Street or P.O. Box

DUTCH JOHN, UT 84023
City State Zip

Business Telephone Number: (307) 350-3005

Fax Number:

E-Mail Address: springcreekguestranch@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.

<p>FILING IN</p> <p><input checked="" type="checkbox"/> COUNTY OF <u>SWEETWATER</u></p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <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 type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p>DO YOU OPERATE?</p> <p><input type="checkbox"/> FULL TIME (e.g. Jan through Dec) <input checked="" type="checkbox"/> SEASONAL/PART-TIME (specify months of operation)</p> <p>from <u>MARCH 1ST</u> <u>NOVEMBER 1ST</u></p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>MONDAY - SUNDAY</u> HOURS OF OPERATION (e.g. 10a - 2a) <u>6:00 AM TO 11:00 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)}

- 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 36' ROOM ENTIRE 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)
T12N R106W 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: 12/31/2018, located on page 1, paragraph 3 of lease document.
- b) Provision for SALE of alcohol or malt beverages located on page 3, paragraph 10 of lease document.
4. **Restaurant and Bar and Grill Liquor Licenses Only:**
- a) Gross sales figures and percentages of income derived from: Gross Sales: \$ _____
 W.S.12-4-408(b) 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?
Cynthia D Jones	12-29-52	Spring Creek Ranch Hwy 191 So. Minnie Gap WY 82435	307-350-3005	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"/>
Todd A Jones	6-2-59	Spring Creek Ranch Hwy 191 So. Minnie Gap WY 82435	307-350-3005	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.

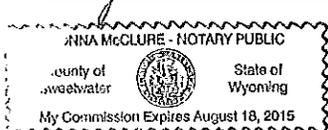
Dated this 10 day of Dec, 2014. Todd A Jones
 Applicant

THE STATE OF WYOMING }
 COUNTY OF Sweetwater } SS. Cynthia Jones
 Applicant

Subscribed and sworn to before me by Todd A Jones & Cynthia Jones this 10 day of December, 2014.

Witness my hand and official seal. Donna McClure
 Notary Public or Person Authorized to Administer Oath

My Commission expires: Aug 18 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: 01 / 08 / 2015

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 500.00
Total Lic Fee Collected	\$ 500.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0014

For the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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: (801) 524-2754

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
- 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:

Currently Closed

DO YOU OPERATE? for remodeling.

Effective: 1/1/2015.

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

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):

15' X 35' ROOM IN CENTER OF MAIN 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 R110W SEC 17 TRACT 25 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.)

YES NO

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

YES NO

****Dispensing Room will not be altered during remodeling.****

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: \$3,307,973
 W.S.12-4-408(b) Food Sales: \$3,213,294 (97.14%)
 Liquor Sales: \$94,679 (2.86%)
- 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?
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 6 day of January, 2015

THE STATE OF WYOMING } S.E. Holding VP Applicant
 COUNTY OF Utah } Salt Lake } SS. S.K. Mayeda Applicant

Subscribed and sworn to before me by S.E. Holding VP this 6 day of January, 2015

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:		

-----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: 01 / 06 / 2015

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ <u>1200.00</u>
Total Lic Fee Collected	\$ <u>1200.00</u>
Publishing Fee Collected	\$ <u>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0004

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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) 875-2630

Fax Number:

E-Mail Address: smthpurple@aol.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 January to December
- DAYS OF WEEK (e.g. Mon through Sat) MONDAY - SUNDAY
- HOURS OF OPERATION (e.g. 10a - 2a) 8:00 AM TO 8:00 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

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):

18' X 10' ROOM ON SW 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)

LOTS 9 & 10 & PT OF LOT 11 BLK 16 JAMESTOWN

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: \$ _____
 W.S.12-4-408(b) 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	NO	YES	NO	YES	NO
				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?	
						YES	NO	YES	NO
Shelley E. Smith	2/25/11	135 29 3/4 Rd, G.D, CO 80503	970-216-4188	2	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 31st day of December, 2014.

THE STATE OF WYOMING Colorado
 COUNTY OF Mesa

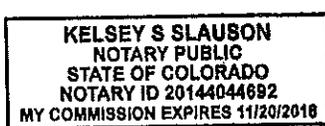
SO/ETTA, LLC
 Applicant
Shelley E. Smith - Mgr So/ETTA, LLC
 Applicant

Subscribed and sworn to before me by Shelley E. Smith this 31st day of December, 2014.

Witness my hand and official seal. Kelsey S. Slauson

Notary Public or Person Authorized to Administer Oath

My Commission expires: 11/20/2018



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: 01 / 07 / 2015

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ <u>1000.00</u>
Total Lic Fee Collected	\$ <u>1000.00</u>
Publishing Fee Collected	\$ <u>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0009

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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 Zp County

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

ROCK SPRINGS, WY 82902
City State Zp

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
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):

230 SQ FT 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)

T18N R106W SEC 7 SWEETWATER 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.) 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: 04 / 30 / 16, 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: \$ _____
 W.S.12-4-408(b) 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?
Darrell Kruljac	08-27-43	1129 Hilltop Drive Rock Springs, WY 82901	307-389-7710	38	50%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Carole Kruljac	02-17-47	1129 Hilltop Drive Rock Springs, WY 82901	307-389-7710	38	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.

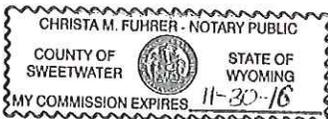
Dated this 9 day of January, 2015. Darrell Kruljac Applicant

THE STATE OF WYOMING }
 COUNTY OF Sweetwater } SS. Carole Kruljac Applicant

Subscribed and sworn to before me by Darrell D. and Carole J. Kruljac this ninth day of January, 2015.

Witness my hand and official seal. [Signature]
 Notary Public or Person Authorized to Administer Oath

My Commission expires: 11-30-16



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: <u>01 / 12 / 2015</u>	Applicant: <u>PURPLE SAGE VENTURES LLC</u>
Basic Fee <u>\$ 1200.00</u>	Trade Name (dba): <u>LOG INN</u>
Additional Disp Rm Fee <u>\$.</u>	Premise Address: <u>10 PURPLE SAGE ROAD</u> <small>Number & Street</small>
Total Lic Fee Collected <u>\$ 1200.00</u>	<u>ROCK SPRINGS, WY 82901 SWEETWATER</u> <small>City State Zip County</small>
Publishing Fee Collected <u>\$ 80.00</u>	Mailing Address: <u>PO BOX 1630</u> <small>Number & Street or P.O. Box</small>
Required Attachments Received Yes <input checked="" type="checkbox"/>	<u>GREEN RIVER, WY 82935</u> <small>City State Zip</small>
Advertising Dates(4): <u>February 3, 10, 2015</u>	Business Telephone Number: <u>(307) 382-0091</u>
Hearing Date: <u>03 / 03 / 2015</u>	Fax Number: <u>(307) 362-2473</u>
Local Licensing Number: <u>2015-MC-0022</u>	E-Mail Address: <u>loginnrestaurant@hotmail.com</u>
or the license term: <u>04 / 10 / 2015</u> <small>Month Day Year</small>	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.
Through: <u>04 / 09 / 2016</u> <small>Month Day Year</small>	
A copy must be immediately forwarded to: State of Wyoming Liquor Division 6601 Campstool Rd. Cheyenne WY 82002-0110	

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)

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)

T18N R106W SEC 12

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: \$ 140,917.69
 Food Sales: \$ 123,202.00 (_____%)
 Liquor Sales: \$ 16,685.00 (_____%)

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	NO	YES	NO	YES	NO
				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	NO	YES	NO
Leslie R Tanner	10/1/35	HCR65 Box 100 Green River WY 82935	307 875 2459	2 1/2	50	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Lauretta Tanner	9/8/38	HCR65 Box 100 Green River WY 82935	307 875 2459	2 1/2	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.

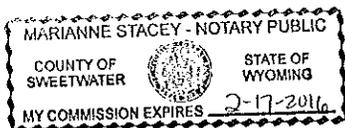
Dated this 12 day of January, 2015. Leslie R Tanner
Applicant

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 12th day of January, 2015.

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:	01 / 08 / 2015
Basic Fee	Annual Fee \$ 100.00
Additional Disp Rm Fee	\$
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 80.00
Required Attachments Received	Yes <input checked="" type="checkbox"/>
Advertising Dates(4):	February 3, 10, 2015
Hearing Date:	03 / 03 / 2015
Local Licensing Number:	2015-MC-0012
For the license term:	04 / 10 / 2015 <small>Month Day Year</small>
Through:	04 / 09 / 2016 <small>Month Day Year</small>
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 or 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 1 to November 1

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)

T18N R107W SEC 7 LOT 7, 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.) YES NO

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



LS

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

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?
Brian Forbes	2-23-60	1 Par Ct. Rock Springs WY 82901	307-362-5028	9+	210%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Robert Baker	10-29-51	240 Hillcrest Ln. Rock Springs WY 82901	307-362-4527	9+	210%	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 Rock Springs WY 82901	307-870-8031	7+	210%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Patrick Panches	12-18-46	215 Park Rock Springs WY 82901	307-382-6165	6+	210%	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 7 day of January, 2015

THE STATE OF WYOMING

COUNTY OF Sweetwater } ss.

Brian Forbes Applicant
Robert Baker Applicant

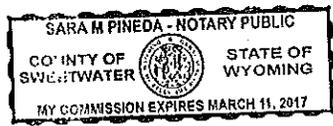
Subscribed and sworn to before me by Brian Forbes & Robert Baker this 7 day of January, 2015.

Witness my hand and official seal.

Sara M Pineda

Notary Public or Person Authorized to Administer Oath

My Commission expires: 3-11-17



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 / 12 / 2014

	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>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2014-MC-1034

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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: 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.**

<p>FILING IN</p> <p><input checked="" type="checkbox"/> COUNTY OF <u>SWEETWATER</u></p> <p>FILING AS (CHOOSE ONLY ONE)</p> <p><input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <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 <input type="checkbox"/> on-premise only <input type="checkbox"/> off-premise only <input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input checked="" type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <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 (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 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)}

- 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))
78' X 45' ROOM ON EAST 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)
T20N R101W SEC 27 NE4SW4, NORTH OF I-80 AT POINT OF ROCKS
- 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: 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:

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?
Roger D. Varley	1-4-63	410 Pioneer Ave Point of Rocks WY 82742	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 10th day of December, 2014.

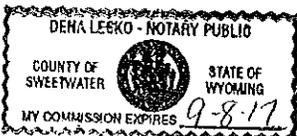
THE STATE OF WYOMING }
COUNTY OF Sweetwater } SS.

Subscribed and sworn to before me by Roger Varley this 10 day of December, 2014

Witness my hand and official seal.

My Commission expires: 9-8-17

Dena Lesko
Notary Public or Person Authorized to Administer Oath



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: 01 / 13 / 2015

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ 100.00
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0038

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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

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.

<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 <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LTD PARTNERSHIP <input type="checkbox"/> ASSOCIATION <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 <input type="checkbox"/> on-premise only <input type="checkbox"/> off-premise only <input type="checkbox"/> combination on/off premise</p> <p><input type="checkbox"/> RESTAURANT LIQUOR LICENSE <input type="checkbox"/> RESORT LIQUOR LICENSE <input checked="" type="checkbox"/> COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT</p> <p><input type="checkbox"/> VETERANS CLUB <input type="checkbox"/> FRATERNAL CLUB <input type="checkbox"/> GOLF CLUB <input type="checkbox"/> SOCIAL CLUB <input type="checkbox"/> MICROBREWERY <input type="checkbox"/> WINERY <input type="checkbox"/> BAR AND GRILL</p>	<p>To Assist the Liquor Division with scheduling inspections:</p> <p>DO YOU OPERATE?</p> <p><input type="checkbox"/> FULL TIME (e.g. Jan through Dec) <input checked="" type="checkbox"/> SEASONAL/PART-TIME (specify months of operation) from <u>May</u> to <u>October</u></p> <p>DAYS OF WEEK (e.g. Mon through Sat) <u>MONDAY - SUNDAY</u> HOURS OF OPERATION (e.g. 10a - 2a) <u>7:00 AM TO 9:00 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)}

- 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))
26' X 36' ROOM IN NE PORTION 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)
T12N R109W SEC 22 & 27 PARCEL SWEETWATER COUNTY, TRACT 39A
- 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:	\$ _____
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 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.)

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 Violation Relating to Alcoholic Liquor or Malt Beverages?	
						YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Ruth Slough</i>	<i>12/29 1972</i>	<i>516 E State Line Road 87046</i>	<i>435 781 3515</i>	<i>13</i>	<i>50</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>Mandy Slough</i>	<i>2/25 1972</i>	<i>516 E State Line Road 87046</i>	<i>435 781 3515</i>	<i>13</i>	<i>50</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>Ruth Slough</i>	<i>5/31 1939</i>	<i>37630 4355 W. WYO UT 8720</i>	<i>201 968 9218</i>	<i>14</i>	<i>10</i>	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 13 day of January, 2015. Mandy Slough Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } SS.

Subscribed and sworn to before me by Mandy Slough this 13th day of January, 2015.

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: 01 / 08 / 2015

Basic Fee	Annual Fee
Additional Disp Rm Fee	\$ <u>100.00</u>
Total Lic Fee Collected	\$ <u>100.00</u>
Publishing Fee Collected	\$ <u>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0010

For the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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) 273-3276

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)

SUNDAY - SATURDAY

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

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)

T24N R106W SEC9 NW4SW4NW4 SWEETWATER 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.) 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: \$ _____ (_____%)
- 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	NO	YES	NO	YES	NO
				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?	
						YES	NO	YES	NO
Dustin J Eaton	3/9/74	3700 Hwy 191 Farson WY 82932	307-273-3075	9	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.

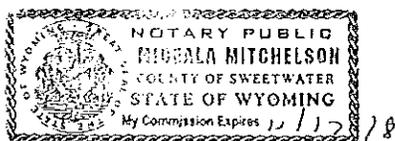
Dated this 7 day of Jan, 2015 Dustin J Eaton Applicant

THE STATE OF WYOMING }
 COUNTY OF Sweetwater } SS. Dustin J Eaton Applicant

Subscribed and sworn to before me by Dustin J Eaton this 7 day of Jan, 2015.

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

My Commission expires: 11/17/18



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: 01 / 08 / 2015

Basic Fee	Annual Fee
\$ 100.00	\$ 100.00
Additional Disp Rm Fee	
\$	
Total Lic Fee Collected	\$ 100.00
Publishing Fee Collected	\$ 80.00

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0013

or the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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

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: (801) 524-2754

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><input 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 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)</p> <p><u>MONDAY - SUNDAY</u></p> <p>HOURS OF OPERATION (e.g. 10a - 2a)</p> <p><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 / 2020, 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. 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	NO	YES	NO	YES	NO
				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?	
						YES	NO	YES	NO
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 5 day of January, 2015.

THE STATE OF WYOMING }
 COUNTY OF Salt Lake } SS. K.M. Holding, President Applicant
Lynn Hart, Secretary Applicant
 Subscribed and sworn to before me by K.M. Holding, Pres & Lynn Hart, Sec this 5 day of January, 2015.

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:		
Accl:		

-----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: 01 / 08 / 2015

Basic Fee	Annual Fee
\$ <u>100.00</u>	\$ <u>100.00</u>
Additional Disp Rm Fee	
\$ _____	
Total Lic Fee Collected	\$ <u>100.00</u>
Publishing Fee Collected	\$ <u>80.00</u>

Required Attachments Received Yes

Advertising Dates(4): February 3, 10, 2015

Hearing Date: 03 / 03 / 2015

Local Licensing Number: 2015-MC-0015

For the license term: 04 / 10 / 2015
Month Day Year

Through: 04 / 09 / 2016
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: dustin@farsonfeedstore.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)

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 EAST 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)

T25N R106W SEC 27 SW4, 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



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 / 30 / 2016, located on page 1, paragraph 1 of lease document. *(with agreement to Amend/Extend)*
- b) Provision for SALE of alcohol or malt beverages located on page 41, paragraph 9 of lease document. *original lease 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?
Dustin J Eaton	3/9/74	3700 Hwy 191 Forsyth WY 82938	307-273-3075	7	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.

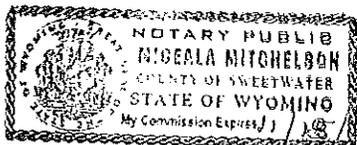
Dated this 7 day of Jan, 2015 Dustin Eaton
 Applicant

THE STATE OF WYOMING
 COUNTY OF Sweetwater } SS.
 Applicant

Subscribed and sworn to before me by Dustin Eaton this 7 day of Jan, 2015.

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

My Commission expires: 11/18/15



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

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: BOCC - March 3, 2015	Name & Title of Presenter: John P. Radosevich Sweetwater County Public Works Director
Department or Organization: Engineering	Contact Phone & E-mail: 307-872-3921
Exact Wording for Agenda: Approval of BLM Right of Way Grant # WYW 87838 for a portion of County Road 4-86 (Exxon Plant Road)- Tabled Previously	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 minutes
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: Board Approval and authorize Chairman to sign all necessary documents
Additional Information:	

- All requests to be added to the agenda will need to be submitted in writing on the "Meeting Request Form" by Wednesday at 12:00 p.m. prior to the scheduled meeting and returned in person or electronically to Clerk Sally Shoemaker at: shoemakers@sweet.wy.us
- All handouts are also due by Wednesday at 12:00 p.m. prior to the scheduled meeting date. Handouts may be submitted to Clerk Sally Shoemaker either in person or electronically. *****If your handout is not accompanied with the request to be added to the agenda, your request will be dismissed and you may reschedule for the next meeting provided the handout(s) are received.*****
- Any documents requiring **Board Action or signature** are considered agenda items and need to be requested in the same manner.
- All **original** documents requesting action or signature must be submitted to Deputy County Clerk Vickie Eastin. However, a **copy** must be submitted to Sally Shoemaker for distribution of the packet and retention.
- As always, if you are unable to attend the meeting after being placed onto an agenda, please send a representative in your place or your item will be rescheduled.
- In order to determine placement on the agenda, please review the county website (www.sweet.wy.us/commissioner) on Thursday afternoon.
- If a request to be placed on an agenda is received **AFTER** the deadline, you will be considered for the next meeting date.
- No handout will be received during a meeting in session.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
RIGHT OF WAY GRANT
RENEWAL
SERIAL NUMBER WYW-087838

1. A right-of-way grant 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:

Sweetwater County
80 West Flaming Gorge Way
Green River, WY 82935

receives a right to operate, maintain, and terminate Sweetwater County Road 4-86, on public lands described as follows:

Sixth Principle Meridian, Sweetwater County, Wyoming

T. 23 N., R. 111 W.,
sec. 31, N $\frac{1}{2}$ SE $\frac{1}{4}$, and SW $\frac{1}{4}$ SE $\frac{1}{4}$;
32, S $\frac{1}{2}$ NE $\frac{1}{4}$, SE $\frac{1}{4}$ NW $\frac{1}{4}$, and N $\frac{1}{2}$ SW $\frac{1}{4}$;
33, S $\frac{1}{2}$ NW $\frac{1}{4}$.

- b. The right-of-way area granted herein is 100 feet wide and 2.1 miles long, containing 25.46 acres, more or less.
- c. This instrument shall terminate on December 31, 2044, 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 shall be subject to the regulations existing at the time of 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 is issued subject to the holder's compliance with all applicable regulations contained in Title 43 Code of Federal Regulations part 2800.
- 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 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 A, dated October 24, 2014, attached hereto, are incorporated into and made a part of this permit 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 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. 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 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 or 2880, 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.

- h. 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.
- i. 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).
- j. The Holder shall comply with all applicable Federal, State and local laws and regulations, existing or hereafter enacted or promulgated, with regard to any Haz Mat, as defined in this paragraph, that will be used, produced, transported or stored on or within the ROW or any of the ROW facilities, or used in the construction, operation, maintenance, or termination of the ROW or any of its facilities.

'Hazardous material' means any substance, pollutant or contaminant that is listed as hazardous under the CERCLA of 1980, as amended, 42 U.S.C. 9601 et seq., and its regulations. The definition of hazardous substances under CERCLA includes any 'Hazardous waste' as defined in the RCRA of 1976, as amended, 42 U.S.C. 6901 et seq. and its regulations. The term hazardous materials, also includes any nuclear or byproduct material as defined by the Atomic Energy Act of 1954, as amended. 42 U.S.C. 2011 et seq. The term does not include petroleum, including crude oil or any fraction thereof that is not otherwise specifically listed or designated as a hazardous substance under CERCLA section 101(14), 42 U.S.C. 9601(14), nor does the term include natural gas.

The Holder of Right-of-Way No. WYW-087838 agrees to indemnify the United States against any liability arising from the release of any hazardous substance or hazardous waste (as these terms are defined in the Comprehensive Environmental Response, Compensation and Liability Act of 1980, 42 U.S.C. 9601, et seq. Or the Resource Conservation and Recovery Act of 1976, 42 U.S.C. 6901 et seq.) On the ROW (unless the release or threatened release is wholly unrelated to the ROW Holder's activity on the ROW). This agreement applies without regard to whether a release is caused by the Holder, its agent, or third parties.

- k. Authorized maintenance and reclamation or any other surface disturbing /disruptive activities are not allowed during the periods from
- March 15 through July 15 for sage grouse nesting habitat;
 - November 15 through April 30 for crucial big game winter range habitat;
 - November 15 through March 14 for sage grouse winter range habitat;
 - February 1 through August 15 for bald eagle nesting habitat.

The Holder may request an exception in writing to the above stipulation. Any exceptions to the stipulation must be approved in writing by the Authorized Officer prior to conducting any surface disturbance or prior to conducting activities disruptive to wildlife. The exception request must explain the reason(s) for the exception, why the proposed activities will not impact the species or their habitat, and the dates for which the exception is requested. Data supporting the exception must accompany the written request.

- 1. Ninety days prior to termination of the right-of-way, the holder shall contact the authorized officer to arrange a joint inspection of the right-of-way. This inspection will be held to agree to an acceptable termination (and rehabilitation) plan. This plan shall include, but is not limited to, removal of facilities, drainage structures, or surface material, recontouring, topsoiling, or seeding. The authorized officer must approve the plan in writing prior to the holder's commencement of any termination activities.

IN WITNESS WHEREOF, The undersigned agrees to the terms and conditions of this right-of-way grant.

(Signature of Holder)

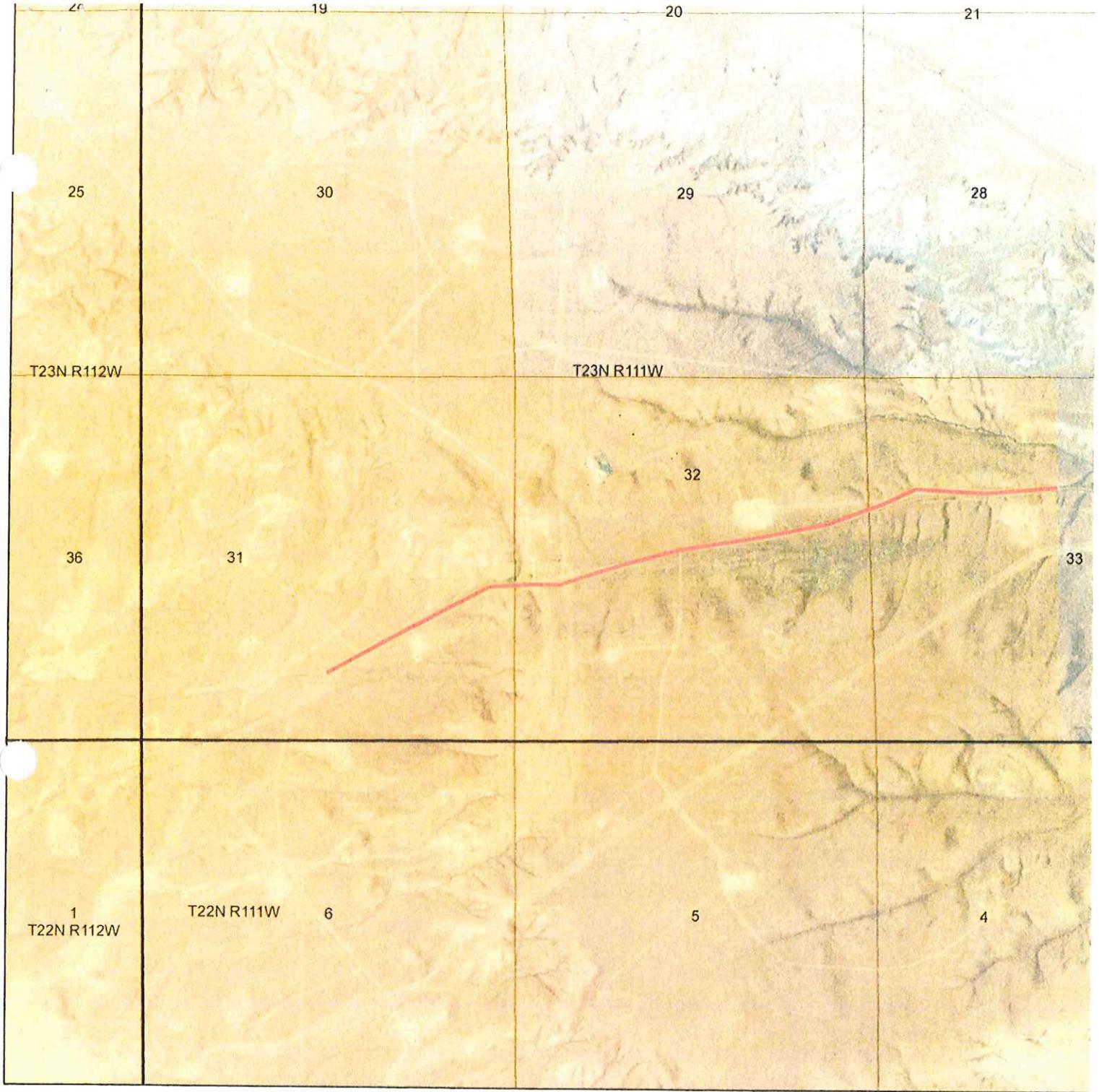
(Signature of Authorized Officer)

(Title)

(Title)

(Date)

(Effective Date of Grant)



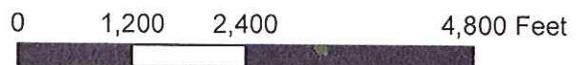
Legend

-  Bureau of Land Management
-  Bureau of Reclamation
-  Private
-  State

Exhibit A
WYW-87838



Sweetwater County, Wyoming
secs 31, 32, 33. T23N, R111W
Portion of County Road 4-86
(Exxon Road)



No warranty is made by the Bureau of Land Management for use of the data for purposes not intended by the BLM.

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: BOCC- March 3, 2015	Name & Title of Presenter: John P. Radosevich Sweetwater County Public Works Director
Department or Organization: Engineering	Contact Phone & E-mail: 307-872-3921
Exact Wording for Agenda: Resolution to vacate remnants of Chilton Road (CR4-17) and Superior Cutoff Road(CR 4-18) due to realignment of both roads.	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 minutes
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: Board Approval and authorize Chairman to sign all necessary documents
Additional Information:	

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RESOLUTION No. 15-03-CC-01

A resolution of the Sweetwater County Commission to realign a portion of Chilton Road(CR4-17), and also the intersection of Superior Cutoff Road(CR4-18), and also to hereby vacate those roadway remnants as shown on the attached "Exhibit A", hereby made a part of, all located in a portion of BLM Section 10: W1/2NE1/4,SE1/4NW1/4, T. 20 N., R.105 W., of the 6th P.M.

The new Chilton Road realignment is more particularly described as follows:
Commencing at the Northeast corner of said Section 10;
Thence N. 89° 42' 00" W.(1909 GLO survey plat record) to the centerline of the existing said Chilton Road;
Thence Southwesterly along the centerline of the existing said Chilton Road, to the Point of Beginning, being the beginning of a curve to the right, having a radius of 1,500 feet;
Thence along said curve, an arc length of 1,764.09 feet, to the end of said curve, and the point of terminus.

Whereas the Sweetwater County Commission desires to realign a portion of said Chilton Road and said intersection; and

Whereas the Sweetwater County Commission desires to vacate said roadway remnants;
Now Therefore, the Sweetwater County Commission hereby approves the new roadway realignment and intersection, and also hereby vacates those said roadway remnants.

Dated this _____ day of March, 2015

The Sweetwater County Commission:

Wally J. Johnson, Chairman

John K. Kolb, Commissioner

Reid O. West, Commissioner

Don Van Matre, Commissioner

Randal M. Wendling, Commissioner

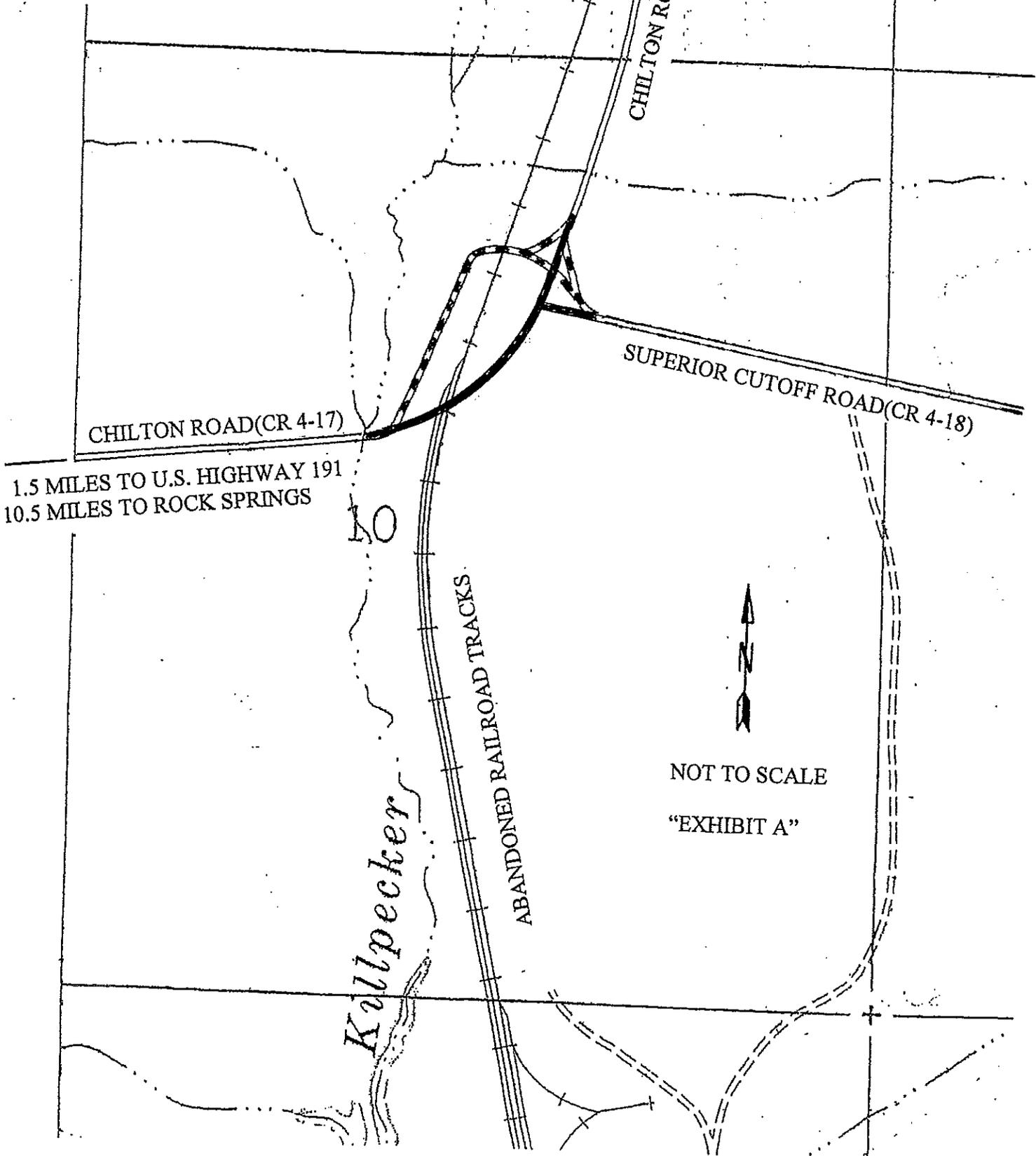
ATTEST:

Dale Davis, Sweetwater County Clerk

T. 20 N., R. 105 W. of the 6th P.M.

LEGEND

-  = NEW ROADWAY ALIGNMENT
-  = OLD ROADWAY TO BE VACATED



1.5 MILES TO U.S. HIGHWAY 191
10.5 MILES TO ROCK SPRINGS

NOT TO SCALE

"EXHIBIT A"

March 3, 2015

To: Bureau of Land Management
Rock Springs Field Office
280 Highway 191 North
Rock Springs, Wyoming 82901

Attention: Patricia Hamilton, Lead Realty Specialist.

This letter is to serve as Notice of Vacation by Sweetwater County, of the old roadway portions at the intersection of Chilton Road(CR 4-17), and Superior Cutoff Road(CR 4-18), as shown on the attached map, being reclaimed per BLM requirements.

The vacated portions are located in a portion of Section 10: W1/2NE1/4,SE1/4NW1/4 of T. 20 N., R. 105 W., of the 6th P.M.

IN WITNESS WHEREOF Sweetwater County, State of Wyoming, through the Sweetwater County Commission, has caused its name to be signed herein and its seal to be affixed hereto by Wally J. Johnson, Chairman of the Sweetwater County Commission, this 3rd day of March, 2015.

Sweetwater County, State of Wyoming

Wally J. Johnson, Chairman
Sweetwater County Commission

ATTEST:

Dale Davis
Sweetwater County Clerk

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: BOCC - March 3, 2015	Name & Title of Presenter: John P. Radosevich Sweetwater County Public Works Director
Department or Organization: Engineering	Contact Phone & E-mail: 307-872-3921
Exact Wording for Agenda: Approval of the CMAQ 2015 Agreement	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 minutes
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: Board Approval and authorize Chairman to sign all necessary documents
Additional Information:	

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Matthew H. Mead
Governor

Wyoming Department of Transportation

"Providing a safe, high quality, and efficient transportation system"

5300 Bishop Boulevard
Cheyenne, Wyoming 82009-3340



John F. Cox
Director

January 30, 2015

Sweetwater County
Attention: John P. Radosevich
80 West Flaming Gorge Way, Suite 23
Green River, WY 82935

RE: Fiscal Year 2015 Congestion Mitigation/Air Quality (CMAQ) Agreement

Dear Mr. Radosevich,

Enclosed you will find the Fiscal Year 2015 CMAQ Agreement for the County Road Dust Control project.

Sweetwater County has been awarded at total of \$375,000 (including local match) in CMAQ funding. Sweetwater County will be required to pay twenty percent (20%) of every submitted reimbursement request.

Please be sure to have the Commission Chairman, along with an attest, sign both copies of the original Agreement and send the information back to our office for processing. Copies of the information will be sent, as well as an official notice to proceed on the first stage of the project, when all signatures have been received. The county may not request reimbursement for any funds expended prior to the date of a notice to proceed.

Thank you in advance for your assistance, I look forward to working with you throughout the entirety of the project. If you should have any questions throughout this process, please feel free to contact me at 307-777-4862.

Sincerely,



Mariah L. Johnson
Local Programs Specialist

Enclosure(s)

Cc: Keith Compton, P.E. – WYDOT District Engineer



**CONGESTION MITIGATION/AIR QUALITY (CMAQ) AGREEMENT
FY2015
BETWEEN THE
WYOMING DEPARTMENT OF TRANSPORTATION
AND THE
BOARD OF SWEETWATER COUNTY COMMISSIONERS**

Federal Award Information	
CFDA No.: 20.205	CFDA Title: Highway Planning and Construction
Award Name: Congestion Mitigation/Air Quality	Awarding Federal Agency: Federal Highway Administration
WYDOT Award Information	
Agreement No.: CD15008	Project No.: CMAQ 0.00 CM15008
Amount of Federal Funding Awarded: \$300,000	
Recipient DUNS: 03-380-2513	Recipient County: Sweetwater
WYDOT Program Mgr.: Sara Janes	Telephone: (307) 777-3938 Email: sara.janes@wyo.gov
WYDOT Contact for Confirmation of Funds: Barbara MacKenzie, Financial Services, Revenue	Telephone: (307) 777-4039 Email: barbara.mackenzie@wyo.gov

1. **Parties.** The parties to this Agreement are the Wyoming Department of Transportation, hereinafter referred to as "WYDOT", whose address is 5300 Bishop Blvd., Cheyenne, Wyoming 82009, and the Board of Sweetwater County Commissioners, hereinafter referred to as the "Sponsor", whose address is, 80 West Flaming Gorge Way, Ste 23, Green River, Wyoming 82935-4252.
2. **Purpose.** The purpose of this Agreement is to provide for federal funding for a dust suppression project administered by the County, and to outline the terms, conditions and mutual understandings of the parties as to the manner in which the Project will be undertaken and completed.
3. **Term of Agreement.** This Agreement shall commence upon the day and date last signed and executed by the duly authorized representatives of the parties to this Agreement and shall remain in full force and effect until terminated. This Agreement may be terminated, without cause, by either party upon 30 days written notice, which notice shall be delivered by hand or certified mail.
4. **In consideration of the mutual covenants herein set forth, WYDOT and the Sponsor agree as to the following General Conditions:**
 - a. **Project Scope.** The Sponsor shall undertake and complete the Project as described and set forth in the "Project Modification Letter" dated December 31,

2014, which is included as Attachment "A" and in accordance with terms and conditions of this Agreement.

a. Responsibility of Sponsor. Sponsor shall:

- i. Complete all administrative requirements, including having at least one LPA certified staff member;
- ii. Select consultants based on qualifications, utilizing WYDOT's help if needed;
- iii. Submit Plans, Specifications and Estimates along with bid documents to WYDOT LGC Office for review and concurrence prior to project advertisement;
- iv. Submit bid tabulations to WYDOT LGC Office for review and concurrence prior to awarding project;
- v. Monitor project progress and submit reimbursement requests to WYDOT's LGC office at least once per quarter; and
- vi. After final bill is paid, submit it for reimbursement to WYDOT LGC office with Completion and Acceptance Certificate

b. Responsibility of WYDOT. WYDOT will:

- i. Assist with consultant selection process;
- ii. Review plans and specifications for compliance;
- iii. Review bid tabulations prior to project being awarded;
- iv. Provide ongoing support through construction, including possible site inspections and reimbursement processing; and
- v. Ensure project acceptance and completion and process final reimbursement

b. Period of Performance. The Sponsor shall commence and complete the project in a professional, economical and efficient manner by September 30, 2016. Project work shall commence upon receipt of a Notice to Proceed. The Notice to Proceed shall be issued by WYDOT once the Agreement has been executed by both parties, an Authorization for Expenditure (AFE) is issued by WYDOT, all environmental work has been completed and any additional requirements of the Federal Highway Administration (FHWA) have been completed. In the event of unusual or unexpected project delay, the Sponsor may submit a request WYDOT for an extension of time to complete the project. The request shall be in writing to the WYDOT Local Government Coordination Office. Failure of the Sponsor to perform its duties within the time frame herein agreed to may constitute a termination of Agreement, at WYDOT's discretion. If the project is terminated, the Sponsor shall return any and all federal funds that have been paid to the project Sponsor.

c. Design Review and Approval and Consultant Selection. All project design to include engineering, architectural and landscape architectural plans, specifications and contract documents shall be prepared under the supervision of a qualified professional engineer or architect licensed to perform such work in the State of Wyoming. An appropriate level of environmental, historical and/or Sec. 4(f)



review and mitigation statement shall be submitted to the WYDOT Local Government Coordinator. A Categorical Exclusion issued by the Federal Highway Administration, if applicable, is required prior to the Sponsor's construction contract award. Projects completed within existing right-of-way may be eligible for inclusion in the Programmatic Categorical Exclusion issued by WYDOT Environmental Services. The WYDOT Local Government Coordination Office shall receive a copy of such plans and project contract documents and review and approve the same prior to the Sponsor's proceeding with construction bidding, contracting or other construction authorization under this Agreement. The consultant selection process shall comply with the Brooks Act, 40 USC 1101*et seq.* with guidance included in WYDOT Operating Policy 40-1.

d. Federal and State Required Contract Provision. The Sponsor shall determine which of the following provisions are applicable and shall ensure compliance with all applicable provisions:

- Environmental Documentation: contract documents shall include the appropriate level of environmental review and analysis, to include mitigation assessment where required.
- National Historic Preservation Act (106 process): for projects involving historic or archaeological sites, the contract documents shall include the appropriate review and mitigation assessment.
- Design Exceptions: contract documents must note any design exceptions; no exceptions are available for compliance with the American with Disabilities Act (ADA).
- Patented and Proprietary Products: contracts requiring the use of a patented or proprietary material, specification, or process, shall be prohibited unless: the item is purchased or obtained through competitive bidding with equally suitable unpatented items, or WYDOT certifies through a public interest finding that the patented or proprietary item is: necessary for synchronization with existing facilities or a unique product for which there is no equally suitable alternative.
- Buy America Provisions: requires the use of American steel and iron products, when specified.
- Disadvantage Business Enterprises (DBE): DBE efforts shall be included in the project file, using the Form "E-91LPA" to document the bid solicitation, and to assure that the action taken is in compliance with this request. Written proof of compliance to this request should be available when requested.
- Required Federal Contract Provisions: The Form FHWA-1273 provisions apply to all work performed on the contract including work performed by subcontract. All contract documents shall include Form FHWA-1273 provisions. The Form FHWA-1273 provisions are required to be physically incorporated into each subcontract and subsequent lower tier subcontracts and shall not be incorporated by reference. The prime contractor is responsible for compliance with the Form FHWA-1273



requirements by all subcontractors and lower tier subcontractors. Failure to comply with the Required Contract Provisions may be considered as grounds for contract termination. Furthermore, failure to incorporate the Form FHWA-1273 into all subcontracts or failure to comply with the requirements of Section IV, Payment of Predetermined Minimum Wage and Section V, Statements and Payrolls, may be considered as grounds for debarment under 29 CFR 5.12.

- Manual of Uniform Traffic Control Devices (MUTCD): signing and pavement striping of public roads must meet MUTCD criteria. Projects which intersect with public roadways must be appropriately signed during the construction stage. Permanent safety signing should be identified on a separate plan sheet in the contract documents.
 - Labor Rates: contract documents must include provisions for the compliance with Davis-Bacon as outlined in the Form FHWA-1273.
 - Equipment/Materials/Labor Cost Determination: unless supported by appropriate cost effectiveness determination, the use of public owned equipment, material or labor will not be allowed. To be eligible, such costs must comply with effective hourly schedules and supported by a Public Interest Finding.
- e. **Prohibited Interest.** No member, officer or employee of the Sponsor during his tenure or one year thereafter shall have any interest, direct or indirect, in this Agreement or the Proceeds thereof.
- f. **Project Abandonment.** Should the Sponsor abandon the project prior to completion, or if the project is not let to construction within two years of the completion of the design due to the delay or actions by the Sponsor, the Sponsor shall reimburse WYDOT for the entire cost, including any Federal Aid portion of the work completed at the time of abandonment.
- g. **Project Administration.** Project administration must be performed by a public employee to be in responsible charge. The Sponsor shall appoint a public employee as the project administrator who is accountable for the project. The project administrator shall have a current certification from WYDOT under the WYDOT Local Project Administration (LPA) Certification Program.
- Project administration costs are eligible for reimbursement under this program on an 80/20 percent matching ratio and must remain within the total project cost. Reimbursements for the federal portion of the project (80 percent) shall be submitted on WYDOT Form LGC-CR, Project Cost Reimbursement Statement, signed by the authorized Sponsor representatives and approved by the WYDOT Local Government Coordination Office.
- h. **Project Contracting and Construction.** Project work shall be performed by individuals, partnerships, corporations or other business entities who are duly qualified to do business in the State of Wyoming and who have secured all licenses and permits required by applicable state laws, county regulations, and



city ordinances. Since federal funds are involved in the project, no in-State preference will apply for materials, labor, contracts or subcontracts. Bid analysis shall be performed to ensure balanced unit bidding. WYDOT reserves the right to review all contract bids prior to contract award. Upon notification of WYDOT approval of the project design documents, issuance of a Categorical Exclusion (if applicable), and a written Notice to Proceed, the Sponsor may proceed with open, public competitive bidding for project construction. Such project bidding shall follow accepted municipal and county bidding procedures, including public advertising. Extra work/claims must be within the scope of contract.

- i. **Project and Final Inspections.** Project inspections shall be conducted by the Sponsor or authorized representatives. WYDOT representatives may inspect the project at their discretion. The Sponsor shall notify WYDOT of final inspection and a WYDOT representative may accompany the Sponsor's representative on the final inspection. Prior to the final payment (normally the final 10 percent), the Sponsor shall notify WYDOT that the project has been completed in substantial conformance with the plans and specifications, including compliance with Wyo. Stat. § 16-6-116 [Final Settlement and Payment]. Additionally, the Sponsor shall complete WYDOT Acceptance Certificate and Final Completion Form, which shall accompany the final reimbursement payment request.
- j. **Project Funding.** Federal funding for this project will not exceed \$300,000. In accordance with WYDOT's policies, a program match requirement of 80 percent of federal and 20 percent local share of the project costs shall apply. Project total cost exceeding project estimate of \$375,000 (including local match) shall be borne by the Sponsor.

CMAQ is funded on a reimbursement basis. No funds will be paid by WYDOT prior to being paid first by the Sponsor. All requests for payment must be submitted to WYDOT's LGC Office on the LPA – CR form that will be supplied to the Sponsor. Reimbursement requests must also include all applicable supporting documentation including: copies of invoices to be reimbursed and proof of payment by the Sponsor.

Reimbursement requests will be accepted on a monthly basis and must be submitted no less frequently than once every three months in order for the project to remain active and to avoid the risk of federal funds being rescinded. If no financial activity occurs in a given quarter, the Sponsor shall notify WYDOT's LGC Office in writing of the status and schedule of the project.

This Agreement is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) of 2006. As the prime recipient of these funds, WYDOT will report the required information to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS). The FFATA requires any person or entity receiving contract or grant funds directly from the federal government to report certain information regarding those funds through a centralized website, www.fsr.gov. The law requires that you provide



your Data Universal Numbering System (DUNS) number to WYDOT. This requirement means you need to be registered with DUNS and Bradstreet. Instructions for this process can be found at www.dnb.com. Additional information regarding this Act may be found at the following sites:

<http://edocket.access.gpo.gov/2010/pdf/2010-22705.pdf>

and

<http://edocket.access.gpo.gov/2010/pdf/2010-22706.pdf>.

- k. **Project Maintenance.** Project maintenance and perpetual care shall be the responsibility of the Sponsor.
- l. **Public Interest Finding.** If the Sponsor elects to use Force Account work (materials and/or labor) as its local match or a portion of its local match, such a determination requires the Sponsor to make a finding in the public interest. Such a public interest finding must not exceed \$50,000. Prior to the use of Force Account work, the Sponsor must complete a Public Interest Finding on WYDOT Form LGC-PIF (included in Sponsor's Project Packet). WYDOT Form LGC-PIF must be submitted by the Sponsor for approval by the WYDOT Local Government Coordination Office.
- m. **Restrictions, Prohibitions, Controls and Labor Provisions**
 - i. **Equal Employment Opportunity.** In connection with the carrying out of the Project, the Sponsor shall not discriminate against any employee or applicant for employment because of race, color, age, creed, sex, national origin or disability. The Sponsor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, age, national origin or disability. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.
 - ii. **Disadvantaged Business Enterprise (DBE) Requirements.**
 - 1. **Policy.** It is the policy of WYDOT that Disadvantaged Business Enterprises, defined as Minority Business Enterprises and Woman Business Enterprises, shall have the maximum opportunity to participate in the performance of contracts financed in whole or in part with Federal funds under this Agreement.
 - 2. **DBE Obligation.** The Sponsor or its contractor agrees to ensure that Disadvantaged Business Enterprises as defined in 49 CFR Part 26 have the maximum opportunity to participate in the performance of contracts and subcontracts financed in whole or in part with Federal funds provided under this Agreement. In this regard, the Sponsor shall take all necessary and reasonable steps in accordance with 49 CFR Part 26 to ensure that DBE's have the maximum opportunity to compete for and perform contracts. The



Sponsor and their contractors shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of WYDOT assisted Contracts.

- iii. Title VI Civil Rights Act of 1964. The Sponsor shall comply and shall assure the compliance by contractors and subcontractors under this Project with all the requirements imposed by Title VI of the Civil Rights Act of 1964 (49 U.S.C. 2000d), the Regulations of the Department of Transportation (DOT) issued there under, 49 CFR Part 21, and the Assurance by the Sponsor pursuant thereto.
- iv. Compliance with Elderly and Disabled Regulations. The Sponsor shall comply with applicable regulations regarding transportation for Elderly and Disabled persons, set forth in 49 CFR Part 27 and the Americans with Disabilities Act of 1990.
- n. **Right-of-Way and Utilities.** Prior to proceeding with project bidding, the Sponsor must submit to the WYDOT District Engineer a completed Right-of-Way and Utility Certificate, if applicable, indicating clearance of right-of-way and utilities for the project. Right-of-Way and Utility Clearance is the Sponsor's responsibility. All acquisition of private property and relocation of displaced individuals and businesses shall be in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, P.L. 91-646, (Uniform Act) and the regulations of 49 CFR Part 24.

5. General Provisions

- a. **Amendments.** Either party may request changes in this Agreement. Any changes, modifications, revisions or amendments to this Agreement which are mutually agreed upon by and between the parties to this Agreement shall be incorporated by written instrument, executed and signed by all parties to this Agreement.
- b. **Americans with Disabilities Act.** The Sponsor shall not discriminate against a qualified individual with a disability and shall comply with the Americans with Disabilities Act, P.L. 101-336, 42 U.S.C. 12101, *et seq.*, and/or any properly promulgated rules and regulations related thereto.
- c. **Applicable Law and Venue.** The construction, interpretation and enforcement of this Agreement shall be governed by the laws of the State of Wyoming. The Courts of the State of Wyoming shall have jurisdiction over this Agreement and the parties, and the venue shall be the First Judicial District, Laramie County, Wyoming.
- d. **Assignment/Agreement Not Used as Collateral.** Neither party shall assign nor otherwise transfer any of the rights or delegate any of the duties set forth in this Agreement without the prior written consent of the other party. The Sponsor shall not use this Agreement, or any portion thereof, for collateral for any financial obligation without the prior written permission of WYDOT.



- e. **Assumption of Risk.** The Sponsor shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to its failure to comply with state or federal requirements. WYDOT will notify the Sponsor of any state or federal determination of noncompliance.
- f. **Audit/Access to Records.** This Agreement is considered a pass-through Agreement and must follow the Office of Management and Budget (OMB) Circular A-133 which requires Sponsors that expend \$500,000 or more in total Federal awards during their fiscal year to:
- Have a single audit or program-specific audit conducted; and
 - The audit must be submitted to the Federal Audit Clearinghouse within the earlier of 30 days after receipt of the auditor's report(s), or within 9 months after the end of the audit period, unless a longer period is agreed to in advance by the Federal agency that provided the funding or a different period is specified in a program-specific audit guide.
 - No audit costs may be charged to Federal awards when required audits have not been made or have been made but not in accordance with OMB Circular A-133. In cases of inability or unwillingness to have an audit conducted in accordance with OMB Circular A-133, Federal agencies and pass-through entities shall take appropriate action using sanctions as follows:
 - Withholding a percentage of Federal awards until the audit is completed satisfactorily;
 - Withholding or disallowing overhead costs;
 - Suspending Federal awards until the audit is conducted; or
 - Terminating the Federal award.

In addition to the above requirements, WYDOT Internal Review requires Sponsors to:

- Provide a certification letter to WYDOT that states:
 - If the above-mentioned audit was conducted,
 - If the schedule of findings and questioned costs disclosed any audit findings related to WYDOT funding, and
 - If the summary schedule of prior audit findings reported on the status of any audit findings related to WYDOT funding.
- Provide WYDOT with a copy of the Sponsor's audit report and corrective action plan only when the audit report includes material findings related to WYDOT funding.

A copy of the certification and/or audit report should be sent to:

Wyoming Department of Transportation
Internal Review Services
5300 Bishop Boulevard
Cheyenne, Wyoming 82009-3340



The Sponsor may be subject to monitoring activities by WYDOT including on-site visits, review of supporting documents, and limited scope audits. The Sponsor shall permit independent auditors, Federal personnel and WYDOT auditors, access to any pertinent books, documents, papers, and records necessary to perform monitoring of activities. The Sponsor shall keep audit reports and audit documents on file for three years after the project is complete.

- g. Availability of Funds.** Each payment obligation of WYDOT is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation. If funds are not allocated and available for the continuance of the services performed by the Sponsor, this Agreement may be terminated by WYDOT at the end of the period for which the funds are available. WYDOT will notify the Sponsor at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to WYDOT in the event this provision is exercised, and WYDOT will not be obligated or liable for any future payments due or for any damages as a result of termination under this section. This provision shall not be construed to permit WYDOT to terminate this Agreement in order to acquire similar services from another party.
- h. Compliance with Law.** The Sponsor shall keep informed of and comply with all applicable, Federal, State and local laws and regulations in the performance of this Agreement.
- i. Entirety of Agreement.** This Agreement, consisting of 12 pages, Attachment "A", consisting of 1 pages, and Attachment "B", consisting of 1 pages represent the entire and integrated Agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.
- j. Human Trafficking.** If required by 22 U.S.C. 7104(g) and 2 CFR Part 175, this Agreement may be terminated without penalty if a private entity that receives funds under this Agreement:

 - i.** Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
 - ii.** Procures a commercial sex act during the period of time that the award is in effect; or
 - iii.** Uses forced labor in the performance of the award or subawards under the award.
- k. Indemnification.** The Sponsor shall indemnify, defend and hold harmless the State of Wyoming, WYDOT, and their officers, agents, employees, successors and assignees from any and all claims, lawsuits, losses and liability arising out of the Sponsor's failure to perform any of Sponsor's duties and obligations hereunder or in connection with the negligent performance of the Sponsor's duties or obligations, including but not limited to any claims, lawsuits, losses or liability arising out of the Sponsor's malpractice.



- l. Kickbacks**
- i.** The Sponsor shall comply with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in the Department of Labor Regulations (29 CFR, Part 3). This Act provides that the Sponsor is prohibited from inducing by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he is otherwise entitled.
 - ii.** The Sponsor certifies and warrants that no gratuities, kickbacks or contingency fees were paid in connection with this Agreement, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Agreement.
 - iii.** No staff member of the Sponsor shall engage in any contract or activity which would constitute a conflict of interest as related to this Agreement.
 - iv.** If the Sponsor breaches or violates this warranty, WYDOT may, at its discretion, terminate this Agreement without liability to WYDOT, or deduct from the agreement price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.
- m. Limitations on Lobbying Activities.** In accordance with P.L. 101-121, payments made from a federal grant shall not be utilized by the Sponsor or its subsponsors in connection with lobbying Congressmen, or any federal agency in connection with the award of a federal grant, contract, cooperative agreement or loan. The Sponsor and its subsponsors shall submit a certification statement and disclosure form acceptable to WYDOT prior to commencement of any work.
- n. Nondiscrimination.** The Sponsor shall comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105 *et seq.*), the Americans with Disabilities Act (ADA), 42 U.S.C. 12101, *et seq.* and the Age Discrimination Act of 1975. The Sponsor shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin or disability in connection with the performance of this Agreement. In reference to Title VI Policy, WYDOT's Civil Rights Program is responsible for initiating and monitoring Title VI activities, preparing required reports and other WYDOT responsibilities as required by 23 Code of Federal Regulation (CFR) 200 and 49 Code of Federal Regulation 21.
- o. Notices.** All notices arising out of, or from, the provisions of this Agreement shall be in writing and given to the parties at the address provided under this Agreement, either delivered by hand or certified mail.
- p. Prior Approval.** This Agreement shall not be binding upon either party unless this Agreement is approved as to form by the Attorney General or his representative.
- q. Publicity.** Publicity given to the project or services provided herein, including notices, information, pamphlets, press releases, research, reports, signs, and



similar public notices prepared by or for the Sponsor and related to the services and work to be performed under this Agreement, shall identify WYDOT as the sponsoring agency and shall provide a copy of what was shared with WYDOT.

- r. **Severability.** Should any portion of this Agreement be judicially determined to be illegal or unenforceable, the remainder of this Agreement shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.
- s. **Sovereign Immunity.** The State of Wyoming and WYDOT do not waive sovereign immunity by entering into this Agreement and the Sponsor does not waive governmental immunity, and each specifically retains all immunities and defenses available to them as sovereigns or governmental entities pursuant to Wyo. Stat. § 1-39-101, *et seq.* and all other applicable law. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Agreement shall not be strictly construed, either against or for either party, except that any ambiguity as to sovereign immunity shall be construed in favor of sovereign immunity.
- t. **Suspension and Debarment.** By signing this Agreement, the Sponsor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction nor from federal financial or non-financial assistance, nor are any of the participants involved in the execution of this Agreement suspended, debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension) and CFR 44 Part 17, or are on the disbarred vendors list at www.sam.gov. Further, the Sponsor agrees to notify WYDOT by certified mail should it or any of its agents become debarred, suspended, or voluntarily excluded during the term of this Agreement.
- u. **Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third party beneficiary, and this Agreement shall not be construed so as to create such status. The rights, duties and obligations contained in this Agreement shall operate only between the parties to this Agreement and shall inure solely to the benefit of the parties to this Agreement. The provisions of this Agreement are intended only to assist the parties in determining and performing their obligations under this Agreement.

The terms of this Agreement, and any amendments thereto, shall be binding upon and inure to the parties hereto, their administrators and successors.

“THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK”



6. **Signatures.** In witness whereof, the parties to this Agreement, either personally or through their duly authorized representatives, have executed this Agreement on the day and date set out below and certify that they have read, understood, and agreed to the terms and conditions of this Agreement.

The effective date of this Agreement is the day and date last signed and executed by the duly authorized representatives of the parties to this Agreement shown below.

ATTEST:

Name

Title

(SEAL)

**Board of Sweetwater County
Commissioners:**

By: _____
Wally J. Johnson, Chairman

Printed Name

Date

ATTEST:

Sandra J. Scott, Secretary
Transportation Commission of Wyoming

(SEAL)

**WYOMING DEPARTMENT OF
TRANSPORTATION:**

By: _____
Del McOmie, P.E., Chief Engineer

Date

Approved as to form:

By: _____
Michael T. Kahler
Senior Assistant Attorney General
State of Wyoming

Date agreement prepared: 1/23/15



Attachement "A"
S WEETWATE **R**
C·O·U·N·T·Y

December 31, 2014

Mariah L. Johnson
Local Programs Specialist
Wyoming Department of Transportation
Office of Local Government Coordination
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

Re: Modified Description for Sweetwater County CMAQ 2015 Project

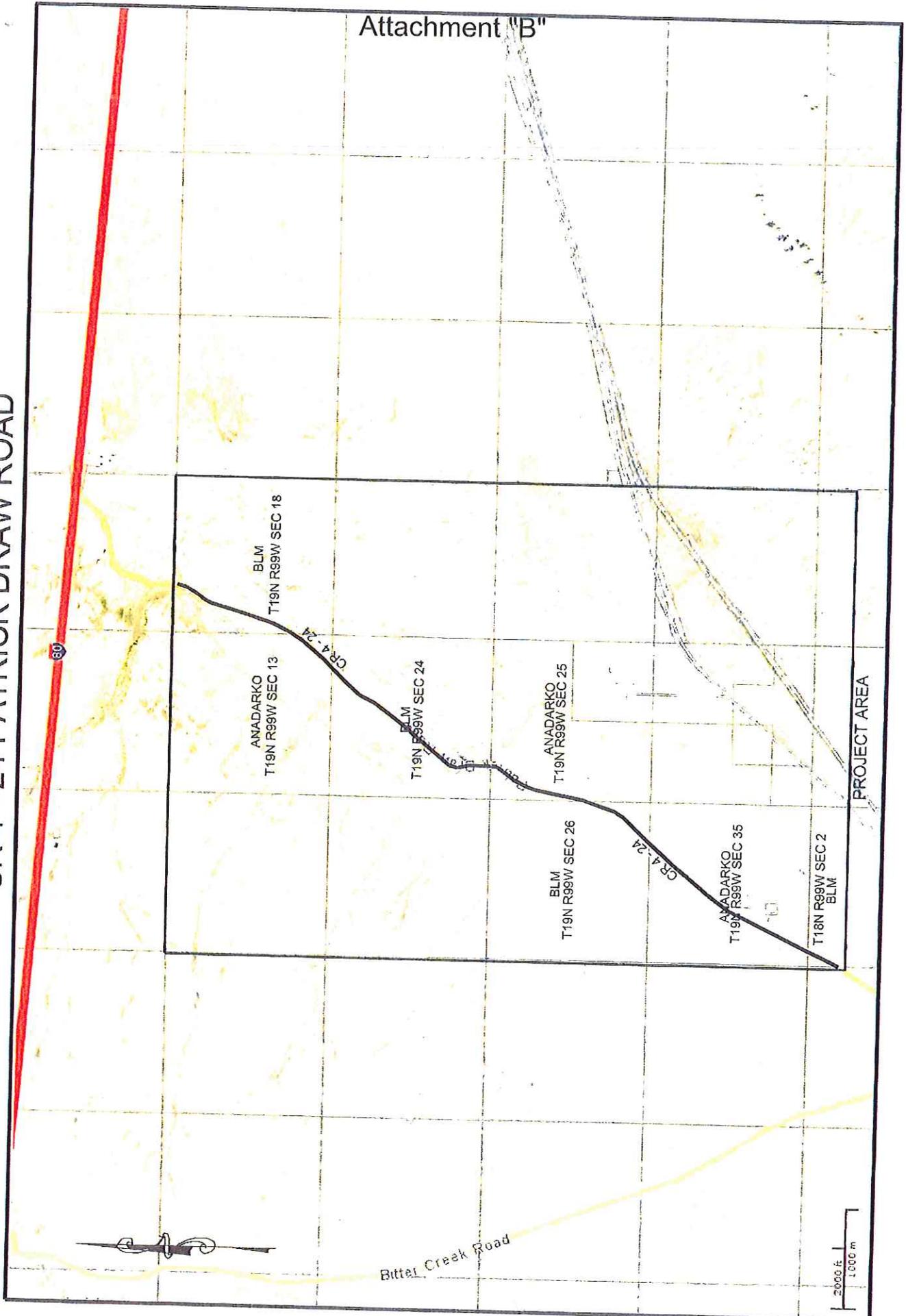
Dear Mariah,

The modified description for the above stated project is to place 6" of crushed base on approximately 1.6 miles of County Road 4-24 (Patrick Draw Road) between MP 2.0 and MP 6.0. The dust suppression activity for this project will include placement of Grading "W" crushed base to the existing roadway and Magnesium Chloride applied to the surface of the new crushed base. If you have any questions or need additional information, please let me know.

Thank you very much,
Sincerely

John P. Radosevich, P.E.
Sweetwater County Public Works Director
80 West Flaming Gorge Way, Suite 23
Green River, WY 82935
p: 307-872-3920 or 922-5428 / f: 307-872-3991

CR 4 - 24 PATRICK DRAW ROAD



BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: BOCC- March 3, 2015	Name & Title of Presenter: John P. Radosevich Sweetwater County Public Works Director
Department or Organization: Sweetwater County Fire Department	Contact Phone & E-mail: 307-872-3921
Exact Wording for Agenda: Discussion on storage, maintainence, and use of Sweetwater County's mobile air unit.	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 minutes <i>a.m.</i>
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: No-Approval of Board by motion
Additional Information:	

- All requests to be added to the agenda will need to be submitted in writing on the "Meeting Request Form" by Wednesday at 12:00 p.m. prior to the scheduled meeting and returned in person or electronically to Clerk Sally Shoemaker at: shoemakers@sweet.wy.us
- All handouts are also due by Wednesday at 12:00 p.m. prior to the scheduled meeting date. Handouts may be submitted to Clerk Sally Shoemaker either in person or electronically. *****If your handout is not accompanied with the request to be added to the agenda, your request will be dismissed and you may reschedule for the next meeting provided the handout(s) are received.*****
- Any documents requiring **Board Action** or **signature** are considered agenda items and need to be requested in the same manner.
- All **original** documents requesting action or signature must be submitted to Deputy County Clerk Vickie Eastin. However, a **copy** must be submitted to Sally Shoemaker for distribution of the packet and retention.
- As always, if you are unable to attend the meeting after being placed onto an agenda, please send a representative in your place or your item will be rescheduled.
- In order to determine placement on the agenda, please review the county website (www.sweet.wy.us/commissioner) on Thursday afternoon.
- If a request to be placed on an agenda is received **AFTER** the deadline, you will be considered for the next meeting date.
- No handout will be received during a meeting in session.



Sweetwater County Fire District #1

3010 College Drive
Rock Springs, WY 82901

Sweetwater County Commission
80 West Flaming Gorge Way
Green River, WY 82935

February 9, 2015

Dear Sweetwater County Commissioners:

In conversations that Sweetwater County Fire District #1 (Fire District #1) has had the past several weeks with Mr. John Radosevich, he has stated that the Sweetwater County Fire Department (Fire Department) is interested in Fire District #1 housing the Fire Department's mobile air unit. Fire District #1 is interested in this opportunity to share the equipment with the county Fire Department.

Fire District #1 would like to propose to the Sweetwater County Commissioners that Fire District #1 will house, maintain, test, and service the mobile air unit in return for the use of the trailer at emergency scenes and training. If approved, the mobile air unit will be available for use by the Fire Department as well as other Sweetwater County emergency agencies.

Thank you for considering Fire District #1 for this opportunity. Please feel free to contact me at the station with any further questions or concerns.

Thank you.

Scott Kitchner
Assistant Chief

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

<p>Date Requested: March 3, 2015</p>	<p>Name & Title of Presenter: Krisena Marchal, Grants Manager</p>
<p>Department or Organization: Grants Admin</p>	<p>Contact Phone & E-mail: Krisena Marchal x3888 marchalk@sweet.wy.us</p>
<p>Exact Wording for Agenda: Approval of the Court Security Grant Resolution and Application</p>	<p>Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 minutes</p>
<p>Will there be Handouts? (If yes, include with meeting request form) Yes</p>	<p>Will handouts require SIGNATURES: Yes - by the Chairman</p>
<p>Additional Information:</p> <p>Please see executive summary on the next page for further information.</p> <p>REQUESTED ACTION: Motion to approve Resolution 15-03-GR-01, and authorize the Chairman to sign, all documents related to the Court Security Grant Application.</p>	

Resolution No. 15-03-GR-01

Entitled: A RESOLUTION AUTHORIZING SUBMISSION OF A FEDERAL MINERAL ROYALTY CAPITAL CONSTRUCTION ACCOUNT GRANT APPLICATION TO THE STATE LOAN AND INVESTMENT BOARD ON BEHALF OF THE GOVERNING BODY FOR THE COUNTY OF SWEETWATER

(name of applicant)

FOR THE PURPOSE OF (state purpose of project): providing superior judicial justice services for the entire

population by removing significant security and safety risks, and eliminating physical inadequacies and

deficiencies through the construction of the Sweetwater County Circuit Court Justice Center.

WITNESSETH

WHEREAS, the Governing Body for the COUNTY OF SWEETWATER

(name of applicant)

desires to participate in the FEDERAL MINERAL ROYALTY CAPITAL CONSTRUCTION ACCOUNT GRANT program to assist in financing this project; and

WHEREAS, the Governing Body of the COUNTY OF SWEETWATER

(name of applicant)

recognizes the need for the project; and

WHEREAS, the Federal Mineral Royalty Capital Construction Account Grant program requires that certain criteria be met, as described in the State Loan and Investment Board's Rules and Regulations governing the program, and to the best of our knowledge this application meets those criteria; and

WHEREAS, the Governing Body of the COUNTY OF SWEETWATER

(name of applicant)

plans to match the requested Federal Mineral Royalty Capital Construction Account Grant from the following source(s): (describe the source and status of all matching funds):

(1) Approved Match \$3,434,485 = County General Fund (Approved in the FY 2015 Budget)

(2) Approved Overage Cost = Combination of MRG 09169 (\$454,507) and County Reserves (\$12,176,523)

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE

COUNTY OF SWEETWATER

(name of applicant)

, that a grant application in the amount of

\$ \$3,434,485.00 be submitted to the State Loan and Investment Board for consideration

at the 04-Sep-2015 to assist in funding the Sweetwater County Circuit Court Justice Center

(date of grant meeting)

(name of project)

BE IT FURTHER RESOLVED, that Krisena Marchal and Chuck Radosevich

(name and title of persons)

are hereby designated as the authorized representatives of the COUNTY OF SWEETWATER

(name of applicant)

to act on behalf of the Governing Body on all matters relating to this grant application.

PASSED, APPROVED AND ADOPTED THIS 3 day of March, 2015

(signature)

Wally J. Johnson, Chairman

(name and title)

Attest:

(signature)

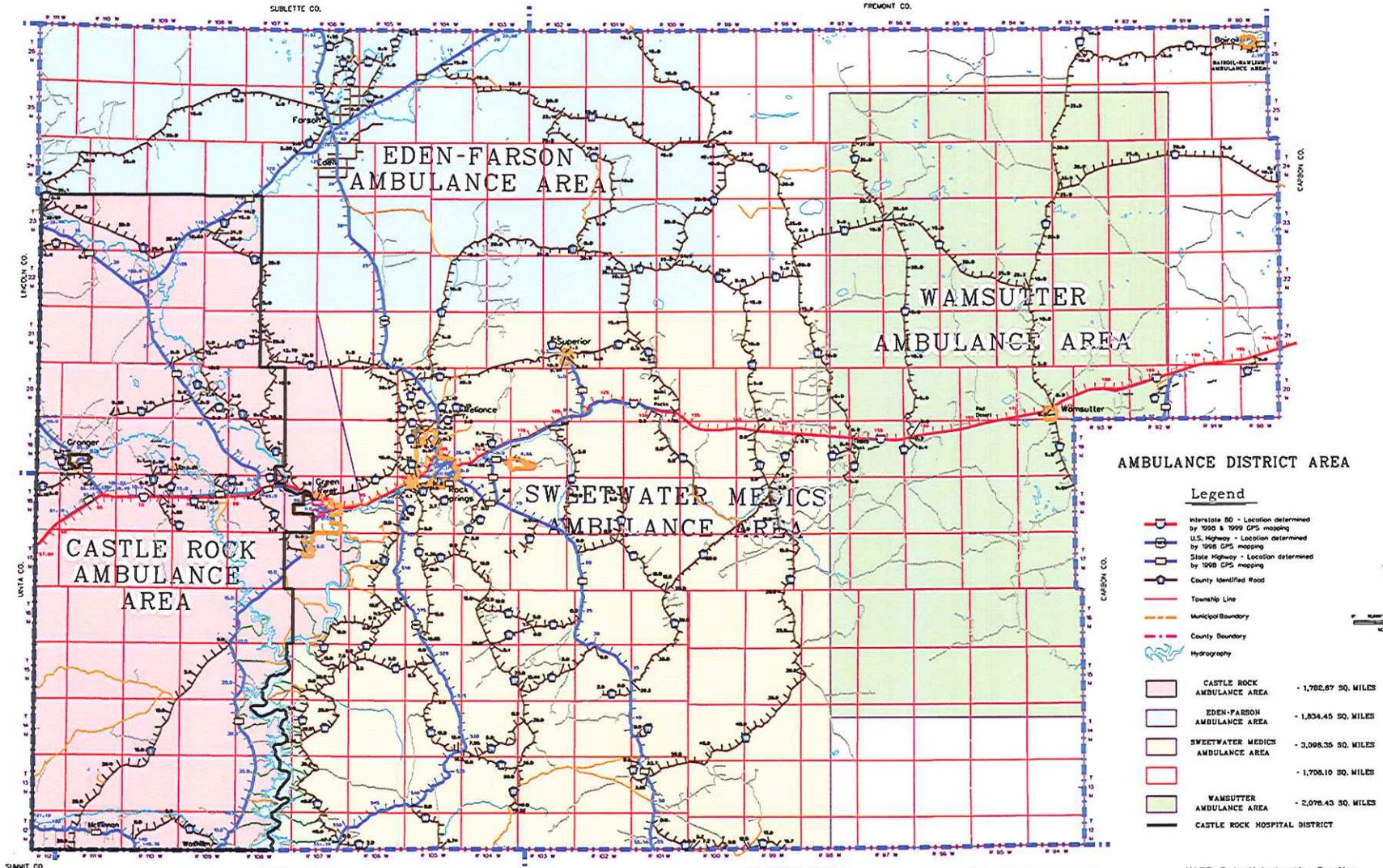
Steven Dale Davis, County Clerk

(name and title)

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Date Requested: March 3, 2015	Name & Title of Presenter: Krisena Marchal, Grants Manager Scott Kitchner, Chairman
Department or Organization: Grants Admin Ambulance Service Board for SWCo	Contact Phone & E-mail: Krisena Marchal x3888 marchalk@sweet.wy.us
Exact Wording for Agenda: Emergency Medical Services (EMS) Needs Assessment Grant	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 10 minutes
Will there be Handouts? (If yes, include with meeting request form) Yes	Will handouts require SIGNATURES: No
Additional Information: <p>Please see executive summary on the next page for further information.</p> <p>REQUESTED ACTION: Motion to sponsor the Emergency Medical Services Needs Assessment Grant, pay the required \$5,000 match, and authorize the Chairman to sign any related documents for the grant application.</p>	

AMBULANCE DISTRICT AREA - 1ST CALL OUT



AMBULANCE DISTRICT AREA

Legend

- Interstate 80 - Location determined by 1995 & 1999 GPS mapping
- U.S. Highway - Location determined by 1995 GPS mapping
- State Highway - Location determined by 1995 GPS mapping
- County Identified Road
- Township Line
- Municipal Boundary
- County Boundary
- Hydrography

- CASTLE ROCK AMBULANCE AREA - 1,782.87 SQ. MILES
- EDEN-FARSON AMBULANCE AREA - 1,834.45 SQ. MILES
- SWEETWATER MEDICS AMBULANCE AREA - 3,098.38 SQ. MILES
- WAMSUTTER AMBULANCE AREA - 2,078.43 SQ. MILES
- CASTLE ROCK HOSPITAL DISTRICT



Prepared by Sweetwater County Surveying and Mapping Office
 W:\mapping\ambulance\ambulance dist - 1st Call-10-2002.apr

SURLETTE CO. FREMONT CO.
 LACQUAN CO. CARBON CO.
 UTAH CO. SWEETWATER CO. WYOMING
 SIMMIT CO. DACCETT COUNTY UTAH MOFFAT COUNTY COLORADO

IMPORTANT NOTICE
 Sweetwater County hereby certifies the contents of this map to be accurate and correct as shown on any original documents or other authoritative sources. It is recommended that the user of this map verify the accuracy of the information shown on this map against existing maps through independent means of the official records maintained by the Sweetwater County Clerk.

Revision	By	Reason

NOTE: Bairoll is in the Rawlins Ambulance Area

BOARD OF COUNTY COMMISSIONERS

MEETING REQUEST FORM

Date Requested: March 3, 2015	Name & Title of Presenter: Krisena Marchal, Grants Manager Mike Lowell, Sheriff
Department or Organization: Grants Admin Sheriff's Office	Contact Phone & E-mail: Krisena Marchal x3888 marchalk@sweet.wy.us
Exact Wording for Agenda: Approval of the 2015 High Intensity Drug Trafficking Area (HIDTA) Subrecipient Grant Agreement	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 minutes
Will there be Handouts? (If yes, include with meeting request form) Yes	Will handouts require SIGNATURES: Yes - by the Chairman
Additional Information: Please see executive summary on the next page for further information. REQUESTED ACTION: Motion to approve, and authorize the Chairman to sign, the 2015 High Intensity Drug Trafficking Area (HIDTA) Subrecipient Grant Agreement.	

Subrecipient Award for High Intensity Drug Trafficking Area (HIDTA) Funding

Sub-Recipient Agency: Sweetwater County Sheriff's Office

Award Amount: \$86,995

Award Period: January 1, 2015 thru December 31, 2015

Award #: G15RM0012A

CFDA No.: 95.001 High Intensity Drug Trafficking Area (HIDTA)

- A. The term of this Subrecipient Award between the Wyoming Division of Criminal Investigation (DCI) and Sweetwater County Sheriff's Office (Sub-Recipient Agency) shall be from January 1, 2015 thru December 31, 2015 unless extended by modification to this Agreement.
- B. The parties agree that because DCI has been designated as the fiscal agent for the State of Wyoming Rocky Mountain HIDTA program all requests for payments and budget reprogramming shall pass through DCI.
- C. The parties agree that Sub-Recipient Agency is a sub-recipient under the State of Wyoming Rocky Mountain HIDTA program and is incurring reimbursable expenses under the program.
- D. The parties hereby agree to the disbursement of HIDTA funds in the amount of Eighty-Six Thousand, Nine Hundred Ninety-Five Dollars (\$86,995) to Sub-Recipient Agency under the following terms and conditions.
 1. Sub-Recipient Agency shall follow all applicable federal, state, and local guidelines regarding purchases and other expenditures under the HIDTA program, including but not limited to the following: OMB Circular A-87 (Cost Principles for State, Local and Indian Tribal Governments), OMB Circular A-102 (Grants and Cooperative Agreements with State and Local Governments), OMB Circular A-133 (Audits of States, Local Governments and Non-Profit Organizations), 21 CFR Part 1403 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments), and Fair Labor Standards Act (FLSA), as well as HIDTA and Rocky Mountain HIDTA policies and procedures.
 2. Subrecipient Agency agrees to abide by and be bound by the Subrecipient approved budget for purchases including future reprogramming requests as approved by DCI and HIDTA. All reprogramming requests shall be submitted in writing to DCI by October 18, 2015, who shall forward them to HIDTA.

3. Requests for payment shall be submitted to DCI at the following address by the 10th of the month following the end of the claim period:

State of Wyoming
Division of Criminal Investigation
Attn: Division Fiscal Office
208 South College Drive
Cheyenne, WY 82002

4. Subrecipient Agency agrees to reimburse DCI for any amount paid by DCI to Sub-Recipient Agency that is later disallowed after audit or financial review.

5. All timesheets and supporting payroll and invoice documentation must be provided to DCI on a monthly basis to support current billing reimbursement requests, to include detailed billing summary spreadsheet.

6. Subrecipient Agency agrees that Sixty-Four Thousand, Four Hundred Forty-One Dollars (\$64,441) of this award is budgeted for Salary and Twenty-Two Thousand, Five Hundred Fifty-Four Dollars (\$22,554) is budgeted for Fringe, for a total award of Eighty-Six Thousand, Nine Hundred Ninety-Five Dollars (\$86,995).

THIS SPACE LEFT INTENTIONALLY BLANK

IN WITNESS THEREOF, the parties to this Subrecipient Award consisting of three pages (3), either personally or through their duly authorized representatives, have executed this Subrecipient Award on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Subrecipient Award.

Steven R. Woodson, Director
Wyoming Division of Criminal Investigation

Date

Sub-Recipient Agency Head
Michael Lowell, Sheriff
Sweetwater County Sheriff's Office

Date

Wally J. Johnson, Chairman
Sweetwater County Commission

Date

OK MAJ
2-24-15

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: March 3, 2015	Name & Title of Presenter: Sheriff Mike Lowell
Department or Organization: Sweetwater County Sheriff's Office	Contact Phone & E-mail: santhuffp@sweet.wy.us 307-922-5316
Exact Wording for Agenda: Medical Service Agreement between Sweetwater County Sheriff's Department and Kennon C. Tubbs, M.D., L.L.C.	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 15 minutes
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: yes
Additional Information:	

- All requests to be added to the agenda will need to be submitted in writing on the "Meeting Request Form" by Wednesday at 12:00 p.m. prior to the scheduled meeting and returned in person or electronically to Clerk Sally Shoemaker at: shoemakers@sweet.wy.us
- All handouts are also due by Wednesday at 12:00 p.m. prior to the scheduled meeting date. Handouts may be submitted to Clerk Sally Shoemaker either in person or electronically. *****If your handout is not accompanied with the request to be added to the agenda, your request will be dismissed and you may reschedule for the next meeting provided the handout(s) are received.*****
- Any documents requiring **Board Action** or **signature** are considered agenda items and need to be requested in the same manner.
- All **original** documents requesting action or signature must be submitted to Deputy County Clerk Vickie Eastin. However, a **copy** must be submitted to Sally Shoemaker for distribution of the packet and retention.
- As always, if you are unable to attend the meeting after being placed onto an agenda, please send a representative in your place or your item will be rescheduled.
- In order to determine placement on the agenda, please review the county website (www.sweet.wy.us/commissioner) on Thursday afternoon.
- If a request to be placed on an agenda is received **AFTER** the deadline, you will be considered for the next meeting date.
- No handout will be received during a meeting in session.

Agreement

This agreement entered into this July 1st, 2015 by and between Sweetwater County Sheriff's Department, hereinafter referred to as "SWC" and Kennon C. Tubbs, M.D., L.L.C. and his employees, hereinafter referred to as "MD".

Whereas, SWC requires the services of a physician to administer the medical needs of inmates at Sweetwater County Detention Center in Rock Springs Wyoming and;

Whereas, MD is qualified to provide such services to inmates at the county jail;

Whereas, SWC desires to contract with MD to provide the medical services for the inmates at the county Detention Center, and MD desires to contract with SWC to provide the medical services for the inmates at the Detention Center;

Now Therefore In consideration of the mutual covenants of the contained herein and other good and valuable considerations, the parties agree as follows:

Section I Term

1. This agreement shall take effect on July 1, 2015 and shall continue in operation through July 1, 2018 and shall renew annually thereafter subject to the availability of funding and the right of either party to terminate this agreement, without cause, by giving notice to the other party at least 90 days prior to the end of the calendar year. In absence of such notice, this agreement shall continue after the 2018 expiration for an additional one year period upon the same terms and conditions.
2. MD and MD's employees shall comply with all applicable policies and procedures of the detention center.

Section II Services

1. MD shall provide the following medical services:
2. Primary medical care for inmates; using the Utah Department of Correction and Wyoming Medicaid guidelines for standards of medical care.
3. No elective care will be provided without prior authorization by SWC.
4. MD will prescribe medications from a strict formulary of medications determined by SWC and Utah State Prison formulary.
5. Sick call will be held once a week on Thursday.
6. In the event MD is unable to attend the regularly scheduled sick call due to road conditions or a travel warning or advisory, MD shall make reasonable effort to cover sick call via telemedicine or other comparable communication. In the event that MD does not attend a regularly scheduled sick call and telemedicine or other comparable communication is not conducted MD shall reschedule sick call within 7 days of the cancelled sick call date.
7. SWC shall employ a nursing staff to, among other things, assist with sick call.
8. MD shall provide telephone "on call" service for consultation with the nursing staff for appropriate medical care for the inmates.
9. MD to advise SWC on any appropriate medical care an inmate.
10. MD shall work with SWC nursing staff to approve medications and establish the appropriate medical standards of care at the detention center.
11. MD will advise SWC of any potential medical hazards in the workplace that are noticed.

Section III Compensation

1. Compensation to MD for professional medical services shall be in the sum of \$5000.00 five thousand dollars per month of service starting on July 1, 2015 and ending June 30, 2018.
2. Compensation to MD for professional medical services shall be \$4200.00 per month from February 1, 2015 to June 30, 2015.
3. Commencing July 1, 2018 compensation for professional medical services shall increase 3% annually.
4. MD will invoice SWC monthly for the month prior to professional medical services rendered.
5. Compensation for the professional medical services of Physician assistants and subcontractors shall be the responsibility of MD.

Section IV Licensure, Certification & Insurance

1. MD has and will maintain a State of Wyoming license to practice medicine at all times that MD provides professional medical services to SWC. In the event MD utilizes any additional staff who are employed by MD, said employees of MD shall maintain a State of Wyoming license to practice in their respective field (i.e. nursing, physician assistant) at all times that MD provides professional medical services to SWC.
2. MD has and will maintain a DEA category 2 licensure in the State of Wyoming at all times that MD provides professional medical services to SWC.
3. MD and all of MD's employees shall act in accordance with Police Officer Standards Training while in the detention center. MD will maintain POST certification and shall act as officers if requested by SWC for emergency purposes only.

4. MD and MD's employees shall maintain malpractice liability insurance in the amount of \$1,000,000/\$3,000,000 through Utah medical insurance association (UMIA) for outpatient practices.
5. MD shall comply with Wyoming State Law and shall practice medicine within the standards of care then applicable in the State of Wyoming- as well as the Utah State Prison standards.

Section V Pre-Authorization

1. SWC shall provide a female chaperone to be present during all female inmate encounters.
2. MD will seek prior approval from SWC on medical procedures or consultations that are expected to exceed \$500.00. MD shall share inmate medical information in accordance with HIPPA.
3. MD shall only provide limited GYN care will be provided and all obstetrical cases will be referred to an OB/GYN specialist.

Section VI Procedures

1. This agreement applies to only procedures that are necessary to secure the appropriate level of health care for the inmates in a detention center setting.
2. All procedures will be handled on a case by case basis. It is expected that Conservative medical management will be the first line of care.
3. SWC shall provide all pharmacy and medical supplies for use by MD during sick call.
4. SWC will provide a workspace, medical instruments and, software appropriate for a clinical setting.

Section VII Records

1. Medical records shall be maintained the detention center's standard charting system. Dictation and hand written notes shall be maintained in accordance with jail policy. All medications will be ordered via phone or hand written fax by the nursing staff. Nursing staff will be responsible for keeping records safe, secure, and in an orderly fashion.

Section VIII Independent Contractor

MD and MD's employees are independent contractors and are not employees of SWC. MD shall provide direct supervision of all his employees during the time said employees provide professional services for SWC.

1. MD shall be responsible for taxes and workmen's compensation premiums associated with MD's operation.
2. MD shall not be deemed to be agents of SWC. MD does not waive any statutory or other immunities granted by the laws of the State of Wyoming.

Section IX Medications and Training

1. Medications will be ordered from a strict formulary.
2. SWC nursing staff, in compliance with established purchasing procedures, will obtain, stock, dispense, pay for all medications ordered by MD.
3. Medications will be dispensed, disposed, secured by SWC nursing staff.
4. MD shall provide training, instruction, support and a supervisory role of nursing staff on how to appropriately handle triage, sick call, medical protocols, and health care complaints/grievances.
5. MD shall provide training to nursing staff to maintain appropriate standard of care.

6. MD shall refuse to authorize housing to any inmate deemed not suitable for detention center placement based on medical needs of the inmate/patient.
7. MD will triage with nursing staff health care complaints via phone on a daily basis.

**Section X
Non-Inmate Services**

1. MD shall provide expert testimony and evidence on behalf of SWC in any medical legal litigation, and covenants not to testify as an expert witness for any plaintiff seeking action against SWC for malpractice.
2. MD shall be reimbursed \$150.00 per hour plus expenses incurred for testimony and trial preparation services.

**Section XI
Notice**

1. Any notice required or permitted to be given under this agreement shall be deemed properly given at the same time it is delivered by personal service or deposited with the U. S. Postal Service or other commercial delivery provider properly addressed to the parties below:

Sweetwater County Jail
731 C Street Suite 234
Rock Springs WY 82901

Kennon C Tubbs
13584 Carolina Hills Court
Draper Utah 84020

**Section XII
Governing Law**

1. It is agreed that this agreement shall be governed and constructed and enforced with the laws of the State of Wyoming.
2. No waiver of any immunity or limitation of liability afforded by the Wyoming Governmental Claims Act is intended by the parties.

Section XIII
Employee Staffing

1. MD will be in charge of staffing, hiring, firing, all of MD's employees and subcontractors. Any requests or concerns of SWC regarding MD's subcontractors or employees shall be directed to Dr. Kennon Tubbs medical director.
2. Kennon Tubbs shall serve as the Medical Director for the detention center. MD's employed Physician Assistant Joe Coombs will act as the primary provider for the facility.

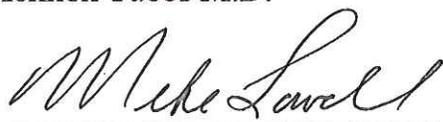
Section XIV
Entire Agreement

1. This agreement contains the binding agreement between the parties and supersedes all other agreements and representations, written or oral, on the subject matter of this agreement.

Dated this day February 3rd, 2015

 2-17-15

Kennon Tubbs M.D.



Mike Lowell Sheriff

Wally Johnson
Sweetwater County BCC Chairman

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: 3/3/15	Name & Title of Presenter: Sheriff Mike Lowell Garry McLean, HR Director
Department or Organization: Sheriff's Office Human Resources	Contact Phone & E-mail: 922-5301 872-3913
Exact Wording for Agenda: Request Approval to restaff vacant Patrol position and vacant Emergency Management Coordinator position	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 min
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: yes
Additional Information:	

- All requests to be added to the agenda will need to be submitted in writing on the "Meeting Request Form" by Wednesday at 12:00 p.m. prior to the scheduled meeting and returned in person or electronically to Clerk Sally Shoemaker at: shoemakers@sweet.wy.us
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**Sweetwater County
Request to Restaff Vacant Position**

Board Meeting Date: 3/3/2015

Department: Sheriff Department

Position: Patrol Deputy

Vacancy Date: 2/20/2015

Reason for vacancy: Employee Resigned

Department Request: Restaff Patrol Deputy position, full time with benefits

Anticipated Re-staff Date 3/15/2015

Board Action	
Approved _____	Date: <u>3/3/2015</u>
Denied _____	
Full time _____	
Part time _____	# Hours (if part time) _____
Restaff Immediately _____	Delay restaffing until (month) _____

	Position	Hire Date	Monthly							Total cost of employment (salary + benefits)	Annual Cost of employment
			Salary	Retirement	Health Insurance	LTD	FICA	Workers Compensation	Total benefits		
Current costs for Employee	Patrol Deputy (10 year, 10 Months, Grade 18, step 5 rate of pay)	4/16/2004	\$ 4,977.59	\$ 856.15	\$ 1,155.41	\$ 17.92	\$ 380.79	\$ 110.50	\$ 2,520.76	\$ 7,498.35	\$ 89,980.24
Anticipated Costs to restaff Position Vacancy	Patrol Deputy (grade 15, step 1)	3/15/2015	\$ 3,820.35	\$ 657.10	\$ 1,538.91	\$ 15.75	\$ 292.26	\$ 84.81	\$ 2,586.83	\$ 6,407.18	\$ 76,886.13
Net Difference (savings)			\$ (1,157.24)	\$ (199.05)	\$ 383.50	\$ (4.17)	\$ (88.53)	\$ (25.69)	\$ 66.07	\$ (1,091.17)	\$ (13,094.05)

NOTES

Health Insurance: Anticipates Family health insurance coverage, for new employee. Previous employee had Employee + more than 1 Dependent insurance coverage.

Rate of pay for new employee anticipates no experience/non certified (BASIC level). If employee is experienced and certified, rate of pay will be higher, up to a maximum of \$4977.59 per month, after lateral entry (15 years experience and certified at PROFESSIONAL level).



Reviewed by HR Representative (signature)



Reviewed by Department Head/ Elected Official (signature)

Commission Chair (signature)

2/24/15
Date:

2/24/15
Date:

Date:

**Sweetwater County
Request to Restaff Vacant Position**

Board Meeting Date: 3/3/2015
 Department: Sheriff's Department: Emergency Management
 Position: Emergency Management Coordinator
 Vacancy Date: 1/31/2015
 Reason for vacancy: Employee moved to lateral Sergeant position, created vacancy for
Emergency Mgt. Coordinator position
 Department Request: Restaff Emergency Management position, full time with benefits
 Anticipated Re-staff Date 3/15/2015

Board Action	
Approved _____	Date: <u>3/3/2015</u>
Deniod _____	
Full time _____	
Part time _____	# Hours (if part time) _____
Restaff Immediately _____	Delay restaffing until (month) _____

	Position	Hire Date	Monthly							Total cost of employment (salary + benefits)	Annual Cost of employment
			Salary	Retirement	Health Insurance	LTD	FICA	Workers Compensation	Total benefits		
Current costs for Employee	Emergency Management Coordinator (4year, 4 Months in position, (Grade 22 step 6 Grate of pay)	8/16/1999; Promoted to Emergency Mgt. Coordinator position 11/1/10	\$ 6,231.92	\$ 1,071.89	\$ 589.30	\$ 22.45	\$ 476.74	\$ 138.35	\$ 2,298.72	\$ 8,530.64	\$ 102,367.63
Anticipated Costs to restaff Position Vacancy	Emergency Management Coordinator (grade 18, step 1)	3/15/2015	\$ 4,422.51	\$ 701.85	\$ 1,538.91	\$ 15.92	\$ 338.32	\$ 98.18	\$ 2,693.19	\$ 7,115.70	\$ 85,388.34
Net Difference (savings)			\$ (1,809.41)	\$ (370.04)	\$ 949.61	\$ (6.51)	\$ (138.42)	\$ (40.17)	\$ 394.47	\$ (1,414.94)	\$ (16,979.29)

NOTES

Health Insurance: Anticipates Family health insurance coverage, for new employee. Previous employee had Employee only insurance coverage.

Previous employee was certified officer, retirement benefits were calculated at higher rate (17.2%). Anticipate new employee will be non-law enforcement, retirement benefits calculated at Public Employee rate (15.87%)

 Reviewed by HR Representative (signature)

 Reviewed by Department Head/ Elected Official (signature)

 Commission Chair (signature)

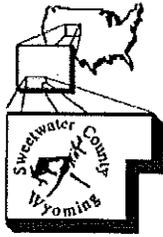
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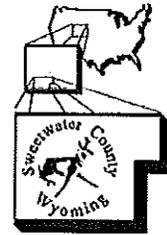
BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: 3/3/15	Name & Title of Presenter: Garry McLean, HR Director
Department or Organization: Human Resources	Contact Phone & E-mail: 872-3913
Exact Wording for Agenda: Request Approval of Amendment to UMR Admin. Services Agreement - Fee schedule renewal	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 5 min
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: yes
Additional Information:	

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- No handout will be received during a meeting in session.



Sweetwater County Department of Human Resources



80 W. Flaming Gorge Way, Suite 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: Board of County Commissioners
From: Garry McLean 
Date: February 24, 2015
RE: UMR Amendment to Administrative Services Agreement – Fee Schedule
Renewal (7/1/14 – 6/30/15)

As you are aware, UMR performs services as the County's third party administrator (TPA). On June 10, 2014, the Board approved renewing the contract with UMR for the FY 14-15. However, at the time of approval, UMR had not yet provided the Amendment to the Administrative Services Agreement (ASA) Fee Schedule to Sweetwater County for signature. We have recently received the attached updated ASA agreement Fee Schedule Renewal from UMR, effective 7/1/2014.

The only significant change in the Renewal Fee Schedule for the current plan year is the fee to administer the conversion program has been added. The conversion fee is \$0.75 per employee per month, which amounts to approximately \$4,500.00 annually.

**AMENDMENT TO ADMINISTRATIVE SERVICES AGREEMENT
SWEETWATER COUNTY
7670-00-411492 – Medical**

This amendment hereby modifies the Administrative Services Agreement (hereinafter referred to as "Agreement") between SWEETWATER COUNTY and UMR, Inc., as follows:

Effective July 1, 2014, unless otherwise stated below, Addendum #1 of the Agreement (Fee Schedule) is hereby updated as follows, and replaces all previous Fee Schedules in the Agreement.

ADDENDUM #1

FEE SCHEDULE (RENEWAL)

Service Code	ITEM	BASIS	FEE
BASE FEE:			
0001/ 0914	Base Medical Service Fee -7-1-2014 through 6-30-2015	* PEPM	\$26.26
	-7-1-2015 through 6-30-2016	* PEPM	\$27.02
1029	OptumRx Fee Credit to Employer (incentivized)	* PEPM	-\$9.00 through 6-30-2016
ADDITIONAL SERVICE FEES			
Enrollment Services			
0526	HIPAA - Certificates of Creditable Coverage (UMR will provide a Certificate of Creditable Coverage to Covered Persons who have lost coverage or as otherwise required by HIPAA) (Service is terminating 12/31/2014)	* PEPM	\$.25
0500	Conversion Administration (Effective 11/01/2014)	* PEPM	\$.75
ID Card Services			
0200	Mail ID Cards to Employee's Home		Included in Base Fee
Banking Services			
0307	Custodial Banking Maintenance Charges	Per Month	\$500 through 6-30-2016
Reporting/Special Data Services			
0417	Custom Ad-Hoc Reports – Request System	Per Hour	\$100/hr. after 2 hours per year
0420	Medstat Reporting/Medstat Advantage Suite: An interactive web-based application that provides the Employer with access to up to 24 months of clinically augmented Claims and eligibility data in order to analyze Plan performance and identify cost trends. (additional fees may apply for history loads)		Included in Base Fee through 6-30-2016
1202	Actuarially certified reserve estimate (if requested)		Fee Provided Upon Request
1203	New York Surcharge – Filing and Administration		Included in Base Fee

Service Code	ITEM	BASIS	FEE
	Network/Managed Care		
1400	OptumHealth Care Solutions (URN transplant network – in accordance with terms of URN agreement with Employer).		Cost per transplant basis
1406	Network Access Fees UnitedHealthcare Options Network (Applies to Benefit Plans 001 – 005)		Included in Base Fee through 6-30-2016
9938	Cost Reduction & Savings Program (CRS)	Percent of Savings Retained	30% through 6-30-2016
	Medical Management Services		
0745	Maternity Management -7-1-2014 through 6-30-2015 -7-1-2015 through 6-30-2016	* PEPM * PEPM	\$.65 \$.68
0744	Utilization Management/Case Management (Includes NurseLine) -7-1-2014 through 6-30-2015 -7-1-2015 through 6-30-2016	* PEPM * PEPM	\$3.65 \$3.85
	Billing		
0800	Self Billing		No Charge
	OptumRx Pharmacy Services		
1003	Pharmacy Prior Authorization		Included in Pharmacy Fees
1006/ 1024	Pharmacy Benefit Management- Rebates	Percent of rebates retained	100% Incentivized Benefits
1007	OptumRx Administration Fee	Per Claim	\$0.00
1008	Paper Claim Fee	Per Paper Claim	\$1.75
1009	Retail Discount Off Average Wholesale Price (AWP).	Brand Claim Net Effective Generic Claim	AWP minus 16% AWP minus 65.75%
1010	Mail Order Discount off Average Wholesale Price	Brand Claim Net Effective Generic Claim	AWP minus 21.5% AWP minus 72.5%
1011	Dispensing Fee	Per Retail Claim Per Mail Order Claim	\$1.40 \$0.00
1013	Compound Retail Dispensing Fee	Per Claim	\$7.50
1015	Specialty Pharmacy Program – Dispensing Fee – AWP Discount	Per Claim Per Claim	\$2.50 Varies in price by individual product, generally ranging from AWP minus 5% to AWP minus 70% per Claim.
1020	Retail 90 - Retail Discount Off Average Wholesale Price	Brand Claim Net Effective Generic Claim	AWP minus 18.50% AWP minus 65.75%
1021	Retail 90 - Dispensing Fee	Per Retail Brand Claim Per Retail Generic Claim	\$2.00 \$2.00
1028	National Network- Published AWP	* PEPM	\$0.00

Service Code	ITEM	BASIS	FEE
	Claim Services		
0105	Subrogation	Percent of Recoveries Retained	30%
0136	Stop Loss Interface Fee		Included in Base Fee through 6-30-2016
0140	Claim Reprocessing (in accordance with Claim Reprocessing provision of Agreement)	Per Claim	\$25
	Health Care Reform Services		
0926	Full/Partial Summary of Benefits and Coverage (SBC) creation with data UMR has on file for the Plan. Includes initial SBC per benefit Plan design plus one amendment per year; electronic version only provided to Employer.		Included in Base fee
0927	Two or more Summary of Benefits and Coverage (SBC) amendments requested by Employer per year	Per SBC Per Benefit Plan	\$500

* PEPM – Per Employee Per Month (covered employee)

NOTE: The above fees do not include state or Federal surcharges, assessments, or similar taxes imposed by governmental entities or agencies on the Plan or UMR, including but not limited to those imposed pursuant to The Patient Protection and Affordable Care Act of 2010, as amended from time to time as these are the responsibility of the Plan.

NOTE: A stop loss interface fee surcharge applies if stop loss coverage is not placed with a UMR preferred market. Consult your UMR representative for a list of preferred markets.

NOTE: Certain pharmacies may be exempt from the above rates and discounts if they are located in a state that elects to participate at a state fee schedule rate.

NOTE: UMR agrees to use commercially reasonable efforts to ensure that the Plan remains cost neutral when Average Wholesale Pricing (AWP) modifications occur, however it is understood that UMR has no control over changes in federal, state or other applicable law or regulation that requires AWP modifications, or if there is a material change to the AWP as published by the pricing agency that establishes Average Wholesale Prices.

IN WITNESS WHEREOF, the parties agree to amend the Administrative Services Agreement as stated on the above pages.

UMR, Inc.

SWEETWATER COUNTY

By	_____	By	_____
	Signature		Signature
	Kimberly Hiatt		Wally J. Johnson
	Print Name		Print Name
Title	Associate General Counsel	Title	Board Chair
Date Signed	_____	Date Signed	March 3, 2015

BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: <div style="font-size: 1.2em; font-family: cursive;">March 3, 2015</div>	Name & Title of Presenter: <div style="font-size: 1.2em; font-family: cursive;">Morgan Goicolea Office Mgr</div>
Department or Organization: <div style="font-size: 1.2em; font-family: cursive;">Eden Valley Telehealth</div>	Contact Phone & E-mail: <div style="font-size: 1.2em; font-family: cursive;">307-273-3055 edenvalleytelehealth@^{g.m.c.l.}com</div>
Exact Wording for Agenda: <div style="font-size: 1.2em; font-family: cursive;">Big Sandy Clinic update</div>	Preference of Placement on Agenda & Amount of Time Requested for Presentation: <div style="font-size: 1.2em; font-family: cursive;">10am-11am 20min</div>
Will there be Handouts? (If yes, include with meeting request form) <div style="font-size: 1.2em; font-family: cursive; text-align: center;">Yes</div>	Will handouts require SIGNATURES: <div style="font-size: 1.2em; font-family: cursive; text-align: center;">No</div>
Additional Information: <div style="font-size: 1.2em; font-family: cursive;"> Thank you. There should be a handout and also powerpoint attached. </div>	

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We are able to check patients before they go in front of the TeleHealth monitor.



Helping hands building the Clinics' front deck!



Thank you to all our Donors and Volunteers

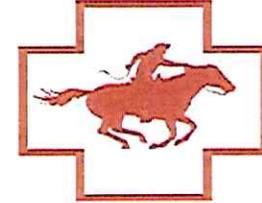
- Wells Fargo
- Farson Merc
- United Way of Southwest Wyoming
- Wamsutter LLC
- Bill Witt
- Sashay Partners, for Frank Ely
- Bridger Valley Electric
- Chevron
- Sweetwater County
- Farson LLC.
- Mitch's Café
- Bridger Valley Electric
- University of Wyoming Dept of Engineering
- WYHIO (Wyoming Health Information Organization)
- Great Western Auctions
- Pure Automation
- Wyoming Trucks
- At Your Service Oil Change
- Clint's Auction Service
- Jackman Construction
- Ed Sabourin
- Dan Ely
- Premier PowerPlants and Pumps
- Kim and Jody Family Foundation
- Tammy & Aaron McCalister
- Freedom Oil Field
- Allen Stout
- Hitch and Stitch
- Dale Newland
- Henry Schein Medical
- Cheyenne Regional Medical Center
- Office Outlet
- Brenda Otsuka
- Side Lines
- Basque Club
- Taco Time
- CJ Signs
- Sunlight Services
- Rock Springs National Bank
- Helping Hands Volunteers



Eden Valley TeleHealth Services

5 HWY 28
 P.O. Box 359
 Farson, Wyoming 82932
 Phone: 307.273.3055
 Fax: 307.273.3055
 E-mail edenvalleytelehealth@gmail.com

Big Sandy Clinic



TeleHealth Services Chiropractor Onsite Doctor

Bringing efficient, cost-effective, quality healthcare to the rural resident, rather than having the resident travel to a healthcare provider when-ever possible.

Tel: 307.273.3055

TeleHealth

TeleHealth

You as a patient are able to see a doctor with the use of telecommunications technologies. Doctor specialties varies, some we have seen and used in Farson is the Utah Burn Clinic, Internal medicine, Pediatrics, Mental Health, and the list goes on with many more options. We at the clinic can help you and guide you to the right TeleHealth conference.

Geographical

Wyoming is a frontier state, and with its small population and large geographic area, we face a number of related problems in delivering healthcare services to its local communities. Among these are distance, geography, inclement weather, isolated communities, and a shortage of primary care and specialty physicians and also a lack of local physicians accepting new Medicare patients. Telemedicine is a cost-effective and efficient means of **delivering healthcare to the rural resident, rather than having the resident travel to the healthcare provider. Obtaining healthcare locally reduces travel, time away from work, patient transfer costs, and keeps healthcare dollars in the local community.**

The Clinic Offers...

DOT Physicals – DOT Medical Exams

We can do the whole physical you need to renew your medical cards or to get ready for your new CDL license.

*DOT Drug Testing, DISA drug testing, and in house Drug Testing

We are working with Sideline Collections to get your drug testing done in a safe and efficient manner.

Flu Shots

We do flu shots annually throughout the year. For all ages

Grief Counseling

We have a counselor here on site who can counsel you with any grief related issue you may have. Deaths, divorce, or anything that has caused you anguish.

Mental Health

We have a doctor setup over the TeleHealth computer who can see you at any time as needed.

DR. John A. Iliya M.D., FACS offers all of the Following Pre-Op appointments here at the Big Sandy Clinic

- *Colonoscopy
- *Gallbladder Surgery
- *EGD, Gastroscopy
- *Laparoscopic Surgery
- *Appendix Surgery
- *Gastrointestinal Surgery
 - *Breast Care
 - *Hernia Repair
 - *Cancer Surgery
- *Diagnostic and Surgical Consultations
- *Surgical Emergency Room Care by Request

FREE Blood Pressures

Come in any time and we will check your blood pressure and keep it on record. If you want it sent to your doctor we will do it for you!!

Blood work

You can have your doctor fax over orders and we can draw your blood and have the results back to your doctor the next day!

Prescription (Rx) pick up

If you have prescriptions (Rx) in Rock Springs and you need them picked up- call us and we will have them picked up for you!

Family Planning

We are partners with family planning and these visits are done over teleHealth in Farson! Questions? Ask Us!!

Chiropractor Visits

Dr. Kaly Sellers comes every Tuesday and some Saturdays he sees walk in patients and scheduled patients.

Sports Physicals

We can do reduced Sports physicals so you can get to practice on time ☺

Internal Medicine

We have a doctor that comes in a few times a month and will take her time to see you and address any problems you are having.

INR and PTT testing

The INR Test is a blood test and requires a small tube of blood from a vein – approximately 4 milliliters.

Partial thromboplastin time (PTT) is a blood test that measures the time it takes your blood to clot. A PTT test can be used to check for bleeding problems. Blood clotting factors are needed for blood to clot.

AA AND NA meetings

Twelve step meetings Saturdays @ 7:00 p.m. held here in house.
Notary Republic
We have a Notary in house and can assist you with you notary needs.

Sally Shoemaker

From: Pam L. McGarvey <pmcgarve@uwyo.edu>
Sent: Monday, February 09, 2015 3:40 PM
To: Sally Shoemaker
Subject: Request to get on Agenda
Attachments: March 3, 2015.pdf

Sally,

I've attached a request for Josefina Ibarra and Kelly Crane to get onto the Commission agenda on March 03, 2015. Thank you!



Pamela L. McGarvey

Office Associate
Sweetwater County
2500 College Drive, A-700
Rock Springs, WY 82901
307-352-6775
307-352-6779 (FAX)
pmcgarve@uwyo.edu

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BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: <i>MAR 3 2015</i>	Name & Title of Presenter: <i>Dave Planks CEO</i>
Department or Organization: <i>Rock Spring Chamber</i>	Contact Phone & E-mail: <i>rschamber@sweetwaterchsa.com</i> <i>384-3771</i>
Exact Wording for Agenda: <i>MARCH 25 Ribbon Cutting. Business Alliance Update</i>	Preference of Placement on Agenda & Amount of Time Requested for Presentation: <i>15 minutes A.M.</i>
Will there be Handouts? (If yes, include with meeting request form) <i>Adv Consultant Contract.</i>	Will handouts require SIGNATURES: <i>No</i>
Additional Information: <i>The County Comm. asked For Us to present.</i>	

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Mr. David Hanks
Ms. Kayla McDonald
Rock Springs Chamber of Commerce
1897 Dewar Drive
Rock Springs, WY 82901

Dear Dave and Kayla,

This letter is to follow up with you on a discussion that you had with Brandon Rutz last week during the WEDA conference in Cheyenne and follow-up emails on the same. The Rock Springs Chamber of Commerce is looking to market an industrial complex in Sweetwater County. Your initial inquiry was for assistance in developing marketing collateral.

A Useful Framework

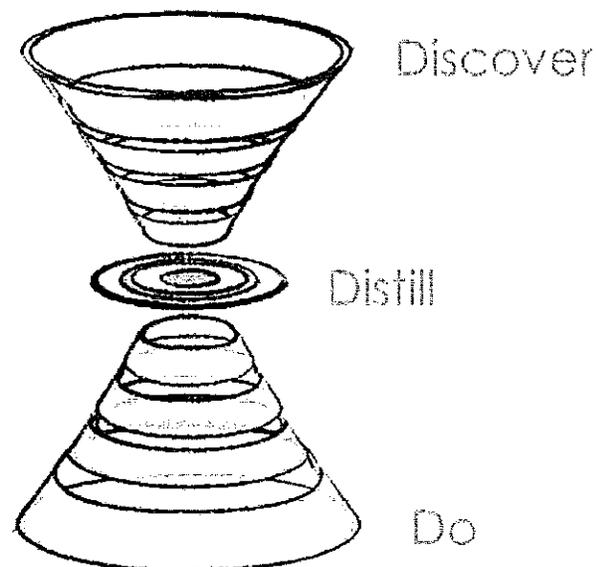
Ady Advantage has developed a framework for approaching the positioning and marketing of regions and specific industrial parks within their regions. We have found that this framework applies no matter the size of the community or region to which it is being applied.

Our approach also prevents the number one mistake that communities make when developing marketing communications – whether that is a website, a brochure, or even a recruitment campaign. The common mistake is to go directly from a hodge-podge list of assets directly to the marketing element without taking the time to thoroughly think through the community's positioning.

The process shown at right starts at **DISCOVER**, where we assemble information on the relevant economic assets in your community. Some of these will be at the community level, while others will be at the regional or state level (e.g., business climate). These will include a mix of operating costs, operating conditions, and quality of life location criteria used by site selectors.

After the data is gathered, it is synthesized into a positioning statement during the **DISTILL** phase. In this phase, we clearly articulate what the strengths of the community in general and industrial park in particular are relative to what's important in the business decision making process. We also highlight areas for improvement, which can be the focus of a separate ED strategic planning process. The key mistake made during this step is that most communities do not develop a differentiating positioning. They tend to either speak in general platitudes (“a great place to live, work and play”) or resort to feel-good clichés that won't resonate with business decision makers.

The third and final phase is to translate the positioning into advertising and copy language, combined with branding and visual cues to communicate your message clearly. This is developed in what we call the **DO** phase.





Regional Profile and Industrial Park Sell Sheet

Based on the framework above, we recommend that at a minimum you have us develop a regional profile and industrial park sell sheet. These two pieces will parallel the company relocation decision-making process and, we believe, will be more effective than a tri-fold brochure and three-ring binder.

Our solution should include elements of all three phases – the research, positioning, and finished collateral. We realize you have already collected a lot of data; we will start with this and tell you what is important to include, which is nice-to-have, which shouldn't be included, and what is missing. For the latter, we'll show you where to find the information as well so that you have it for the future. We'll do that first for the regional profile, and then for the industrial park sheet.

Normally we would insist on visiting the community, the industrial park, and interviewing employers. Given our two visits to Rock Springs in as many years, and the amount and quality of data you have collected so far, and in consideration of both your budget and timeline, we think we can direct you to conduct any additional primary research that might be needed.

In this scenario, we'd also assume that you already have a workable brand/logo and graphic standards that we can use, along with suitable photography (including aerials from Google Earth) that we can use for the marketing pieces.

We are assuming a four-page regional profile and a two-page industrial park sheet, to be used in conjunction with the four-page "Why Wyoming" profile sheet that is already available and can be co-branded Rock Springs Chamber of Commerce. We will also lead you through the site selection process, the specific information that is required during each step, and the sources for this data so that you can keep it up to date in the future. We will also articulate for you the positioning of your community so that you can understand the "behind the scenes" way that site selectors make decisions, and the strategy behind what will come through in the marketing collateral pieces as marketing messages. The investment for the development of these two items is \$12,500 and the estimated timeline is 4-5 weeks. Client is responsible for printing.

Website Audit

This project may prompt a review of your website's overall navigation, which we can also either audit for you or redevelop. If you are interested in updating your website, this can be done at the same time as the regional profile and industrial park sheet, or before or after it. Developing the regional profile and industrial park sheet will lend insight into the website and vice-versa, so start in whatever place will address your greatest need. A website audit is \$2,500 and will require approximately four weeks to complete.

Conclusion

Please sign the attached to authorize the initiation of these projects.

Warm regards,

Janet Ady
President

AUTHORIZATION

City of Rock Springs:	_____	Date:	_____
City of Green River:	_____	Date:	_____
Sweetwater County	_____	Date:	_____

Payment terms: 50% upon initiation and 50% immediately upon completion. Services under contract:

- Regional Profile and Industrial Park Sell Sheet, \$12,500
- Website Audit, \$2,500

BOARD OF COUNTY COMMISSIONERS

MEETING REQUEST FORM

Requested Meeting Date: March 3, 2015	Name & Title of Presenter: David Williams Water Master
Department or Organization: Town of Granger	Contact Phone & E-mail: 1-307-875-7946 Togclerk1@hotmail.com
Exact Wording for Agenda: Granger Water Plant	Preference of Placement on Agenda & Amount of Time Requested for Presentation: No preference/ 30min.
Will there be Handouts? (If yes, include with meeting request form) Yes/Many Pictures	Will handouts require SIGNATURES: No
Additional Information: Mr. Williams is going to present via power point.	

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BOARD OF COUNTY COMMISSIONERS MEETING REQUEST FORM

Requested Meeting Date: 3/3/2015	Name & Title of Presenter: Reid West , County Commissioner
Department or Organization: County Commissioners	Contact Phone & E-mail: 872-3897
Exact Wording for Agenda: Letter to City of Rock Springs, regarding space for Women's Club-Lending Closet	Preference of Placement on Agenda & Amount of Time Requested for Presentation:
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: <i>no yes, see attached.</i>
Additional Information:	

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BOARD OF COUNTY COMMISSIONERS

- o WALLY J. JOHNSON, CHAIRMAN
- o JOHN K. KOLB, COMMISSIONER
- o RANDAL M. WENDLING, COMMISSIONER
- o REID WEST, COMMISSIONER
- o DON VAN MATRE, COMMISSIONER

80 WEST FLAMING GORGE WAY, SUITE 109 -
GREEN RIVER, WY 82935
PH: (307) 872-3890 - FAX - (307) 872-3992

February 20, 2015

Sweetwater County
Board of County Commissioners
80 West Flaming Gorge Way, Suite - 109
Green River, Wyoming 82935

The Honorable Carl Demshar, Mayor of Rock Springs
and Members of the Rock Springs City Council
212 "D" Street
Rock Springs, Wyoming 82901

Dear Mayor Demshar and Members of the City Council:

As most of you are aware, Sweetwater County has purchased, remodeled and is preparing to occupy the former Rock Springs National Bank Building at 333 Broadway with various Health and Human Service providers, previously located in County owned facilities near the "old hospital" at 731 "C" street in Rock Springs. As part of this project, the County intends to vacate and or tear-down the various buildings, trailers and mobile offices that were provided rent-free to these various health and human service agencies.

As a result of these changes, the Women's Club-Lending Closet will need to find alternative space to continue their operations. The County's new Health and Human Services building at 333 Broadway does not have adequate space for this purpose. The Women's Club-Lending Closet receives donated mobile medical equipment (e.g., walkers, crutches, canes, commodes, etc.) and then "lends" this equipment to County residents who are in need. Based upon discussions with Women's Club-Lending Closet personnel, they estimate that they will need approximately 400 square feet of space to store, clean and repair the equipment. Electricity is needed at the location, but heat and air conditioning are not. Access to the facility will need to be adequate for loading and unloading said equipment at various times of the day and night, as the need arises.

It is the understanding of the Board that the City of Rock Springs, now or in the near future, may have suitable space for the Women's Club - Lending Closet operations at the Train Depot, former Bunning storage building or other locations. As such, the Sweetwater County Board of County Commissioners respectfully requests the Mayor and City Council of Rock Springs to consider allocating space to the Women's Club-Lending Closet program so that they may continue to provide this important community service.

BOARD OF COUNTY COMMISSIONERS

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The Women’s Club – Lending Closet, does not need to move immediately from their current location, as the funding needed for removal, demolition or vacating the current building will not be addressed until the County Budget is approved in July of 2015. Once approved, the project would require bidding, job letting and final implementation, not likely to be completed until late 2015 at the earliest. Therefore, there is time for us to cooperatively assist the Women’s Club – Lending Closet in finding a new home. Any assistance the City of Rock Springs could offer would be appreciated.

Sincerely,

Sweetwater County

Board of County Commissioners

Wally J. Johnson, Chairman

Reid O. West, Commissioner

Don Van Matre, Commissioner

John K. Kolb, Commissioner

Randal M. Wendling, Commissioner

BOARD OF COUNTY COMMISSIONERS



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March 3, 2015

Rock Springs Women's Club
Ms. Betty Auld, President
1700 Donalynn # 11
Rock Springs, WY82901

To Whom It May Concern:

With completion of the 333 Broadway (*former Rock Springs National Bank Building*), there has been a lot of speculation about the future of the Women's Club – Lending Closet facility, currently located at Norton Avenue. With this letter, the Sweetwater County Board of County Commissioners would like to communicate the plans for the current Lending Closet facility at Norton, as well as our thoughts on potential future locations.

Sweetwater County will be moving all of the Health and Human Services agencies currently housed in the various out-buildings located along Norton Avenue to the new Sweetwater County Health and Human Services Building (*formerly Rock Springs National Bank*). This will include Hospice, Respite, Volunteer Information Referral Service (VIRS), Sweetwater County Board of Health (Community Nursing and Environmental Health), Western Wyoming Family Health (*formerly Family Planning*) and the Sweetwater County Recreation Board. This move will be completed by March 2, 2015.

It is the County's intent to demolish, remove or sell the vacated buildings along Norton, including the facility which currently houses the Lending Closet. However, such action will not occur for many months. The County plans to budget money during the fiscal year 2015-16 budget process in July 2015, after which bids can be sought, awarded and the requisite work at the site can be completed. Realistically, the earliest date the Lending Closet would be required to move would be in late summer to early fall 2015. In the interim, and until a suitable location is found for the Lending Closet, your agency can continue to operate out of their current location as usual.

In recognition of the valuable service provided by the Women's Club-Lending Closet to the residents of the County and in an effort to assist the Women's Club in securing a new home, the Board of County Commissioners has sent a letter, a copy of which is attached, to the Mayor and City Council of Rock Springs expressing interest in space that the City of Rock Springs may have available, either at the newly remodeled depot facility on South Front Street or at the old Bunning transfer building, along-side the underpass and across the street from Broadway Burger.

BOARD OF COUNTY COMMISSIONERS

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Once the City of Rock Springs responds and if the solicited space is available, the Board would like to set up a date/time to meet with a representative/s from your organization and the City to tour the locations. Should this space with the City of Rock Springs not work out, the Board will continue to work with your agency to secure appropriate quarters for your program.

Please feel free to share this letter with the members of the Women's Club. In the meantime, should you or members of your organization have any questions, please feel free to contact the County's Facility Manager, Chuck Radosevich at 307-870-2306 or via e-mail at radosevichc@sweet.wy.us.

Sincerely,

Sweetwater County
Board of County Commissioners

Wally J. Johnson, Chairman

Reid O. West, Commissioner

Don Van Matre, Commissioner

John K. Kolb, Commissioner

Randal M. Wendling, Commissioner