NOTICE

THE SWEETWATER COUNTY BOARD OF COUNTY COMMISSIONERS
WILL MEET ON TUESDAY, March 1, 2016 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: February 16, 2016

ACCEPTANCE OF BILLS

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

PUBLIC HEARING

1. 2016-2017 Liquor License Renewals & New License

2. Budget Amendment for Facilities Custodial Department

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

10:00 Budget and Audit Schedules Discussion

10:15 Hospice Services

10:30 Approval of the FY 2015 State Homeland Security Program (SHSP) Grant Documents

10:40 Approval of the Letters of Support for the Town of Superior's CDBG and MRG Grant Applications for the Old School Gym

10:45 Renewal of BLM Right of Way Grant WYW96305 for Snow Fence

10:50 Request to Replace Vacancy in the Custodial Department

OTHER

10:55

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

The draft packet will be available on the county website on Friday afternoon (prior to the meeting)

February 16, 2016
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 Kolb moved to approve the agenda. Commissioner Van Matre seconded the motion. The motion carried.

Approval of Minutes: 2-2-16

Commissioner Wendling moved to approve the minutes dated February 2, 2016. Commissioner Kolb seconded the motion. The motion carried.

Acceptance of Bills

Approval of County Vouchers/Warrants, Monthly Reports, Bonds and Abates/Rebates
Commissioner West moved to approve acceptance of the bills. Commissioner Van Matre seconded the motion. The motion carried.

WARRANT NO.s	PAYEE	DESCRIPTION	AMOUNT
68217-68257, 68297 & ADVICES	EMPLOYEES AND PAYROLL VENDORS	PAYROLL RUN	1,347,463.25
68258	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68259	ONE TIME VENDOR	JUROR FEES/MILEAGE	138.60
68260	ONE TIME VENDOR	JUROR FEES/MILEAGE	138.60
68261	ONE TIME VENDOR	JUROR FEES	30.00
68262	ONE TIME VENDOR	JUROR FEES	30.00
68263	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68264	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68265	ONE TIME VENDOR	JUROR FEES	30.00
68266	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68267	ONE TIME VENDOR	JUROR FEES/MILEAGE	138.60
68268	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68269	ONE TIME VENDOR	JUROR FEES/MILEAGE	138.60
68270	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68271	ONE TIME VENDOR	JUROR FEES	30.00
68272	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68273	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68274	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68275	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68276	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68277	ONE TIME VENDOR	JUROR FEES	90.00
68278	ONE TIME VENDOR	JUROR FEES	30.00
68279	ONE TIME VENDOR	JUROR FEES	30.00
68280	ONE TIME VENDOR	JUROR FEES/MILEAGE	138.60
68281	ONE TIME VENDOR	JUROR FEES/MILEAGE	138.60
68282	ONE TIME VENDOR	JUROR FEES	30.00
68283	ONE TIME VENDOR	JUROR FEES	30.00
68284	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68285	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68286	ONE TIME VENDOR	JUROR FEES/MILEAGE	46.20
68287	CENTURYLINK	PHONE BILL	136.98
68288	ROCK SPRINGS MUNICIPAL UTILITY	UTILITIES	3,086.91
68289	ROCKY MTN POWER	UTILITIES	10,715.13
68290	SWEETWATER CABLE TV	TV	113.72
68291	UNION TELEPHONE COMPANY INC	PHONE	43.18
68292	VERIZON WIRELESS	BROADBAND	228.01
68293	WALMART COMMUNITY/RFCSLLC-SHERIFF	INMATE SUPPLIES/SUPPLIES	742.90
68294	WYOMING RETIREMENT SYSTEM	RETIREMENT	211,725.07
68295	WYOMING RETIREMENT SYSTEM	RETIREMENT	75.00
68296	WYOMING WASTE SERVICES - ROCK	UTILITIES	156.00
68298	BRIDGER VALLEY ELECTRIC ASSN	UTILITIES	254.98
68299	CENTURYLINK	PHONE BILL	1,625.59
68300	CENTURYLINK	PHONE BILL	5,378.08
68301	CITY OF GREEN RIVER	UTILITIES	1,490.71
68302	DIRECTV	TV	16.99
68303	QUESTAR GAS	UTILITIES	7,833.14
68304	ROCKY MTN POWER	UTILITIES	8,800.57
68305	SWEETWATER CABLE TV	TV	59.99
68306	TOWN OF WAMSUTTER	UTILITIES	74.00
68307	WEST SIDE WATER & SEWER DISTRICT	UTILITIES	3,200.00
68308	WYOMING DEPT OF WORKFORCE SERVICES	WORKER'S COMPENSATION	16,237.99
68309	WYOMING WASTE SERVICES - ROCK	UTILITIES	1,214.64
68310	A. PLEASANT CONSTRUCTION INC	CONSTRUCTION	66,162.77
68311	ACE HARDWARE	SUPPLIES/TOOLS	295.43
68312	ACE HARDWARE #11263-C	SUPPLIES	36.58
68313	ALLEN, CHERYL	MILEAGE	144.72

68314	ALPINE PURE WATER	RENTAL/WATER	82.00
68315	APEX SOFTWARE	CONVERSION	400.00
68316	ARNELL JR. P.C., GARY B	FEES	1,840.00
68317	AUTOSPA INC	WASH	14.15
68318	BENNETT PAINT & GLASS	PAINT/SUPPLIES	266.58
68319	BEST WESTERN - RAMKOTA HOTEL CASPER	LODGING	390.00
68320	BI	MONITORING	157.92
68321	BLOEDORN LUMBER	CABINETS	1,020.00
68322	BLUE TARP FINANCIAL INC	EQUIPMENT	644.64
68323	BOB BARKER COMPANY INC	INMATE SUPPLIES	328.03
68324	BOOKCLIFF SALES INC	SUPPLIES	10.73
68325	BRADY INDUSTRIES LLC	SUPPLIES	711.53
68326	CAPITAL BUSINESS SYSTEMS INC	CONTRACTS	4,609.77
68327	CARQUEST AUTO PARTS	PARTS/SUPPLIES	1,071.92
68328	CARRIER CORPORATION	REPAIRS	804.15
68329	CASTILLON D.D.S. LLC, A. BRYCE	INMATE DENTAL	916.00
68330	CDW GOVERNMENT	PARTS	149.38
68331	CHEMATOX LABORATORY INC	TESTING	435.00
68332	CIVICPLUS	FEE	4,886.34
68333	COPIER & SUPPLY CO INC	CONTRACTS	408.18
68334	CUMMINS ROCKY MOUNTAIN LLC	PARTS/REPAIRS	2,671.45
68335	DELL MARKETING L P	EQUIPMENT	965.86
68336	DELTA DENTAL	CLAIMS	43,363.00
68337	DIGITAL-ALLY INC	EQUIPMENT	12,030.00
68338	DRINKLE, PATRICIA W	MILEAGE	259.20
68339	EDA ARCHITECTS INC	SERVICES	349,733.42
68340	ELECTRICAL CONNECTIONS INC	REPAIRS	580.95
68341	F B MCFADDEN WHOLESALE COMPANY	SUPPLIES	402.24
68342	F B MCFADDEN WHOLESALE COMPANY	INMATE FOOD/COMMISSARY	4,265.37
68343	FIRST CHOICE FORD	PARTS/REPAIRS	664.65
68344	FREMONT MOTOR ROCK SPRINGS INC	PARTS	314.72
68345	G & K SERVICES	SERVICES	119.96
68346	GASAWAY, KYLE E	MILEAGE	220.80
68347	GOLDEN HOUR SENIOR CITIZENS CENTER	BUDGET ALLOCATION	22,500.00
68348	GRAINGER	SUPPLIES	234.00
68349	GREEN RIVER CHAMBER OF COMMERCE	DUES	120.00
68350	HI-TECH AUTO BODY	REPAIRS	4,414.18
68351	HIGH SECURITY LOCK & ALARM	KEYS	22.00
68352	HOMAX OIL SALES INC	FUEL/ADDITIVE	3,384.20
68353	HONNEN EQUIPMENT CO OF WYOMING INC	SUPPLIES	200.20
68354	HOSE & RUBBER SUPPLY	PARTS	739.73
68355	HOSPICE OF SWEETWATER COUNTY	BUDGET ALLOCATION	24,500.00
68356	IBARRA, JOSEFINA	MEALS/MILEAGE	43.07
68357	INDUSTRIAL SOLUTIONS INC	SERVICES	717.00
68358	JENNY SERVICE CO	COMMISSARY	824.20
68359	JME FIRE & HOIST PROTECTION INC	INSPECTIONS	334.30
68360	KONE INC	MAINTENANCE	8,489.13
68361	LITTLE AMERICA - CHEYENNE	LODGING	198.00
68362	LOVELESS, JANET	TRANSCRIPTION	204.75
68363	MACY'S TRUCK REPAIR INC	PARTS/REPAIRS	1,975.91
68364	MARCHAL, KRISENA	MILEAGE	54.54
68365	MCKEE FOODS CORPORATION	INMATE FOOD	790.00
68366	MEADOW GOLD DAIRIES SLC	INMATE FOOD	2,447.29
68367	MEMORIAL HOSPITAL CLINIC	MEDICAL	114.00
68368	MEMORIAL HOSPITAL OF SWEETWATER CO	AUTOPSY/TESTING	2,046.00
68369	MOORE MEDICAL, LLC	SUPPLIES	575.99
68370	MOTOROLA SOLUTIONS INC	EQUIPMENT	32,331.25
68371	MOUNTAIN BAY SCUBA 06	INSPECTIONS	195.00
68372	MOUNTAINLAND SUPPLY LLC	SUPPLIES	1,911.00
68373	NAPA AUTO PARTS UNLIMITED	PARTS/SUPPLIES	238.20
68374	NECROSEARCH INTERNATIONAL	SERVICES	2,030.07
68375	NICHOLAS & COMPANY	INMATE FOOD	2,230.70
68376	NORCO INC	SUPPLIES	83.81
68377	O'REILLY AUTO PARTS	PARTS	22.93
68378	PACIFIC STEEL & RECYCLING	SUPPLIES	63.65
68379	LAW OFFICE OF BOBBY W PINEDA	FEES	130.00
68380	PLAINSMAN PRINTING & SUPPLY	OFFICE SUPPLIES	501.47
68381	PLAN ONE/ARCHITECTS	REIMBURSABLES	235.58
68382	PREMIER VEHICLE INSTALLATION INC	INSTALLATION	2,131.48
68383	PROGRESSIVE MICROTECHNOLOGY INC	SUPPORT	495.00
68384	QUILL CORPORATION	OFFICE SUPPLIES	883.39
68385	R S REFRIGERATION SUPPLY	PARTS	78.29
68386	REAL KLEEN INC	SUPPLIES	776.25
68387	REILLY, CARLA S	RENT	600.00
68388	REMOTEC INC	PARTS	2,260.00
68389	RIZZI, STEVEN	SHIPPING/SUPPLIES	50.00
68390	ROCK SPRINGS NEWSPAPERS INC	ADS	3,190.82
68391	ROCK SPRINGS WINNELSON CO	PARTS/TANK	229.60
68392	ROCKY MOUNTAIN SERVICE BUREAU INC	COMMISSION	114.94
68393	SALT LAKE VALLEY CHRYSLER DODGE	SIDE STEPS	927.06
68394	SEMI SERVICE INC	PARTS	726.35
68395	SHADOW MOUNTAIN WATER OF WYOMING INC	RENTAL/WATER	41.80
68396	SIX STATES DISTRIBUTORS INC	SUPPLIES	141.82

68397	SKAGGS COMPANIES INC	UNIFORMS	1,638.85
68398	SNAP ON TOOLS	TOOLS	389.74
68399	SOUTHERN IDAHO FIRE ACADEMY	TRAINING	64.00
68400	SOUTHWEST COUNSELING SERVICE	PRE-EMPLOYMENT	280.00
68401	SPECIALIZED PATHOLOGY CONSULTANTS	AUTOPSY	1,165.00
68402	STAPLES ADVANTAGE - DEPT LA	OFFICE SUPPLIES	69.27
68403	STAPLES CREDIT PLAN	SUPPLIES	77.45
68404	STERLING COMMUNICATIONS & ELECTRONICS	RENT	254.00
68405	SUNLITE SERVICE	TOWING	75.00
68406	SWEETWATER CO CIRCUIT COURT	FEE	40.00
68407	SWEETWATER COUNTY HEALTH BOARD	BUDGET ALLOCATION/SHOTS	49,720.25
68408	SWEETWATER FAMILY RESOURCE CENTER	BUDGET ALLOCATION/GRANT EXPENSES	11,866.41
68409	SWEETWATER MEDICS LLC	BUDGET ALLOCATION	26,050.76
68410	SWEETWATER PLUMBING & HEATING	PARTS	873.95
68411	SWEETWATER TROPHIES	SHIPPING	58.51
68412	TASC CLIENT SERVICES	FEES	1,373.40
68413	THE MASTER'S TOUCH LLC	NOTICES	109.77
68414	THE TIRE DEN INC	TIRES/REPAIRS	1,115.95
68415	THOMSON REUTERS-WEST PAYMENT CENTER	SUBSCRIPTION	1,261.67
68416	TIP TOP EMBROIDERY & WORKWEAR	EMBROIDERY	6.50
68417	TOWN OF WAMSUTTER	UTILITIES	85.00
68418	TUBBS MD LLC, KENNON C	INMATE MEDICAL	5,000.00
68419	U S FOODS INC	INMATE FOOD	3,664.74
68420	ULTRAMAX AMMUNITION	AMMUNITION	3,725.00
68421	UNIQUE SIGNS & DESIGNS	SIGNS	1,200.00
68422	UNITED SITE SERVICES	RESTROOM	200.00
68423	VAN MATRE, DON	MILEAGE	402.84
68424	VEHICLE LIGHTING SOLUTIONS INC	LIGHTBAR	1,664.47
68425	WATCH SYSTEMS LLC	MAILINGS	115.15
68426	WAXIE SANITARY SUPPLY	SUPPLIES	2,352.70
68427	WEIMER, JACK	SUPPLIES/MEAL	123.01
68428	WENDLING, RANDAL M	MILEAGE	319.68
68429	WESTERN WYOMING COLLEGE	OFFICE SUPPLIES	17.52
68430	WESTERN WYOMING COMMUNITY COLLEGE	PHONE	9.78
68431	WORKFORCEQA CSS HOLDINGS LLC	TESTING	180.00
68432	W C & P A A	DUES	1,000.00
68433	WYOMING COUNTY COMMISSIONERS ASSN	CONFERENCE	100.00
68434	WYOMING DEPT OF TRANSPORTATION	PERU BRIDGE	2,435.04
68435	WYOMING MACHINERY COMPANY	PARTS/REPAIRS	2,244.07
68436	WYOMING TRUCKING ASSOCIATION	DUES	180.00
68437	WYOMING.COM	E-MAIL/WIRELESS	61.95
68438	WYOPASS	MEMBERSHIPS	165.00
68439	YOUNG AT HEART CENTER	GRANT EXPENSES	2,299.50
68440	YWCA OF SWEETWATER COUNTY	BUDGET ALLOCATION/GRANT EXPENSES	71,703.33

GRAND TOTAL: 2,447,146.88

****

The following bonds were placed on file:

Charles Barnum	SWCO Fair Board, Treasurer	$10,000.00

****

The following abates/rebates were placed on file:

TAXPAYER	VALUATION	TAXPAYER	VALUATION
BREITBURN OPERATING LP	-1,126	SORORA TAQUERIA	-450
BREITBURN OPERATING LP	-134,999	SORORA TAQUERIA	-433
BREITBURN OPERATING LP	-461,833	SORORA TAQUERIA	-397
BREITBURN OPERATING LP	-412,010	SORORA TAQUERIA	-359
BP AMERICA PROD CO	-66,903	SORORA TAQUERIA	-322
BP AMERICA PROD CO	-401	BREITBURN OPERATING LP	-9,105
BUSY BEARSKIS QUALITY YARD MAINTENANCE	-333	BREITBURN OPERATING LP	5,382
BUSY BEARSKIS QUALITY YARD MAINTENANCE	-306	YATES PETROLEUM CORP	-6,621

****

Public Hearing

Budget Amendment for Facilities Custodial Department

Accounting Manager Bonnie Berry and Custodial Manager Karen Bailey presented Resolution 16-02-CL-01. Following discussion, Chairman Johnson opened the public hearing. Hearing no comments, the

hearing was closed. ***Commissioner Kolb moved to approve Resolution 16-02-CL-01. Commissioner Wendling seconded the motion.*** Following further discussion, the motion carried.

RESOLUTION 16-02-CL-01
SWEETWATER COUNTY
BUDGET AMENDMENT

DUE to unanticipated payroll expenditures within the Facilities Custodial department totaling $3,000

WHEREAS, it has been determined that the aforementioned funds need to be transferred within the 2015-2016 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 2015-2016 fiscal year budget for Sweetwater County be amended to reflect the following budget changes:

Expenditure Increase General Fund:

Facilities Custodial – Payroll	$3,000

Expenditure Decrease General Fund:

Facilities Custodial – Operating	($3,000)

Dated at Green River, Wyoming this 16th day of February, 2016.

THE BOARD OF COUNTY COMMISSIONERS
OF SWEETWATER COUNTY, WYOMING

_____
Wally J. Johnson, Chairman

_____
John K. Kolb, Member

_____
Don Van Matre, Member

ATTEST:

_____
Randal M. Wendling

_____
Steven Dale Davis, County Clerk

_____
Reid O. West, Member

****

Catering Permit

Request Approval of a Catering Permit for Eden Saloon Inc. on March 12, 2016 for a Wedding Reception at the Farson Eden Community Center
County Clerk Dale Davis presented a catering permit for Eden Saloon Inc. for a wedding reception to be held at the Farson Eden Community Center on March 12, 2016. ***Commissioner West moved to approve the request. Commissioner Wendling seconded the motion.*** The motion carried.

Commissioner Comments/Reports

Commissioner Kolb
Commissioner Kolb reported on his liaison meeting for Memorial Hospital. Commissioner Kolb further reported that he attended the WCCA Conference/Legislative Session and reception. Lastly, Commissioner Kolb noted that he spoke with Memorial Hospital CEO Jerry Kline, County Attorney Dan Erramouspe, Grants Manager Krisena Marchal and Land Use Director Eric Bingham.

Commissioner Wendling
Commissioner Wendling reported that he attended meetings for the Farson Eden Waste Board, the Conservation District, the Wamsutter Town Council, the American Legion Archie Hay Post 24 Board, the Rock Springs McDonald's Ribbon Cutting Ceremony, and the WCCA Conference/Legislative Session and reception. Commissioner Wendling reported on his liaison meetings for the Star Board, Juvenile Detention Alternative Initiative Board, and Communities Protecting the Green Board. Commissioner Wendling explained that he drove to Granger to check the status of the water situation and expressed his appreciation to Commissioner West for the continued update on Granger.

Chairman Johnson

Chairman Johnson reported that he attended the WCCA Conference/Legislative Session and reception. Chairman Johnson provided a copy of a letter submitted to Governor Mead relative to Sweetwater County employment and budget reserve figures and expressed his appreciation to Human Resource Director Garry McLean for drafting the letter. Chairman Johnson addressed the importance of AML Funding. Chairman Johnson reported that he attended a Wyoming Public Lands Initiative (WPLI) meeting and recommended to opt out of the WPLI. Following discussion, Chairman Johnson entertained a motion to opt out of the current WPLI process as it is going forward with the WCCA. ***Commissioner Wendling so moved. Commissioner West seconded the motion.*** Following further discussion, the motion carried with Commissioner Kolb voting in opposition due to wanting a voice at the table. Chairman Johnson explained that he will be traveling to Cheyenne on February 17, 2016 to attend the WLCI meeting. Lastly, Chairman Johnson read a report from Facilities Manager Chuck Radosevich.

Commissioner Van Matre

Commissioner Van Matre reported that he attended the WCCA Conference/Legislative Session and reception. Commissioners Van Matre and Johnson expressed their appreciation to Senior Buyer Marilyn Nomis for always accommodating traveling needs for each commissioner. Commissioner Van Matre announced that Brigida (Brie) Blasi has taken over the Museum Director position. Commissioner Van Matre reported that he visited with the Parks and Recreation Board, Golden Hour Senior Citizen Center Director Sheila Schermetzler, VSO staff, IT Director Tim Knight, and Custodial Manager Karen Bailey.

Commissioner West

Commissioner West expressed his apologies for not being able to attend the WCCA Conference/Legislative Session and reception. Commissioner West reported on the Granger water issues. Commissioner West addressed the increased expenditures on insurance claims. Commissioner West announced that Public Works Director John Radosevich will be retiring May 1, 2016 and wished him well and also introduced Assistant County Engineer Kyle Howe.

Break

Chairman Johnson called for a break.

County Resident Concerns

Chairman Johnson opened county resident concerns. County resident and business owner Kevin Kenning was present to discuss capital projects (the Justice Center and the school in Farson) and questioned how many employees will be moving out of Green River and how the projects are being funded. Chairman Johnson addressed Mr. Kenning's concerns regarding the Justice Center but recommended that he address concerns regarding the school with School District Number One. Hearing no further comments, the county resident concerns comment period was closed.

Action/Presentation Items

Approval of Countywide Consensus Block Grant Joint Resolution #BFY15/16-9 for Granger and Superior

Commissioner Kolb presented the Countywide Consensus Block Grant Joint Resolution #BFY15/16-9 for Granger and Superior. Granger Mayor Sandy Allen was present to explain the request for the Town of Granger. Mayor Allen expressed her appreciation to several county employees for assisting Granger during the water issue. ***Commissioner Kolb moved to approve the Countywide Consensus Block Grant Joint Resolution #SWBFY15/16-9 for Granger and Superior. Commissioner Wendling seconded the motion.*** The motion carried.

Letter of Support for Mental Health and Substance Abuse Application for Services and Regional Services

Commissioner West moved to approve the letter and authorize the Chairman to sign. Commissioner Wendling seconded the motion. The motion carried.

Board Appointments:

Solid Waste Disposal District # 2 (Bairoil/Wamsutter)- to fill an unexpired term through July 1, 2017.

Following discussion relative to filling the unexpired term with a resident from Wamsutter, Chairman Johnson entertained a motion to table action on the Solid Waste Disposal District 2 Bairoil/Wamsutter. ***Commissioner Wendling so moved. Commissioner Van Matre seconded the motion.*** The motion carried.

GR/RS/SWCO Joint Powers Water Board (3 Year Term)

Following discussion, ***Commissioner Kolb moved to re-appoint Al Harris. Commissioner Wendling seconded the motion.*** The motion carried.

Rock Springs Outlying Building Demolition Bid Award

Purchasing Manager Marty Dernovich and Facilities Manager Chuck Radosevich presented the Rock Springs outlying building demolition bid award and recommended to award the contract to Wylie Construction in the amount of $32,422.00. Following discussion, Chairman Johnson entertained a motion to award the bid to Wylie Construction in the amount of $32,422.00 and authorize the Chairman to sign all related documents. ***Commissioner Wendling so moved. Commissioner Van Matre seconded the motion.*** The motion carried.

Request to Replace Full Time Vacancy and Seasonal Vacancies in the Fire Department

Sweetwater County Fire Warden Mike Bournazian and Human Resource Director Garry McLean requested authorization to replace a full time vacancy and seasonal vacancies. Following discussion, Chairman Johnson entertained a motion to approve the request as presented and authorize the Chairman to sign. ***Commissioner Wendling so moved. Commissioner West seconded the motion.*** Following discussion, the motion carried.

Request to Replace Vacancy in the Detention Center and Vacancy in the Sheriff's Office

Sheriff Lowell and Human Resource Director Garry McLean requested authorization to replace a vacancy in the Detention Center and the Sheriff's Office. Following discussion, Chairman Johnson entertained a motion to approve the request as presented and authorize the Chairman to sign. ***Commissioner West so moved. Commissioner Van Matre seconded the motion.*** The motion carried.

Minimum Revenue Guarantee Update

Rock Springs/Sweetwater County Airport Manager Devon Brubaker and Executive Assistant Shannon Lucero provided the SkyWest Airlines FY17 minimum revenue guarantee update. Following discussion, the commission expressed their appreciation for the update.

Executive Session(s)-Personnel/Legal

Chairman Johnson entertained a motion to enter into executive session for legal***. Commissioner Van Matre so moved. Commissioner Kolb seconded the motion.*** The motion carried. A quorum of the commission was present.

After coming out of executive session for legal, Chairman Johnson explained that no action was required. Chairman Johnson explained that a need arose for an additional executive session for personnel. Chairman Johnson entertained a motion to go back into executive session for personnel and legal. ***Commissioner Wendling so moved. Commissioner Kolb seconded the motion.*** The motion carried. A quorum of the commission was present.

After coming out of executive session, Chairman Johnson explained that no action was required.

Adjourn

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

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

THE BOARD OF COUNTY COMMISSIONERS
OF SWEETWATER COUNTY, WYOMING

_____
Wally J. Johnson, Chairman

_____
John K. Kolb, Member

_____
Don Van Matre, Member

ATTEST:

_____
Randal M. Wendling

_____
Steven Dale Davis, County Clerk

_____
Reid O. West, Member

****

	DATE	AMOUNT	WARRANT #'S
EAL	2/17/2016	762.60	68441-68451
EAL	2/19/2016	61,158.83	
EAL	2/26/2016	14,447.98	
EAL	3/1/2016	833,343.03	
EAL			

		Check #	Advice #
Payroll Run	Payroll:		
Payroll Run			
Payroll Run			

TOTAL AMOUNT $909,712.44

Vouchers in the above amount are hereby approved and ordered paid this date of 03/01/2016

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 Monthly Reports
3-1-16

1. **Clerk of District Court**
2. **Sheriff**

THE BOARD OF COUNTY COMMISSIONERS
FOR SWEETWATER COUNTY, WYOMING

Wally J. Johnson, Chairman

John K. Kolb, Member

Attest:

Donald Van Matre, Member

Randal M. Wendling, Member

Steven Dale Davis, County Clerk

Reid O. West, Member

Monthly Statement

Statement of the earnings or collections of **Donna Lee Bobak** as **Clerk of District Court** within and for the county of Sweetwater, state of Wyoming, for the month ending:

JANUARY, 2016

Reported to the Board of County Commissioners of said County.

CIVIL FEES	$	5,518.00
Code: DC		
BOND FORFIETED	$	0.00
Code: FO		
CRIMINAL FINES/COSTS	$	98.85
Code: CF		
TOTAL EARNINGS	$	5,616.85

Clerk of District Court Check # 10366

STATE OF WYOMING
COUNTY OF SWEETWATER

I hereby certify that the above is a true and correct statement of the earnings of my office, or of moneys collected by me as such officer, during the month above mentioned, and that the same has been by me paid into the county treasury

Witness, my hand and seal this 1st day of February, 2016.

Donna Lee Bobak, Clerk of District Court

THE DISTRICT COURT OF WYOMING
SEAL
SWEETWATER COUNTY

ORIGINAL

MONTHLY STATEMENT

Statement of the Earnings or Collections of Mike Lowell

as Sheriff within and for the County of Sweetwater

State of Wyoming, for the month ending January 29, 2016, and reported to the Board of County Commissioners of said County.

COUNTY CLERK,	Recording Fees,	
	Marriage Licenses,	
	Chattel Mortages,	
	Motor Certificates of Title,	
	Sale of County Property,	
	Miscellaneous Receipts,	
	Total Receipts,	
CLERK, DISTRICT COURT,	Civil Fees,	
	Probate Fees,	
	Criminal fines and Costs,	
	Miscellaneous Fees,	
	Total Earnings,	
SHERIFF,		573672
ASSESSOR,		

STATE OF WYOMING)
)ss.
County of Sweetwater)

I hereby certify that the above is a true and correct statement of the earnings of my office, or of moneys collected by me as such officer during the month above mentioned, and that the same has been by me paid into the County Treasury.

WITNESS my hand and seal this 29 day of January, 2016.

Mike Lowell, County Sheriff

Mike Lowell

Authorization for Bonds
3-1-16

Joyce Corcoran	SWCO School District No. 1	$100,000.00
Kelly McGovern	SWCO School District No. 1, Superintendent	$ 50,000.00

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

_____
James P. Schermetzler, Deputy County Attorney

Western Surety Company

OFFICIAL BOND AND OATH
OF SCHOOL DISTRICT TREASURER

KNOW ALL PERSONS BY THESE PRESENTS: Bond No. 55030518

That we, Joyce Corcoran, of Rock Springs, Wyoming, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Wyoming, as Surety, are held and firmly bound unto Sweetwater County School District No. 1 of the State of Wyoming, in the penal sum of One Hundred Thousand and 00/100 DOLLARS ($ 100,000.00), to which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.

Dated this 25th day of September, 2015.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal was on the _____ day of _____, _____, duly elected to the office of Treasurer in the Sweetwater County School District No. 1, and State aforesaid, for the term beginning January 5, 2016, and ending January 5, 2017.

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

WESTERN SURETY COMPANY CORPORATE SEAL SOUTH DAKOTA

Joyce Corcoran
Principal

WESTERN SURETY COMPANY

By Paul T. Bruflat
Paul T. Bruflat, Vice President

Form 944-D-11-2014

Dale Davis - County Clerk

From: Scot Duncan <duncans@sw1.k12.wy.us>
Sent: Wednesday, February 10, 2016 10:21 AM
To: Dale Davis - County Clerk
Subject: SCSD #1 Official Bond and Oath

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Mr. Davis,

In reference to the Official Bond and Oath for the District Superintendent and the Treasurer of the Board of Trustees, our School Board Attorney has approved the bonds and the District has complied with W.S. 21-3-110(a)(ix).

Thank you,

Scot

SWEETWATER COUNTY SCHOOL DISTRICT #1

SCOT DUNCAN
Chief Financial Officer

Sweetwater County School District #1
P.O. Box 1089, Rock Springs, WY 82902
Phone: 307-352-3400 ext 1217
Fax: 307-352-3411
Email: duncans@sw1.k12.wy.us
Web: sweetwater1.org

Inspiring all Students to Academic Excellence

This e-mail message, which is from Sweetwater County School District Number one, State of Wyoming, contains CONFIDENTIAL and PRIVILEGED INFORMATION. In addition, the information may be protected by applicable Federal and State laws including, without limitation, the provisions of the Family Educational Rights and Privacy Act (FERPA) which prohibits unauthorized disclosures.

If you have received this communication in error (you are not the addressee or authorized receiver for the addressee), you may not use, copy, or disclose the message or any information contained in the message. If you have received this e-mail in error, please advise the sender immediately by reply e-mail and delete this message.

Wyoming

Western Surety Company

OFFICIAL BOND AND OATH

KNOW ALL PERSONS BY THESE PRESENTS: Bond No. 54932416

That we Kelly Mc Govern,

of Rock Springs, Wyoming, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Wyoming, as Surety, are held and firmly bound unto Sweetwater County School District No. 1, the State of Wyoming, in the penal sum of Fifty Thousand and 00/100 DOLLARS ($ 50,000.00), to which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally, firmly by these presents.

Dated this 19th day of June, 2015.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal was duly Appointed ☒ Elected ☐ to the office of Superintendent in the Sweetwater County School District No. 1, and State aforesaid for the term beginning October 15, 2015, and ending October 15, 2016.

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

Kelly McGovern
Principal

WESTERN SURETY COMPANY

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

Form 944-A-10-2010

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA
County of Minnehaha } ss

On this 19th day of June, 2015, before me, appeared

Paul T. Bruflat to me personally known, being by me sworn, and did say that he is the aforesaid officer of WESTERN SURETY COMPANY, and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said officer acknowledged said instrument to be the free act and deed of said corporation.

S. PETRIK
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA

S. Petrik
Notary Public

My Commission Expires August 11, 2016

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, obey and defend the constitution of the United States, and the constitution of the state of Wyoming; that I have not knowingly violated any law related to my election or appointment, or caused it to be done by others; and that I will discharge the duties of my office with fidelity.

Kelly McGovern

TONETTE M. WEST · NOTARY PUBLIC
COUNTY OF SWEETWATER STATE OF WYOMING
MY COMMISSION EXPIRES 4/17/2018

State of Wyoming
County of Sweetwater } ss

This Oath of Office was subscribed and sworn to before me by Kelly Mc Govern
on this 11th day of August, 2015
My commission expires:
4/17/2018

Tonette M. West
Notary Public, Wyoming

ACKNOWLEDGMENT OF PRINCIPAL

THE STATE OF WYOMING
County of Sweetwater } ss

On this 11th day of August, 2015, before me, personally appeared

Kelly Mc Govern, to me known to be the person described in and who executed the foregoing instrument as Principal, and acknowledged that the same was executed as

free act and deed.

My commission expires
April 17, 2018

Tonette M. West
Notary Public, Wyoming

TONETTE M. WEST · NOTARY PUBLIC
COUNTY OF SWEETWATER STATE OF WYOMING
MY COMMISSION EXPIRES 4/17/2018

Authorization for Abate/Rebate of Ad Valorem Taxes

March 1, 2016

NOVC	TAXPAYER	ACCOUNT	TAX DIST	VALUATION	TAX YEAR	ADJUSTMENTS	REASON	A/R NUMBER
	LEFAIVRE ROBERT C	103461	101	-130	2006	-8.52	NOT IN COUNTY	3116
	LEFAIVRE ROBERT C	103461	101	-128	2007	-8.44	NOT IN COUNTY	3216
	LEFAIVRE ROBERT C	103461	101	-114	2008	-7.64	NOT IN COUNTY	3316
	LEFAIVRE ROBERT C	103461	101	-112	2009	-7.50	NOT IN COUNTY	3416
	LEFAIVRE ROBERT C	103461	101	-118	2010	-8.00	NOT IN COUNTY	3516
	LEFAIVRE ROBERT C	103461	101	-118	2011	-8.02	NOT IN COUNTY	3616
	LEFAIVRE ROBERT C	103461	101	-120	2012	-8.16	NOT IN COUNTY	3716
	LEFAIVRE ROBERT C	103461	101	-123	2013	-8.32	NOT IN COUNTY	3816
	LEFAIVRE ROBERT C	103461	101	-131	2014	-8.86	NOT IN COUNTY	3916
	LEFAIVRE ROBERT C	103461	101	-156	2015	-10.50	NOT IN COUNTY	31016
	LEFAIVRE ROBERT C	105612	101	-120	2006	-7.88	NOT IN COUNTY	31116
	LEFAIVRE ROBERT C	105612	101	-117	2007	-7.72	NOT IN COUNTY	31216
	LEFAIVRE ROBERT C	105612	101	-104	2008	-6.98	NOT IN COUNTY	31316
	LEFAIVRE ROBERT C	105612	101	-102	2009	-6.82	NOT IN COUNTY	31416
	LEFAIVRE ROBERT C	105612	101	-108	2010	-7.32	NOT IN COUNTY	31516
	LEFAIVRE ROBERT C	105612	101	-108	2011	-7.34	NOT IN COUNTY	31616
	LEFAIVRE ROBERT C	105612	101	-109	2012	-7.42	NOT IN COUNTY	31716
	LEFAIVRE ROBERT C	105612	101	-112	2013	-7.58	NOT IN COUNTY	31816
	LEFAIVRE ROBERT C	105612	101	-120	2014	-8.12	NOT IN COUNTY	31916
	LEFAIVRE ROBERT C	105612	101	-143	2015	-9.62	NOT IN COUNTY	32016
	LEGARRETA SANCHEZ MARIA L ANGELES	104502	103	-538	2013	-40.68	NOT IN COUNTY	32116
	LEGARRETA SANCHEZ MARIA L ANGELES	104502	103	-518	2012	-39.26	NOT IN COUNTY	32216
2016-0072	ANADARKO E&P CO LLP	63959	100	-1221	2013	-77.89	DOR	32316
	KJ MOBILE HOMES	105547	151	-247	1997	-19.12	NOT IN COUNTY	32416
	KJ MOBILE HOMES	105547	151	-171	1998	-12.28	NOT IN COUNTY	32516
	KJ MOBILE HOMES	105547	151	-161	1999	-11.50	NOT IN COUNTY	32616
	KJ MOBILE HOMES	105547	151	-152	2000	-10.84	NOT IN COUNTY	32716
	KJ MOBILE HOMES	105547	151	-133	2001	-9.40	NOT IN COUNTY	32816
	KJ MOBILE HOMES	105547	151	-142	2002	-10.00	NOT IN COUNTY	32916
	KJ MOBILE HOMES	105547	151	-142	2003	-10.02	NOT IN COUNTY	33016

	KJ MOBILE HOMES	105547	151	-133	2004	-9.38	NOT IN COUNTY	33116
	KJ MOBILE HOMES	105547	151	-142	2005	-10.00	NOT IN COUNTY	33216
	KJ MOBILE HOMES	105547	151	-140	2006	-9.90	NOT IN COUNTY	33316
	KJ MOBILE HOMES	105547	151	-143	2007	-10.16	NOT IN COUNTY	33416
	KJ MOBILE HOMES	105547	151	-46	2008	-3.32	NOT IN COUNTY	33516
	KJ MOBILE HOMES	105547	151	-47	2009	-3.40	NOT IN COUNTY	33616
	KJ MOBILE HOMES	105547	151	-47	2010	-3.44	NOT IN COUNTY	33716
	KJ MOBILE HOMES	105547	151	-48	2011	-3.50	NOT IN COUNTY	33816
	KJ MOBILE HOMES	105547	151	-48	2012	-3.50	NOT IN COUNTY	33916
	KJ MOBILE HOMES	105547	151	-50	2013	-3.63	NOT IN COUNTY	34016
	KJ MOBILE HOMES	105547	151	-53	2014	-3.85	NOT IN COUNTY	34116
	KJ MOBILE HOMES	105547	151	-54	2015	-3.90	NOT IN COUNTY	34216
					COMMISSIONER			
ATTEST								
DALE DAVIS					**COMMISSIONER**			
					COMMISSIONER			
					COMMISSIONER			
					COMMISSIONER			

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Requested Meeting Date: MARCH 1, 2016	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 2016 - 2017

LT Enterprises - White Mountain Mining Co	Larry Shepard	Retail Liquor License
Kayar Distributing - Kelly's Hitching Post	Kelly & Denise Richards	Retail Liquor License
Buckboard Marina	Leslie R. Tanner	Retail Liquor License
Eden Saloon	George Buckendorf	Retail Liquor License
The HUB LLC - Mustang Travel Stop	Mandy Slaugh	Retail Liquor License
Varley Mercantile LLC - Point Bar	Roger D. Varley	Retail Liquor License
Lalene A. Miller - Mitch's	Lalene A. Miller	Retail Liquor License
Little America Hotels & Resorts Inc	Trudy Case	Retail Liquor License
JO/ETTA LLC - The Travel Camp	Shelley E. Smith	Retail Liquor License
Husky Super Stop Inc - Cruel Jack's Travel Plaza	Carole Kruljac	Retail Liquor License
Purple Sage Ventures LLC - Log Inn	Leslie R. Tanner	Restaurant Liquor License
Rolling Green Country Club Inc	Jackie Legerski	Retail Liquor License (Club)
Spring Creek Guest Ranch	Todd or Cindy Jones	County Malt Beverage License
Roger D. Varley - Point Merc	Roger D. Varley	County Malt Beverage License
Mustang Travel Stop LLC	Mandy Slaugh	County Malt Beverage License
Eaton Investments Inc - Farson Feed Store	Dustin Eaton	County Malt Beverage License
Little America Corporation	Trudy Case	County Malt Beverage License
Valley Mart Inc	Dustin Eaton	County Malt Beverage License

WED-28 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 4 / 2016

	Annual Fee
Basic Fee	$ 1000.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 1000.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0002

For the license term: 4 / 10 / 2016 (Month / Day / Year)

Through: 4 / 9 / 2017 (Month / Day / Year)

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

Applicant: LT ENTERPRISES

TradeName(dba):WHITEMOUNTAINMINING COMPANY

Premise Address: 76 GOOKIN (Number & Street)

ROCK SPRINGS (City) WY (State) 82901 (Zip) SWEETWATER (County)

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

GREEN RIVER (City) WY (State) 82935 (Zip)

Business Telephone Number: (307) 382-5265

Fax Number:

E-Mail Address: whitemountainmining@yahoo.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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

DAYS OF WEEK (e.g. Mon through Sat)
MONDAY - SATURDAY

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

4:30 PM TO 2:00 AM

Minimum Purchase Requirement:

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

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

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

1. Location of License:
   (a) Give a description of the dispensing room and state where it is located in the building (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):
   20' X 40' ROOM IN S CENTRAL PORTION OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (f) Provide the legal description and the zoning of the site where the applicant will conduct business:
   T19N R105W SEC 32 TRACT APPROX TWO MILES WEST OF ROCK SPRINGS, OFF FOOTHILL BLVD

4. Have there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☒ NO
   (If yes, submit a drawing of the changes in the dispensing room.)
   c) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☒ NO

FILED 1/4/2016 AT 3:45 PM REC # 2016-L-0002
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

5. **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)
   e) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
   f) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

6. **Restaurant and Bar and Grill Liquor Licenses Only:**
   c) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
   Gross Sales: $_____
   Food Sales: $_____(_____%)
   Liquor Sales: $_____(_____%)

   d) 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

7. **If applicant is a Microbrewery:**
   g) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   h) Do you self distribute your products? ☐ YES ☐ NO
   i) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

8. **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	307.875.9433	YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
Larry G. Shepard	1/17/54	240 Clear View Dr. Green River, WY 82935	307.875.9433	YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

9. **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 ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 4th day of January 2016 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 & LARRY G. SHEPARD this 4th day of Jan, 2016

Witness my hand and official seal. Vickie Eastin
Notary Public or Person Authorized to Administer Oath

My Commission expires: 2-13-19

VICKIE EASTIN - NOTARY PUBLIC
COUNTY OF SWEETWATER STATE OF WYOMING
My Commission Expires 2-13-19

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

WLD-26 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 4 / 2016

	Annual Fee
Basic Fee	$ 1000.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 1000.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0001

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82901 (Zip) SWEETWATER (County)

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

ROCK SPRINGS (City) WY (State) 82902 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☒ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

163.5 SQ FT ROOM IN THE N END OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(v) Provide the legal description and the zoning of the site where the applicant will conduct business:

T19N R105W SEC 9 SE4NE4 TRACT

ıve 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

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

FILED 1/4/2016 AT 1:13 PM REC # 2016-L-0001
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

21. **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)
   kk) **DATE** lease expires: 12/31/2024, located on page 1, paragraph 3 of lease document.
   ll) Provision for **SALE** of alcohol or malt beverages located on page 2, paragraph 5 of lease document.

22. **Restaurant and Bar and Grill Liquor Licenses Only:**
   s) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

   Gross Sales: $_____
   Food Sales: $_____ (_____%)
   Liquor Sales: $_____ (_____%)

   t) 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

23. **If applicant is a Microbrewery:**
   ccc) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   ddd) Do you self distribute your products? ☐ YES ☐ NO
   eee) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

24. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

25. **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?*
Kelly B. Richards	6/3/49	250 Mesa Drive Rock Springs, WY 82901	307.362.3587	23	50	YES ☐ NO ☒	YES ☐ NO ☒
Denise Z. Richards	3/24/49	250 Mesa Drive Rock Springs, WY 82901	307.362.3587	23	50	YES ☐ NO ☒	YES ☐ NO ☒
Island D. Richards	12/27/70	217 Mesa Drive Rock Springs, WY 82901	307.362.9328	21		YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

(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 4 day of January, 2016.

Kelly B Richards
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } **SS.**

Denise Z Richards
Applicant

Subscribed and sworn to before me by Kelly & Denise Richards this 4th day of January, 2016.

Witness my hand and official seal.

Heather Dean
Notary Public or Person Authorized to Administer Oath

My Commission expires: October 1, 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: 12 / 14 / 2015

	Annual Fee
Basic Fee	$ 500.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 500.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2015-L-0002

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82935 (Zip) SWEETWATER (County)

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

GREEN RIVER (City) WY (State) 82935 (Zip)

Business Telephone Number: (307) 875-6927

Fax Number: (307) 875-6927

E-Mail Address: buckbord@sweetwater.net

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

FILING IN

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

DAYS OF WEEK (e.g. Mon through Sat)
MONDAY - SUNDAY

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

7:00 AM TO 7:00 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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

12' X 10' ROOM IN NW CORNER OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(q) Provide the legal description and the zoning of the site where the applicant will conduct business:

T15N R108W SEC 28 FLAMING GORGE RESERVOIR

1 ıve 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

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

FILED 12/14/2015 AT 4:29 PM REC # 2015-L-0002
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

16. **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)
    aa) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
    bb) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

17. **Restaurant and Bar and Grill Liquor Licenses Only:**
    n) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
    Gross Sales: $_____
    Food Sales: $_____(_____%)
    Liquor Sales: $_____(_____%)

    o) 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

18. **If applicant is a Microbrewery:**
    nn) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
    oo) Do you self distribute your products? ☐ YES ☐ NO
    pp) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

19. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

20. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
Leslie R. Tanner	12/2/35	HCR 65 Box 100 Green River, WY 82935	307.875.6927	44	90	YES ☐ NO ☒	YES ☐ NO ☒
Lewis L. Gay	6/6/35	HCR 65 Box 100 Green River, WY 82935	307.875.6927	19	10	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
Christine Hall	8/11/57	HCR65 Box100 Green River WY 82935	307-875-8519	25	0	YES ☐ NO ☒	YES ☐ NO ☒

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

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers or Directors, except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, or **TWO (2)** Club Officers.) W.S.12-4-102(b)

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

Dated this 14 day of December, 2015.

Leslie R. Tanner
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss.

Christine Hall Sec/Trea
Applicant

Christine Hall Sec/Treas.

Subscribed and sworn to before me by Leslie R. Tanner this 14 day of December 2015.

Witness my hand and official seal.

Patricia A Moody
Notary Public or Person Authorized to Administer Oath

My Commission expires: Jan 12 2019

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

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 12 / 2016

	Annual Fee
Basic Fee	$ 500.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 500.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0012

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82932 (Zip) SWEETWATER (County)

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

FARSON (City) WY (State) 82932 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):
   23' X 60' ROOM IN CENTER OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (d) Provide the legal description and the zoning of the site where the applicant will conduct business:
   T24N R106W SEC 20

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☒ NO
   (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

FILED 1/12/2016 AT 1:08 PM REC # 2016-L-0012
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

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

   Gross Sales: $_____
   Food Sales: $_____(_____%)
   Liquor Sales: $_____(_____%)

   b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☐ NO

5. **If applicant is a Microbrewery:**
   a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

7. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
George E. Buckendorf	10/8/55	3629 US HWY 191 N EDEN, WY 82932	307.273.3300	27	25%	YES ☐ NO ☒	YES ☐ NO ☒
Cindy F. Buckendorf	11/16/59	3629 US HWY 191 N EDEN, WY 82932	307.273.3300	27	25%	YES ☐ NO ☒	YES ☐ NO ☒
Patsy J. Smith	8/10/48	3633 US HWY 191 N EDEN, WY 82932	307.705.4680	27	50%	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐

(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 Jan, 2016. George E Buckendorf President
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss.

Cindy Buckendorf / Secretary-Treasurer
Applicant

Subscribed and sworn to before me by George E + Cindy Buckendorf President Secretary-Treas this 12 day of Jan, 2016.

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

My Commission expires: Jan 12, 2019

PATRICIA A. MOODY NOTARY PUBLIC

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

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 19 / 2016

	Annual Fee
Basic Fee	$ 500.00
Additional Disp Rm Fee	$ 333.00
Total Lic Fee Collected	$ 833.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0013

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82935 (Zip) SWEETWATER (County)

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

MANILA (City) UT (State) 84046 (Zip)

Business Telephone Number: (435) 784-3515

Fax Number: (435) 784-3363

E-Mail Address:

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

FILING IN

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☒ combination on/off premise (Both)

☐ 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

DAYS OF WEEK (e.g. Mon through Sat)
MONDAY - SUNDAY
HOURS OF OPERATION (e.g. 10a - 2a)

4:00 PM TO 2:00 AM WEEKDAYS 11:30 AM TO 2:00 AM WEEKENDS

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: 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

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☑ YES ☐ NO If yes, provide description and location:
   50' X 50' ROOM IN SW PORTION OF BLDG 31' X 10' ROOM IN NW PORTION OF BLDG

   (e) Provide the legal description and the zoning of the site where the applicant will conduct business:
   T12N R109W SEC 22 & 27 PARCEL SWEETWATER COUNTY, TRACT 39A

3. Have there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☑ NO
   (If yes, submit a drawing of the changes in the dispensing room.)
   b) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☑ NO

FILED 1/19/2016 AT 3:11 PM REC # 2016-L-0013
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

4. **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)
   c) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
   d) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

5. **Restaurant and Bar and Grill Liquor Licenses Only:**
   b) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
   Gross Sales: $340,984.57
   Food Sales: $177,516.41 55 %)
   Liquor Sales: $163,468.16 45 %)
   c) 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

6. **If applicant is a Microbrewery:**
   d) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   e) Do you self distribute your products? ☐ YES ☐ NO
   f) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

7. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

8. **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?*
Rick Slaugh	12/29/72	516 E State Line Road Manila, UT 84046	435.784.3515	14	50	YES ☐ NO ☑	YES ☐ NO ☑
Mandy Slaugh	2/25/75	516 E State Line Road Manila, UT 84046	435.784.3515	14	50	YES ☐ NO ☑	YES ☑ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 19 day of Jan 2016. Mandy Slaugh
Applicant

THE STATE OF ~~WYOMING~~ UTAH
COUNTY OF DAGGETT } SS.

Applicant

Subscribed and sworn to before me by MANDY SLAUGH this 19th day of January 2016.

Witness my hand and official seal.

Notary Public or Person Authorized to Administer Oath

My Commission expires: 3/23/19

LINDA M PETERSEN
NOTARY PUBLIC - STATE OF UTAH
My Comm. Exp. 03/23/2019
Commission # 681008

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 / 16 / 2015

	Annual Fee
Basic Fee	$ 500.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 500.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2015-L-0003

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82942 (Zip) SWEETWATER (County)

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

POINT OF ROCKS (City) WY (State) 82942 (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

☐ CITY OF _____

☒ COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

☐ INDIVIDUAL ☒ LLC
☐ PARTNERSHIP ☐ LLP
☐ CORPORATION
☐ LIMITED 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

40' X 48' ROOM ON WEST SIDE OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(p) Provide the legal description and the zoning of the site where the applicant will conduct business:

T20N R101W SEC 27 NE4SW4 , ZONED CRS

1[illegible] 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

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

LS

FILED 12/16/2015 AT 3:07 PM REC # 2015-L-0003
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

15. **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)
    y) **DATE** lease expires: 12 / 31 / 2026, located on page 2, paragraph 2 of lease document.
    z) Provision for **SALE** of alcohol or malt beverages located on page 3, paragraph 4 of lease document.

16. **Restaurant and Bar and Grill Liquor Licenses Only:**
    m) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
    Gross Sales: $_____
    Food Sales: $_____ (_____%)
    Liquor Sales: $_____ (_____%)

    n) 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

17. **If applicant is a Microbrewery:**
    kk) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
    ll) Do you self distribute your products? ☐ YES ☐ NO
    mm) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

18. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

19. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
A. Jeff Varley	2/27/59	212 Park Ave. Point of Rocks, WY 82942	307.362.4166	20	10	YES ☐ NO ☒	YES ☐ NO ☒
Roger D. Varley	1/4/63	410 Pioneer Ave. Point of Rocks, WY 82942	307.350.4185	20	90	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 15th day of December, 2015.

_____ Applicant

_____ Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } SS.

Subscribed and sworn to before me by Roger Varley this 16 day of December, 2015

Witness my hand and official seal.

Dona Lesko
Notary Public or Person Authorized to Administer Oath

My Commission expires: 9-8-17

Dona Lesko-Notary Public
County of Sweetwater
State of Wyoming
My Commission Expires 9-8-2017

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

WED-26 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 11 / 2016

	Annual Fee
Basic Fee	$ 500.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 500.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0009

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (Month Day Year)

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

Applicant: LALENE A MILLER

Trade Name (dba): MITCHS

Premise Address: 4070 HWY 191 (Number & Street)

FARSON (City) WY (State) 82932 (Zip) SWEETWATER (County)

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

FARSON (City) WY (State) 82932 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

12' X 12' ROOM ON NORTH END OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(h) Provide the legal description and the zoning of the site where the applicant will conduct business:

T25N R106W SEC 27 SW4NW4 PART SWEETWATER COUNTY

(ave 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

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

FILED 1/11/2016 AT 3:22PM REC # 2016-L-0009
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

7. **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)
   i) **DATE** lease expires: 04 / 10 / 2016, located on page 1, paragraph 1 of lease document.
   j) Provision for **SALE** of alcohol or malt beverages located on page 1, paragraph 2 of lease document.

8. **Restaurant and Bar and Grill Liquor Licenses Only:**
   e) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

   Gross Sales: $ 200,000.00
   Food Sales: $ 195,000.00 (80 %)
   Liquor Sales: $ 5,000.00 (2.0 %)

   f) 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

9. **If applicant is a Microbrewery:**
   m) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   n) Do you self distribute your products? ☐ YES ☐ NO
   o) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

10. **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	8/31/67	4070 HWY 191 North Farson, WY 82932	307.273.9533	YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

11. **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 ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 11 day of January, 2016. Lalene A. Miller
Applicant

THE STATE OF WYOMING }
COUNTY OF Wyoming } SS.

Applicant

Subscribed and sworn to before me by Lalene A Miller this 11th day of January, 2016.

Witness my hand and official seal. Vicki Sanzelli
Notary Public or Person Authorized to Administer Oath

My Commission expires: July 17, 2016

NOTARY PUBLIC
VICKI SANZELLI
WYOMING
SWEETWATER
MY COMMISSION EXPIRES
JULY 17, 2016

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

WLD-28 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 11 / 2016

	Annual Fee
Basic Fee	$ 500.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 500.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0010

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82929 (Zip) SWEETWATER (County)

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

SALT LAKE CITY (City) UT (State) 84130 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

15' X 35' ROOM IN CENTER OF MAIN BLDG

   (b) If **Winery or Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (g) Provide the legal description and the zoning of the site where the applicant will conduct business:

T18N R110W SEC 17 TRACT 25 MILES WEST OF GREEN RIVER

5 ave 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
d) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☒ NO

FILED 1/11/2016 AT 3:27 PM REC # 2016-L-0010
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

9. **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)
   m) **DATE** lease expires: __ __/__ __/__ __, located on page _____, paragraph __ ___ of lease document.
   n) Provision for **SALE** of alcohol or malt beverages located on page __ ___, paragraph __ ___ of lease document.

10. **Restaurant and Bar and Grill Liquor Licenses Only:**
   g) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
   Gross Sales: $_____
   Food Sales: $_____(_____%)
   Liquor Sales: $_____(_____%)

   h) 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

11. **If applicant is a Microbrewery:**
   s) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   t) Do you self distribute your products? ☐ YES ☐ NO
   u) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

12. **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 a year and maintained 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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

13. **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	# 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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 4th day of January, 2016.

S.E. Holding, President Applicant

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

S.K. Mayeda, Secretary Applicant

Subscribed and sworn to before me by S.E. Holding, Pres S.K. Mayed, Sec. this 8th day of January, 2016.

Witness my hand and official seal.

Notary Public or Person Authorized to Administer Oath

My Commission expires: May 12, 2016

TRUDY G. CASE
NOTARY PUBLIC - STATE OF UTAH
My Comm. Exp. 05/12/2016
Commission # 654047

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

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

Title	Name	Address	Home Phone	% of Stock Held	Years in Corp
Director, Vice President	Stephen E. Holding	4061 Mt. Olympus Way Salt Lake City, UT 84124	801-524-2715	0%	28
Director	Carol Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	0%	48
Director	R.B. Matthews	500 Throckmorton Street #1510 Ft. Worth, TX 76102	801-526-3714	0%	15
Director Chief Executive Officer	Bruce T. Fery	6351 Shenandoah Park Ave Salt Lake City, UT 84121	801-728-3050	0%	13
Chief Tax Officer	Terry Whipple	4459 S. 2700 E. Salt Lake City, UT 84124	801-272-4530	0%	28
Secretary	Lynn C. Hart	943 E. 260 N. Orem, UT 84097	801-524-2756	0%	18

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

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

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

Title	Name	Address	Home Phone	% of Stock Held	Years in Corp
Chief Executive Officer	Bruce Fery	6351 Shenandoah Park Ave Salt Lake City, UT 84121	801-728-3050	0%	13
Director, Vice President	Stephen E. Holding	4061 Mt. Olympus Way Salt Lake City, UT 84124	801-524-2715	0%	28
Chief Tax Officer	Terry Whipple	4459 S. 2700 E. Salt Lake City, UT 84124	801-272-4530	0%	28
Director, Secretary	Scott K. Mayeda	2324 South 2200 East Salt Lake City, UT 84109	801-486-0996	0%	18

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

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

Directors/ Officers of The Sinclair Companies

Title	Name	Address	Home Phone	% of Stock held	Years in Corp
Chairman, Executive VP	Carol Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	20.17%	48
Director, Vice Chairman President	Stephen E. Holding	4061 Mt. Olympus Way Salt Lake City, UT 84124	801-524-2715	30.31%	28
Director VP, Assistant Secretary	K.M. Holding	2800 West Lincolnway Cheyenne, WY 82001	801-524-2967	30.44%	29
Director	Anne Holding Peterson	2945 Robidoux Road Sandy, UT 84093	801-942-9045	19.08%	45
Senior Vice President Government Relations	Clint W. Ensign	8817 Crest Point Salt Lake City, UT	801-943-3034	0%	31
Secretary	Lynn C. Hart	943 E. 260 N. Orem, UT 84097	801-524-2756	0%	18
Chief Tax Officer	Terry R. Whipple	4459 S. 2700 E. Salt Lake City, UT 84124	801-272-4530	0%	28
Treasurer	Charles E. Barlow	1130 Manchester Kaysville, UT 84037	801-544-9711	0%	39

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

WED-28 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 6 / 2016

	Annual Fee
Basic Fee	$ 1200.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 1200.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0003

For the license term: 4 / 10 / 2016 (Month / Day / Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82935 (Zip) SWEETWATER (County)

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

GREEN RIVER (City) WY (State) 82935 (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

☐ CITY OF _____

☒ COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

☐ INDIVIDUAL ☒ LLC
☐ PARTNERSHIP ☐ LLP
☐ CORPORATION
☐ LIMITED 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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
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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

18' X 10' ROOM ON SW SIDE OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (t) Provide the legal description and the zoning of the site where the applicant will conduct business:

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

I ave 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

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

FILED 1/6/2016 AT 3:02 PM REC # 2016-L-0003
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

19. **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)
   gg) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
   hh) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

20. **Restaurant and Bar and Grill Liquor Licenses Only:**
   q) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
   Gross Sales: $_____
   Food Sales: $_____(_____%)
   Liquor Sales: $_____(_____%)

   r) 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

21. **If applicant is a Microbrewery:**
   ww) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   xx) Do you self distribute your products? ☐ YES ☐ NO
   yy) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

22. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

23. **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?*
Shelley E. Smith	2/25/62	135 29 ¾ Rd. Grand Junction, CO 81503	970.216.4188	3	100	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 4th day of January, 2016. Shelley Smith
Applicant

THE STATE OF ~~**WYOMING**~~ Colorado
COUNTY OF Mesa } SS.

Applicant

Subscribed and sworn to before me by Shelly E Smith this 4 day of January, 2016.

Witness my hand and official seal. Kimberly D Blossom
Notary Public or Person Authorized to Administer Oath

My Commission expires: 4/26/2018

KIMBERLY D. BLOSSOM
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20064016248
MY COMMISSION EXPIRES APRIL 26, 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: 1 / 8 / 2016

	Annual Fee
Basic Fee	$ 1000.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 1000.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0005

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82901 (Zip) SWEETWATER (County)

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

ROCK SPRINGS (City) WY (State) 82902 (Zip)

Business Telephone Number: (307) 362-2171

Fax Number: (307) 362-4328

E-Mail Address: crueljacks@sweetwaterhsa.com

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

FILING IN

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):
   230 SQ FT ROOM IN NE CORNER OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)
   N/A

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (s) Provide the legal description and the zoning of the site where the applicant will conduct business:
   T18N R106W SEC 7 SWEETWATER COUNTY Zoned Commercial

2. Have there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☒ NO
   (If yes, submit a drawing of the changes in the dispensing room.)
   p) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☒ NO

LS

FILED 1/8/2016 AT 4:29 PM REC # 2016-L-0005
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

3. 18. **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)

ee) **DATE** lease expires: 4/30/2019, located on page 1, paragraph 1 of lease document. extension agre
ff) Provision for **SALE** of alcohol or malt beverages located on page 1, paragraph 2 of lease document. extension agr

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

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

Gross Sales: $_____
Food Sales: $ N/A (____ %)
Liquor Sales: $_____ (____ %)

q) 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. 20. **If applicant is a Microbrewery:**

tt) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
uu) Do you self distribute your products? N/A ☐ YES ☐ NO
vv) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

6. 21. **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. N/A

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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

7. 22. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
Darrell Kruljac	8/27/43	1129 Hilltop Drive Rock Springs, WY 82901	307.389.7710	39	50	YES ☐ NO ☒	YES ☐ NO ☒
Carole Kruljac	2/17/47	1129 Hilltop Drive Rock Springs, WY 82901	307.389.7710	39	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 6th day of January, 2016. Carole J Kruljac
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss. Darrell Kruljac
Applicant

Subscribed and sworn to before me by Darrell Kruljac + Carole Kruljac this 6th day of January, 2016.

Witness my hand and official seal. Karen L. Johnson
Notary Public or Person Authorized to Administer Oath

My Commission expires: 09/04/2019

KAREN L JOHNSON - NOTARY PUBLIC
County of Sweetwater State of Wyoming
My Commission Expires 09/04/19

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 / 14 / 2015

	Annual Fee
Basic Fee	$ 1200.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 1200.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2015-L-0001

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (Month Day Year)

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

Applicant: PURPLE SAGE VENTURES LLC

Trade Name (dba): LOG INN

Premise Address: 10 PURPLE SAGE ROAD (Number & Street)

ROCK SPRINGS (City) WY (State) 82901 (Zip) SWEETWATER (County)

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

GREEN RIVER (City) WY (State) 82935 (Zip)

Business Telephone Number: (307) 382-0091

Fax Number: (307) 362-2473

E-Mail Address: loginnrestaurant@hotmail.com

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

FILING IN

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☒ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

6' X 6' ROOM IN CENTER OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (r) Provide the legal description and the zoning of the site where the applicant will conduct business:

T18N R106W SEC 12

1 ıve there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☒ NO
(If yes, submit a drawing of the changes in the dispensing room.)
o) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☒ NO

FILED 12/14/2015 AT 4:05 PM REC # 2015-L-0001
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

17. **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)
   cc) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
   dd) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

18. **Restaurant and Bar and Grill Liquor Licenses Only:**
   o) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

Gross Sales:	$ 154716.93
Food Sales:	$ 136130.45 (75 %)
Liquor Sales:	$ 18586.48 (25 %)

   p) 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

19. **If applicant is a Microbrewery:**
   qq) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   rr) Do you self distribute your products? ☐ YES ☐ NO
   ss) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

20. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

21. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
Leslie R. Tanner	12/2/35	HCR 65 Box 100 Green River, WY 82935	307.875.2459	4	50	YES ☐ NO ☒	YES ☐ NO ☒
Lauretta Tanner	9/8/38	HCR 65 Box 100 Green River, WY 82935	307.875.2459	4	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **TWO (2)** Corporate Officers or Directors, except that if all the stock of the corporation is owned by **ONE (1)** individual then that individual may sign and verify the application upon his oath, or **TWO (2)** Club Officers.) W.S.12-4-102(b)

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

Dated this 14 day of December, 2015. Leslie R Tanner
Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } **SS.**

_____
Applicant

Subscribed and sworn to before me by Leslie R Tanner this 14th day of December, 2015.

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

My Commission expires: Jan 12 2019

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

WLD-26 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 11 / 2016

	Annual Fee
Basic Fee	$ 100.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 100.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0008

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (Month Day Year)

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

Applicant: ROLLING GREEN COUNTRY CLUB INC

Trade Name (dba): ROLLING GREEN COUNTRY CLUB

Premise Address: WEST OF GREEN RIVER (Number & Street)

GREEN RIVER (City) WY (State) 82935 (Zip) SWEETWATER (County)

Mailing Address: PO BOX 38 (Number & Street or P.O. Box)

GREEN RIVER (City) WY (State) 82935 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

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

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

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?

☐ FULL TIME (e.g. Jan through Dec)

☒ SEASONAL/PART-TIME

(specify months of operation)

from APRIL 1ST NOVEMBER 1ST

DAYS OF WEEK (e.g. Mon through Sat)
SUNDAY - SATURDAY

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

11:00 AM TO VARIES

Minimum Purchase Requirement:

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

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

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

1. Location of License:

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

34' X 24' ROOM IN CENTER OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(n) Provide the legal description and the zoning of the site where the applicant will conduct business:

T18N R107W SEC 7 LOT 7, 3 1/2 MILES WEST OF GREEN RIVER

j) 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

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

FILED 1/11/2016 AT 3:18 PM REC # 2016-L-0008
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

13. **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)
    u) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
    v) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

14. **Restaurant and Bar and Grill Liquor Licenses Only:**
    k) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

    Gross Sales: $_____
    Food Sales: $_____ (_____%)
    Liquor Sales: $_____ (_____%)

    l) 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

15. **If applicant is a Microbrewery:**
    ee) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
    ff) Do you self distribute your products? ☐ YES ☐ NO
    gg) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

16. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

17. **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	10 +	<10%	YES ☐ NO ☒	YES ☐ NO ☒
Robert Baker	12-29-51	240 Hillcrest Ln Rock Springs WY 82901	307-362-4527	10 +	<10%	YES ☐ NO ☒	YES ☐ NO ☒
Michael Masterson	3-14-51	500 Hutton Green River WY 82935	307 875-7922	10 +	<10%	YES ☐ NO ☒	YES ☐ NO ☒
Pete Kalivas	11-2-53	455 Evans Dr. Green River WY 82935	307-875 5266	10 +	<10%	YES ☐ NO ☒	YES ☐ NO ☒

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

VERIFICATION OF APPLICATION See Attached

(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, 2016.

Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } SS.

Applicant

Subscribed and sworn to before me by Brian Forbes & Robert Baker this 7 day of January, 2016.

Witness my hand and official seal.

Sara M Pineda
Notary Public or Person Authorized to Administer Oath

My Commission expires: 3-11-17

SARA M PINEDA - NOTARY PUBLIC
COUNTY OF SWEETWATER STATE OF WYOMING
MY COMMISSION EXPIRES MARCH 11, 2017

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

True and Correct Name	Birth	Address	Phone	Yrs In Corp	% of Stock	Felony Conviction	Alcohol Violation
Regina Clark	2-7-56	1250 Singletree GR, WY 82935	307-875-7526	10+	<10%	No	No
Scott Hoover	6-10-59	907 Homestead GR, WY 82935	307-875-2950	4+	<10%	No	No
Robb Sla;ughter	7-22-60	730 Stephens St GR, WY 82935	307-875-3280	10+	<10%	No	No
Steve Core	7-2-62	Box 501 GR, WY 82935	307-875-6666	10+	<10%	No	No
Bryon Brown	3-11-75	1020 Pinto St GR, WY 82935	307-362-4868	10+	<10%	No	No
Reed Clevenger	6-24-66	195 Collier St	307-707-7333	2+	<10%	No	No

WLD-031 (9/14)

FOR NEW LICENSES AND TRANSFER

LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, COUNTY MALT BEVERAGE, LIMITED, WINERY OR MICROBREWERY

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

Date Filed: 1 / 6 / 2016

	Annual Fee	Prorated Fee
Basic Fee:	$ 100.00	$
Add'l Dispensing Room Fee:	$	$
Transfer Fee:	$	
Total License Fee Collected	$	$
Publishing Fee Collect:	$ 75.00	

Required Attachments Received: Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0004

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82935 (Zip) SWEETWATER (County)

Mailing Address: PO BOX 261 (Number & Street or P.O. Box)

DUTCH JOHN (City) UT (State) 84023 (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.**

Formerly Held by:

FILING FOR
- ☒ NEW
- ☐ TRANSFER LOCATION
- ☐ TRANSFER OWNERSHIP

FILING IN (CHOOSE ONLY ONE)
- ☐ CITY OF
- ☒ COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)
- ☒ INDIVIDUAL ☐ LLC
- ☐ PARTNERSHIP ☐ LLP
- ☐ CORPORATION
- ☐ LTD PARTNERSHIP
- ☐ ASSOCIATION
- ☐ ORGANIZATION

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)
- ☐ RETAIL LIQUOR LICENSE
  - ☐ on-premise only (Bar)
  - ☐ off-premise only (Package Store)
  - ☐ combination on/off premise (Both)
- ☐ 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
- ☐ LOCATED WITHIN 5 MILES OF CITY (County License only)

To Assist the Liquor Division with scheduling inspections:

DO YOU OPERATE?
- ☐ FULL TIME (e.g. Jan through Dec)
- ☒ SEASONAL/PART-TIME

(specify months of operation)

from MARCH 1ST to NOVEMBER 1ST

DAYS OF WEEK (e.g. Mon through Sat)
MONDAY - SUNDAY

HOURS OF OPERATION (e.g. 10a - 2a)
6:00 AM TO 11:00 PM

1. Location of License:
   (a) Give a description of the dispensing room and state where it is located in the building (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i): (Please submit a drawing of the establishment that includes the dispensing room)

   11.5' X 11.5' ROOM IN NE CORNER OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (d) Provide the legal description and the zoning of the site where the applicant will conduct business:

   T12N R106W SEC 17

2. Do you W.S. 12-4-103 (a) (iii):
   (1) **OWN** the building in which sales room is located? ☐ YES (own)
   (2) **LEASE** the building in which sales room is located? ☒ YES (lease)

   (A) **DATE** lease expires 12-31-18 located on page 1 paragraph 3 of lease document.
   (B) Provision for **SALE** of alcoholic or malt beverages located on page 3 paragraph 10 of lease.

NOTE: Attach a true copy of the lease to application. Lease MUST contain provision for SALE OF ALCOHOLIC or MALT BEVERAGES and be valid THROUGH the TERM OF THE LICENSE W.S. 12-4-103(a)(iii).

FILED 1/6/2016 AT 4:28 PM REC # 2016-L-0004
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

14. SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E):

(a) Do you have more than one hundred (100) bona fide members who are residents of the county in which the club is located? ☐YES ☐NO

(b) Is the club incorporated and operating solely as a nonprofit organization under the law[illegible] this state? ☐YES ☐NO

(c) Is the club qualified as a tax exempt organization under the Internal Revenue Service? ☐YES ☐NO

(d) Has the club been in continuous operation for a period of not less than one (1) year? ☐YES ☐NO

(e) Has the club received twenty-five dollars ($25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues? ☐YES ☐NO

(f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club? ☐YES ☐NO

(g) Have you filed a true copy of your bylaws with the local licensing authority and the Wyoming Liquor Division? ☐YES ☐NO

(h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License?
(THE PETITION MUST BE ATTACHED TO APPLICATION) ☐YES ☐NO

(i) Have you filed with the licensing authority and the Wyoming Liquor Division a detailed statement of your activities during the preceding year which were undertaken or furthered in pursuit of the objectives of the club, along with an itemized statement expended for such activities? ☐YES ☐NO

15. GOLF CLUBS W.S. 12-1-101(a)(iii)(D):

(a) Do you have more than fifty (50) bona fide members? ☐YES ☐NO

(b) Do you own, maintain, or operate a bona fide golf course together with clubhouse? ☐YES ☐NO

16. (a) **If applicant is an Individual or Partnership:** State the name, date of birth and residence of each applicant or partner, if the application is made by more than one individual or by a 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	*DONOT LIST PO BOXES* Residence Address No. & 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 Vio[illegible] R[illegible] to A[illegible]ic Liquor or Malt Beverages?
Cynthia D. Jones	12/29/52	Spring Creek Ranch Hwy191 S Minnies Gap, WY 82935	307.350.3005	YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
Todd A. Jones	6/2/59	Spring Creek Ranch Hwy191 S Minnies Gap, WY 82935	307.350.3005	YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

(b) **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	*DONOT LIST PO BOXES* Residence Address No. & 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 ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

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

3. Have you already assigned, leased, transferred or do you intend to assign, lease, transfer, contract or in any other manner agree with any person or firm other than yourself as licensee to operate and assert control or partial control of the license and the licensed room to carry on the licensed liquor business? ☐ YES ☒ NO

4. Does any manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm: W.S. 12-5-401, 12-5-402, 12-5-403
   (a) Hold any interest in the license applied for? ☐YES ☒ NO
   (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in your business? ☐ YES ☒ NO
   (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? ☐ YES ☒ NO
   (d) If you answered **YES** to any of the above, explain fully and submit any documents in connection therewith:

5. Does applicant have any interest or intent to acquire an interest in any other retail liquor license to be issued by this licensing authority? W.S. 12-4-103(b) ☐ YES ☒ NO
   If "YES", explain: _____

6. Is applicant a mayor, member of a city or town council, or member of the board of county commissioners within the jurisdiction of this licensing authority? W.S. 12-4-103(a)(i) ☐ YES ☒ NO

7. Is applicant employed by the State, City or Town, or County as a law enforcement officer, or hold office as a law enforcement officer through election? W.S. 12-4-103(a)(ii) ☐ YES ☒ NO

RESTAURANT OR BAR AND GRILL LICENSE: Complete questions 8(a) and 8(b):

8. (a) Have you submitted a valid food service permit upon application? W.S. 12-4-407(a) W.S. 12-4-413(a) ☒ YES ☐ NO
   (b) Was your dispensing room for alcoholic and/or malt beverages in existence and open for consumption purposes prior to February 1, 1979? W.S. 12-4-410(b) ☐YES ☒NO ☐N/A

RESORT LICENSE: Complete questions 9(a) through 9(c):

9. (a) Is the actual valuation of the resort complex at least one million dollars, or have you committed or expended at least one million dollars ($1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) ☐YES ☐NO
   b) Does the resort complex include a restaurant and a convention facility which will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) ☐YES ☐NO
   (c) Does the resort complex include motel or hotel accommodations with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) ☐YES ☐NO

MICROBREWERY AND/OR WINERY LICENSE: Complete questions 10 through 11:

10. Is premise to be co-existent with a retail, restaurant, resort or bar and grill liquor license? W.S. 12-4-412(b)(iii) ☐YES ☐NO
    If "YES", please specify type: ☐ Microbrewery ☐ Winery ☐ Retail ☐ Restaurant ☐ Resort ☐ Bar & Grill:

11. (a) Do you self distribute your products? ☐YES ☐NO
    (b) Do you distribute your products through an existing malt beverage wholesaler? ☐YES ☐NO

ORGANIZATION AND/OR CLUB LICENSE: Complete questions 12 through 15 as applicable:

12. **FRATERNAL CLUBS** W.S. 12-1-101(a)(iii)(B)
    (a) The name and address of the grand lodge or national organization is: _____
    (b) Does lodge or fraternal organization hold a charter from a national organization or national grand lodge? ☐YES ☐NO
    (c) Has the fraternal organization been actively operating in at least thirty-six (36) states? ☐YES ☐NO
    (d) Has the fraternal organization been actively in existence for at least twenty (20) years? ☐YES ☐NO

13. **VETERANS CLUBS** W.S. 12-1-101(a)(iii)(A):
    (a) The name and address of the National Veterans organization is: _____
    (b) Has the Veteran's organization been chartered by the Congress of the United States for patriotic, fraternal or benevolent purposes? ☐YES ☐NO
    (c) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? ☐YES ☐NO

WLD-031 (4/14)

OATH OR VERIFICATION

*(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, or **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.

STATE OF ~~WYOMING~~ UTAH)
SS.
COUNTY OF UINTAH)

Before Me, FRANKIE OAKS *(specify)*
(Printed name of Notary or other officer authorized to administer oaths)

a Notary Public, Officer authorized to administer oaths in and for UINTAH *County, State of ~~Wyoming~~ UTAH, personally appeared* CINDY JONES & TODD JONES *(Insert Names) name ~~he/she~~ THEY being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.*

(Seal)

FRANKIE OAKS
Notary Public
State of Utah
Comm. No. 680104
My Comm. Expires Nov 11, 2018

1. Cindy Jones
2. Todd Jones
3.
4.

My Commission expires: 11/11/18

Witness my hand and official seal:

Frankie Oaks
(Notary Public or other officer authorized to administer oaths)

Title NOTARY PUBLIC *Dated:* 12/29/15

REQUIRED ATTACHMENTS:

(a) Attach any lease agreements W.S. 12-4-103 (a) (iii).
(b) If the building is not in existence, an architect's drawing or suitable plans of the room and the premises to be licensed must be attached W.S. 12-4-102 (a) (i).
(c) A statement indicating the financial condition and financial stability of the applicant W.S. 12-4-102 (a) (vi).
(d) Restaurant or Bar & Grill Liquor License applicants must include a copy of the CURRENT food service permit W.S. 12-4-407 (a) or 12-4-413 (a).
(e) Include a drawing of the dispensing room W.S. 12-5-201 (a).
(f) Check or bank draft as payment for the application and publishing the notice of application (Direct billing is permissible for publication fees) W.S. 12-4-101-4 (a).
(g) If transferring a license from one ownership to another, a form of assignment from the current licensee to the new applicant authorizing the transfer W.S. 12-4-601 (b).

ADVERTISING REQUIREMENTS W.S. 12-4-104(a):

When an application for a license, permit, renewal or any transfer of location or ownership thereof has been filed with a licensing authority, the clerk shall promptly prepare a notice of application, place the notice conspicuously upon the premises shown by the application as the proposed place of sale and public the notice in a newspaper of local circulation once a week for two (2) consecutive weeks. The notice shall state that a named applicant has applied for a license, permit, renewal or transfer thereof, and that protests against the issuance, renewal, or transfer of the license or permit will be heard at a designated meeting of the licensing authority.

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

WLD-28 (10/13)

-----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 / 16 / 2015

	Annual Fee
Basic Fee	$ 100.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 100.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2015-L-0004

For the license term: 4 / 10 / 2016 (Month / Day / Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82942 (Zip) SWEETWATER (County)

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

POINT OF ROCKS (City) WY (State) 82942 (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.**

FILING IN

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

DAYS OF WEEK (e.g. Mon through Sat)
MONDAY - SUNDAY

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

6:00 AM TO 10:00 PM

Minimum Purchase Requirement:

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

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

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

1. Location of License:

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

78' X 45' ROOM ON EAST SIDE OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(m) Provide the legal description and the zoning of the site where the applicant will conduct business:

T20N R101W SEC 27 NE4SW4, NORTH OF I-80 AT POINT OF ROCKS

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

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

FILED 12/16/2015 AT 3:11 PM REC # 2015-L-0004
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

12. **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)
    s) **DATE** lease expires: 12 / 31 / 2026, located on page 2, paragraph 2 of lease document.
    t) Provision for **SALE** of alcohol or malt beverages located on page 3, paragraph 4 of lease document.

13. **Restaurant and Bar and Grill Liquor Licenses Only:**
    j) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

    Gross Sales: $_____
    Food Sales: $_____(_____%)
    Liquor Sales: $_____(_____%)

    k) 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

14. **If applicant is a Microbrewery:**
    bb) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
    cc) Do you self distribute your products? ☐ YES ☐ NO
    dd) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

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

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other State in the last year?*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
Roger D. Varley	1/4/63	410 Pioneer Ave Point of Rocks, WY 82942	307.350.4185	YES ☒ NO ☐	YES ☐ NO ☒	YES ☐ NO ☒
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

16. **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 ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 16th day of December, 2015.

_____ Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } ss.

_____ Applicant

Subscribed and sworn to before me by Roger Varley this 16 day of December, 2015

Witness my hand and official seal.

Dena Lesko
Notary Public or Person Authorized to Administer Oath

My Commission expires: 9-8-17

Dena Lesko-Notary Public
County of Sweetwater
State of Wyoming
My Commission Expires 9-8-2017

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: 1 / 19 / 2016

	Annual Fee
Basic Fee	$ 100.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 100.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0014

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82935 (Zip) SWEETWATER (County)

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

MANILA (City) UT (State) 84046 (Zip)

Business Telephone Number: (435) 784-3515

Fax Number: (435) 784-3363

E-Mail Address:

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

FILING IN

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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 MAY - OCTOBER

DAYS OF WEEK (e.g. Mon through Sat)
MONDAY - SUNDAY

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

7:00 AM TO 9:00 PM

Minimum Purchase Requirement:

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

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

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

1. Location of License:

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

26' X 36' ROOM IN NE PORTION OF BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☑ NO If yes, provide description and location:

(k) Provide the legal description and the zoning of the site where the applicant will conduct business:

T12N R109W SEC 22 & 27 PARCEL SWEETWATER COUNTY, TRACT 39A

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

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

FILED 1/19/2016 AT 3:14 PM REC # 2016-L-0014
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

WLD-28 (10/15)

10. **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)
    o) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
    p) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

11. **Restaurant and Bar and Grill Liquor Licenses Only:**
    h) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)
    Gross Sales: $_____
    Food Sales: $_____ (_____%)
    Liquor Sales: $_____ (_____%)
    i) 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

12. **If applicant is a Microbrewery:**
    v) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
    w) Do you self distribute your products? ☐ YES ☐ NO
    x) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

13. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

14. **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?*
Rick Slaugh	12/29/72	516 E. State Line Road Manila, UT 84046	435.784.3515	14	50	YES ☐ NO ☒	YES ☐ NO ☒
Mandy Slaugh	2.25.75	516 E. State Line Road Manila, UT 84046	435.784.3515	14	50	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 19 day of Jan 2016. Mandy Slaugh
Applicant

THE STATE OF ~~WYOMING~~ UTAH
COUNTY OF Daggett } **SS.**

_____
Applicant

Subscribed and sworn to before me by Mandy Slaugh this 19th day of January 2016

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

My Commission expires: 3/23/19

LINDA M PETERSEN
NOTARY PUBLIC - STATE OF UTAH
My Comm. Exp. 03/23/2019
Commission # 681008

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

WLD-28 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 11 / 2016

	Annual Fee
Basic Fee	$ 100.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 100.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0007

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82932 (Zip) SWEETWATER (County)

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

FARSON (City) WY (State) 82932 (Zip)

Business Telephone Number: (307) 273-3276

Fax Number: (307) 273-3277

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

☐ CITY OF _____

☒ COUNTY OF SWEETWATER

FILING AS (CHOOSE ONLY ONE)

☐ INDIVIDUAL ☐ LLC
☐ PARTNERSHIP ☐ LLP
☐ CORPORATION
☐ LIMITED 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):
   40' X 70' ROOM AT THE SOUTH END OF FEED STORE

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (i) Provide the legal description and the zoning of the site where the applicant will conduct business:
   T24N R106W SEC9 NW4SW4NW4 SWEETWATER COUNTY

   ave there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☒ NO
   (If yes, submit a drawing of the changes in the dispensing room.)
   f) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☒ NO

FILED 1/11/2016 AT 3:15 PM REC # 2016-L-0007
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

8. **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)
   k) **DATE** lease expires: _____/_____/_____, located on page _____, paragraph _____ of lease document.
   l) Provision for **SALE** of alcohol or malt beverages located on page _____, paragraph _____ of lease document.

9. **Restaurant and Bar and Grill Liquor Licenses Only:**
   f) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

   Gross Sales: $_____
   Food Sales: $_____ (_____%)
   Liquor Sales: $_____ (_____%)

   g) 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

10. **If applicant is a Microbrewery:**
   p) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   q) Do you self distribute your products? ☐ YES ☐ NO
   r) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

11. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

12. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
Dustin J. Eaton	3/9/74	3700 HWY 191 Farson, WY 82932	307.273.3075	10	100	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 11 day of January, 2016. _____ Applicant

THE STATE OF WYOMING
COUNTY OF Sweetwater } SS.

_____ Applicant

Subscribed and sworn to before me by Dustin Eaton this 11 day of Jan., 2016

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

My Commission expires: 11/17/18

NOTARY PUBLIC
MICELA M. MICHELSON
COUNTY OF SWEETWATER
STATE OF WYOMING
My Commission Expires

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

WLD-28 (10/15)

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 11 / 2016

	Annual Fee
Basic Fee	$ 100.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 100.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0011

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82929 (Zip) SWEETWATER (County)

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

SALT LAKE CITY (City) UT (State) 84130 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):

118' X 71' ROOM IN MAIN BLDG

(b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

(c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

(j) Provide the legal description and the zoning of the site where the applicant will conduct business:

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? ☐ YES ☒ NO
(If yes, submit a drawing of the changes in the dispensing room.)

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

FILED 1/11/2016 AT 3:31 PM REC # 2016-L-0011
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

9. **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)
   m) **DATE** lease expires: 4 / 10 / 2020, located on page 1, paragraph 3 of lease document.
   n) Provision for **SALE** of alcohol or malt beverages located on page 1, paragraph 2 of lease document.

10. **Restaurant and Bar and Grill Liquor Licenses Only:**
   g) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

   Gross Sales: $_____
   Food Sales: $_____ (_____%)
   Liquor Sales: $_____ (_____%)

   h) 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

11. **If applicant is a Microbrewery:**
   s) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
   t) Do you self distribute your products? ☐ YES ☐ NO
   u) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

12. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

13. **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 ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 4th day of January, 2016.

Bruce Fery, President Applicant

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

Lynn Hart, Secretary Applicant

Subscribed and sworn to before me by Bruce Fery, Pres Lynn Hart, Sec. this 8 day of January, 2016.

Witness my hand and official seal.

Trudy G. Case
Notary Public or Person Authorized to Administer Oath

My Commission expires: May 12, 2016

TRUDY G. CASE
NOTARY PUBLIC - STATE OF UTAH
My Comm. Exp. 05/12/2016
Commission # 654047

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

Directors/Officers of Little America Corporation

Title	Name	Address	Home Phone	% of Stock Held	Years in Corp
Stockholder	Carol Holding	760 Sunlight Road Cody, WY 82414	801-524-2708	100%	48
President	Bruce Fery	6351 Shenandoah Park Ave Salt Lake City, UT 84121	801-728-3050	0%	13
Secretary	Lynn C. Hart	943 E. 260 N. Orem, UT 84097	801-524-2756	0%	18

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

-----FOR RENEWALS ONLY-----

RENEWAL OF LICENSE AND/OR PERMIT APPLICATION

FOR LIQUOR, WINERY OR MICROBREWERY

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

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

Date Filed: 1 / 11 / 2016

	Annual Fee
Basic Fee	$ 100.00
Additional Disp Rm Fee	$.
Total Lic Fee Collected	$ 100.00
Publishing Fee Collected	$ 45.00

Required Attachments Received Yes ☒

Advertising Dates(2 wks): February 3, 10, 2016

Hearing Date: March 1, 2016

Local Licensing Number: 2016-L-0006

For the license term: 4 / 10 / 2016 (Month Day Year)

Through: 4 / 9 / 2017 (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 (City) WY (State) 82932 (Zip) SWEETWATER (County)

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

FARSON (City) WY (State) 82932 (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

☐ CITY OF _____

☒ 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 (Bar)
- ☐ off-premise only (Package Store)
- ☐ combination on/off premise (Both)

☐ 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

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 (e.g. 10 x 12 room in SE corner of 1st floor of building). 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: W.S. 12-4-102(a)(i):
   28' X 42' ROOM IN EAST PORTION OF BLDG

   (b) If **Winery** or **Microbrewery**, also list manufacturing facility.(e.g. MFG: 10' X 12' room in SW portion of bldg.)

   (c) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location:

   (l) Provide the legal description and the zoning of the site where the applicant will conduct business:
   T25N R106W SEC 27 SW4, ZONED COMMERCIAL

ave there been any changes in the physical location of the dispensing room since the last application was filed? ☐ YES ☒ NO
(If yes, submit a drawing of the changes in the dispensing room.)
i) Do you anticipate any changes in the next twelve (12) months? ☐ YES ☒ NO

FILED 1/11/2016 AT 3:09 PM REC # 2016-L-0006
STEVEN DALE DAVIS, CLERK of SWEETWATER COUNTY, WY

LS

11. **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)
    q) **DATE** lease expires: 4 / 30 / 18, located on page 6th Agreement paragraph item 1 of lease document.
    r) Provision for **SALE** of alcohol or malt beverages located on page ii, paragraph item 9 of lease document. of original lease

12. **Restaurant and Bar and Grill Liquor Licenses Only:**
    i) Gross sales figures and percentages of income derived from: W.S.12-4-408(b)

Gross Sales:	$_____	
Food Sales:	$_____	(_____%)
Liquor Sales:	$_____	(_____%)

    j) 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

13. **If applicant is a Microbrewery:**
    y) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xix) ☐ YES ☐ NO
    z) Do you self distribute your products? ☐ YES ☐ NO
    aa) Do you distribute your own products through an existing malt beverage wholesaler? ☐ YES ☐ NO

14. **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 ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
				YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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

15. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director.

True and Correct Name	*Date of Birth*	**DO NOT LIST PO BOXES** *Residence Address, Street, City, State & Zip*	*Residence Phone Number*	*No of years in corp or LLC*	*% of Stock Held*	*Have you been Convicted of a Felony Violation?*	*Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?*
Dustin J. Eaton	3/9/74	3700 HWY 191 Farson, WY 82932	307.273.3075	8	100	YES ☐ NO ☒	YES ☐ NO ☒
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐
						YES ☐ NO ☐	YES ☐ NO ☐

(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 11th day of January, 2016. _____ Applicant

THE STATE OF WYOMING }
COUNTY OF Sweetwater } SS.

_____ Applicant

Subscribed and sworn to before me by Dustin Eaton this 11 day of Jan, 2016.

Witness my hand and official seal. Micala Mitchelson
Notary Public or Person Authorized to Administer Oath

My Commission expires: 11/17/18

NOTARY PUBLIC
MICAELA MITCHELSON
COUNTY OF SWEETWATER
STATE OF WYOMING
My Commission Expires 11/17/18

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

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Meeting Date Requested: 3/1/16	Presenters Name: Bonnie Berry
Department or Organization: Clerk's office	Contact Phone and E-mail: 872-3762
Exact Wording for Agenda: Budget Amendment	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 8:30 5 min
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: yes
Additional Information:	

INSTRUCTIONS:

- 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 must accompany the meeting request form by Wednesday at 12:00 p.m. prior to the scheduled meeting date. *****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.

RESOLUTION 16-03-CL-01
SWEETWATER COUNTY
BUDGET AMENDMENT

DUE to unanticipated capital expenditures within the Facilities Custodial department totaling $1,000

WHEREAS, it has been determined that the aforementioned funds need to be transferred within the 2015-2016 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 2015-2016 fiscal year budget for Sweetwater County be amended to reflect the following budget changes:

Expenditure Increase General Fund:

Facilities Custodial – Capital	**$1,000**

Expenditure Decrease General Fund:

Facilities Custodial – Operating	**($1,000)**

Dated at Green River, Wyoming this 1st day of March, 2016.

BOARD OF COUNTY COMMISSIONERS
SWEETWATER COUNTY, WYOMING

_____
Wally J. Johnson, Chair

_____
John K. Kolb, Member

_____
Don Van Matre, Member

_____
Randy Wendling, Member

_____
Reid O. West, Member

ATTEST:

_____
Steven Dale Davis, County Clerk

NOTICE OF PUBLIC HEARING
SWEETWATER COUNTY
BUDGET AMENDMENT

Notice is hereby given of a Public Hearing to amend the Facilities Custodial department budget within the Sweetwater County 2015-2016 budget in the amount of $1,000.00 due to unanticipated capital expenditures within the department.

Said hearing will be held at the Sweetwater County Commissioners' meeting room in the County Courthouse in Green River, Wyoming on the 1st day of March, 2016 at 8:30 A.M. At this time, any and all interested persons may appear and express their opinion regarding the budget amendment.

Dated at Green River, Wyoming this 24th day of February, 2016.

Board of County Commissioners
Sweetwater County, Wyoming

Attest:

(s) Wally J Johnson, Chair

(s) Steven Dale Davis, County Clerk

Please Advertise as a Legal Advertisement on February 25, 2016.

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Meeting Date Requested: 3/1/16	Presenters Name: Bonnie Berry
Department or Organization: Clerk's office	Contact Phone and E-mail: 875-3762
Exact Wording for Agenda: Budget and Audit Schedules Discussion	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 15 min
Will there be Handouts? (If yes, include with meeting request form) yes	Will handouts require SIGNATURES: no
Additional Information:	
The FY17 Funding Request form is a sample of the form that will be provided to the outside agencies and component units.	

INSTRUCTIONS:

- 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 must accompany the meeting request form by Wednesday at 12:00 p.m. prior to the scheduled meeting date. *****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.

2016 Tentative Budget Schedule for FY2017 budget

- Monday, February 22: Email component units and outside agencies to let them know we will get the budget request forms and budget schedule out during the week of March 21.
- Tuesday, March 1: Meet with County Commissioners to discuss budget schedule.
- Tuesday, March 22: Email the budget request forms and budget schedule to component units and outside agencies and post the budget request form on the County website.
- Monday, April 4: Complete the budget projection in the Munis System.
- Monday, April 4: Email budget worksheets and instructions to County departments.
- Thursday, April 14: Conduct budget training session for departments.
- Wednesday, April 20: Conduct budget training session for departments.
- Friday, April 22: Budget request forms and budget input in system by departments are due by noon.
- Wednesday, April 27: Complete budget requests report for filing with County Commissioners.
- Tuesday, May 3: Present FY2017 Budget Requests Filing in County Commissioner meeting.
- Tuesday, May 17: Conduct Budget Workshop following the County Commissioner meeting to discuss budget requests and which outside agencies, component units and departments the County Commissioners would like to meet with.
- Tuesday, June 7: Conduct Budget Workshop following the County Commissioner meeting to meet with outside agencies, component units and departments to discuss budget requests.
- Wednesday, June 15: Send Budget Public Hearing advertisement to newspaper by noon.
- Thursday, June 16: Advertisement in newspaper for Public Hearing.
- Tuesday, June 21: Conduct Budget Workshop following the County Commissioner meeting.
- Thursday, June 23: Approve final vouchers for FY2016.
- Thursday, June 23: Conduct Budget Public Hearing and Adopt the FY2017 County budget.
- Monday, October 31: Complete the Budget Book and distribute to the County Commissioners.

2016 Tentative Audit Schedule for FY2016 Audit

- Wednesday, July 27: Email component units requesting information for the audit.
- Wednesday, August 10: Audit information from component units is due.
- Monday, August 29: Complete component unit trial balances and workpapers and send to auditors.
- Monday, August 29 – Friday, September 2: Auditors will be here for component unit portion of audit.
- Friday, September 16: Email requests for County audit information.
- Friday, September 30: Audit information for County is due.
- Monday, October 31: Complete County trial balances and workpapers and send to auditors.
- Monday, October 31 – Friday, November 4: Auditors will be working on the County portion of the audit from their office.
- Monday, November 7 – Friday, November 18: Auditors will be here working on the County portion of the audit.
- Monday, November 14: Complete the financial statements and footnotes and send to the auditors.
- Tuesday, December 20: Approve audit report at County Commissioner meeting.
- Tuesday, December 27: Mail copies of the audit report to the state and certify the data collection form.

SWEETWATER COUNTY, WYOMING
FY 2017 FUNDING REQUEST

RETURN COMPLETED FORM TO:

Dale Davis
Sweetwater County Clerk
80 West Flaming Gorge Way, Suite 150
Green River WY 82935
accounting@sweet.wy.us

Due in the Clerk's office by noon on April 22, 2016
If mailing, please give enough time to reach use by the due date.

TYPE OF ORGANIZATION:

☐ Non-Profit ☐ Private ☐ Other Explain

☐ Public ☐ Association _____

* Additional information may be requested at a later date

Name:
Address:
City, State, ZIP:

Contact Person:
Name:
Email Address:
Phone Number:

Briefly describe your organization's mission and structure (officers):		
Amount Requested: $	Fiscal Year End	Year the organization was established:

Request Justification

State how the funds requested will benefit your organization and the county as a whole:

Balance Sheet as of March 31, 2016

(or attach a copy of your March 31, 2016 Balance Sheet)

Attach a separate page if more space is needed; however please use the format below:

Assets:		Liabilities		Other financial information	
Current:	Amount	Current:	Amount		Amount
Long-Term (Capital):		Long-Term:			
		Net Assets:			
Total:		Total:			

Revenues

Attach a separate page if more space is needed; however please use the format below or attach a copy of a Revenue report from your system.

Description	FY 2015 Actual	FY 2016 Original Budget	FY 2016 Adjusted Budget	FY 2016 Actual YTD As of 3/31	FY 2017 Budget
Revenues:					
Sweetwater County Funding					
Total Revenues:					

Expenditures Budget

Description	FY 2015 Actual	FY 2016 Original Budget	FY 2016 Revised Budget	FY 2016 Actual YTD As of 3/31	FY 2017 Budget County Funds	FY 2017 Budget Other Funds	FY 2017 Budget Combined
Expenditures							
PERSONNEL SERVICES:							
Salaries and Wages							
Employer Paid Benefits							
SUPPORTIVE SERVICES:							
Communication:							
Telephone							
Postage							
Travel In-State							
Travel Out-of-State							
Training							
Supplies:							
Consumables							
Commercial Printing							
Publications							
Equipment Purchases							
Real Property Rental							
Equipment Rental							
GRANTS-IN-AID							
CONTRACTUAL SERVICES							
CAPITAL EXPENDITURE							
(Show each capital project							
individually)							
Total Expenditures:							

Is your agency housed in a county owned building? ☐ YES ☐ NO

Is the county paying for utilities for your agency? ☐ YES ☐ NO

Is the county providing maintenance and cleaning services for your agency? ☐ YES ☐ NO

Is your agency receiving a Pass through Grant managed by the County? ☐ YES ☐ NO

Total Annual Salary for your Agency's Director: $_____

Total Annual Benefits for your Agency's Director $_____

Is your agency proposing any salary increases this year? ☐ YES ☐ NO
If Yes, how much of an increase $_____
This represents a _____% Increase

Is your agency considering any bonuses or incentives this year? ☐ YES ☐ NO
If Yes, how much? $_____

Did your agency give any salary increases last year? ☐ YES ☐ NO
If Yes, how much was the increase $_____
This represents a _____% Increase.

Did your agency give any bonuses or incentives last year? ☐ YES ☐ NO
If Yes, how much? $_____

Total anticipated Salary Increases due to Promotions $_____

Total anticipated Salary Increases due to Steps or Longevity $_____

What is the proposed cost of any capital projects, equipment or buildings? $_____

CURRENT YEAR CASH FLOW

ash on Bank Statements as of 3/31/2016	(+) A	$_____
Outstanding Checks/Warrants as of 3/31/2016	(-) B	$_____
Anticipated Revenues from 4/1/2016 - 6/30/2016	(+) C	$_____
Anticipated Expenditures from 4/1/2016 - 6/30/2016	(-) D	$_____
Anticipated Cash balance on 7/1/2016	(=) E	$_____

Out of above balance (E) how much is for:

Long Term Reserves	$_____
Operating/Cash flow	$_____

Days Cash on Hand as of 7/1/2016 _____

$$\text{Days Cash on Hand} = \frac{\text{Cash}}{\text{Annual operating expenses/365}}$$

I certify under penalty of perjury that all information on this form or sumbitted herewith is true and correct.	
Signature and Title	Date

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Meeting Date Requested: MARCH 1st 2016	Presenters Name: GARY M. KELSO
Department or Organization: MISSION AT CASTLE ROCK	Contact Phone and E-mail: 801-389-1523
Exact Wording for Agenda: Hospice Services	Preference of Placement on Agenda & Amount of Time Requested for Presentation: 15 MIN. 1st placement
Will there be Handouts? (If yes, include with meeting request form) YES	Will handouts require SIGNATURES: NO

Additional Information:

Based on our conversation you suggested I could have a 9:40 time slot.

Thanks

Gary Kelso

INSTRUCTIONS:

- 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 must accompany the meeting request form by Wednesday at 12:00 p.m. prior to the scheduled meeting date. ****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.

Proposal for Inpatient Hospice House
Sweetwater County and CNS/MHS

Community Nursing Services (CNS), an 87-year-old non-profit Community based health care agency, and Mission Health Services (MHS) a 26-year-old non-profit community based health care organization, would like to propose a partnership with Sweetwater County to create an inpatient hospice house, a concept which would enhance end-of-life care in a cost-efficient manner.

CNS Experience and Services

Established in 1928, CNS is the most experienced home health and hospice provider in the state of Utah. We are also one of the largest agencies, currently serving approximately 3,000 patients each day. Over the years, CNS has expanded into other services to support care at home:

- Respiratory services
- Pharmacy infusion therapy
- Durable medical equipment
- Private Duty Care
- Telehealth

We also serve the Community through walk-in clinics for immunizations and physical therapy. CNS/MHS Offices are located throughout the state of Utah from Logan, Utah to St. George, Utah and Green River, WY.

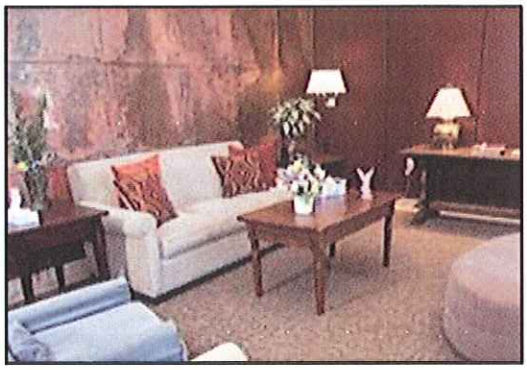
CNS/MHS has multiple connections and affiliations with the University Hospital system, Huntsman Cancer Center, and Sweet Water Memorial Hospital and many others. So far in 2015, CNS/MHS has provided $3,057,381.00 of charitable care to those patients unable to pay for needed services.

Summary of Hospice House Concept

While many hospice patients pass away in their homes or healthcare facilities, a hospice house offers a unique environment and quality of life that cannot be found in other settings. Generally, hospice houses range from 10 to 20 beds with an emphasis on a home like environment while providing clinical oversight to meet healthcare needs. The inpatient hospice house has an average length of stay of 5-7 days.

Rooms are private with their own bathrooms and showers for privacy. They are designed with space for loved ones to stay overnight in the room or an adjacent area. Dining services are arranged to support families and patients alike through the end of life process. Clinical and personal care support is available on site 24 hours a day, 7 days per week.

The executive teams at CNS/MHS had an opportunity to tour several hospice houses operated by Hospice of the Valley in Arizona. One of these homes, Sherman House, has been in operation in Arizona since 2006 and is a partnership of Hospice of the Valley and the Mayo Clinic. Photos of the property are shown below.



The Sherman House is located on the Mayo Clinic Hospital Campus. Hospice of the Valley and Mayo Clinic collaborate together to train residents and nursing students about palliative and hospice care. It is a concept that has worked well for both Hospice of the Valley, the Mayo Clinic and their shared patients.

Green River Location Opportunity

MHS operates a Board and Care facility, which is similar to an Assisted Living facility. Mission at The Villa is conveniently located in Green River, WY.

The Villa is licensed as a 24 bed Board and Care facility and meets all life safety standards. The close proximity to Castle Rock Hospital District makes this ideal for patients and staff. The current facility would be easily transformed it into a 12-24 bed inpatient hospice house to care for patients desiring non-hospital based, homelike support during end of life transitions. Each room at The Villa is a private room with available space for families or visitors. Also included is

a family kitchenette in each room, a nondenominational chapel, bereavement chapel, bereavement center, family lounge, space for a community garden, and adjacent park for children

In addition to an inpatient facility, additional space is available at the facility for other outpatient services or offices if needed. There is a corridor connecting The Villa to Castle Rock Rehabilitation Center. Castle Rock provides skilled care and services which can be supportive to The Hospice House. In house medical direction is available when needed.

Market Demand for Inpatient Hospice

Most Americans facing a life-limiting illness would prefer to stay at home, surrounded by loved ones and free of pain. This is not always possible for a variety of reasons. With no inpatient hospice facilities in Sweet Water County and thousands of hospice admissions each year, there is a significant unaddressed need.

Benefits of a Partnership

The establishment of a hospice house would benefit patients in Sweet Water County in the following ways:

- Improve patient and family satisfaction with end-of-life transitions
- Decrease expense of services provided in the last days of life
- Improve outcome statistics for hospital based deaths
- Convenient location for training clinicians about hospice and palliative care
- Care coordination with other service providers
- Provider with 87 years of experience
- Transitions of care with Castle Rock Rehabilitation Center and other Health Care providers
- Close affiliation with Memorial Hospital
- Close affiliation with Huntsman Cancer Center
- **Significant Cost Savings over current proposal**

Next Steps

If the Commission is interested in discussing this idea further, CNS/MHS would arrange for a detailed presentation, including financial projections and opportunities. CNS/MHS would also invite all interested in a tour of The Villa property.

Contact Information:
Gary Kelso, President
gary@missionhealthservices.org
801-389-1523

Sally Shoemaker

From: Bobbi Jo Drozd <bobbijo.drozd@missionhealthservices.org>
Sent: Tuesday, February 23, 2016 5:13 PM
To: Sally Shoemaker
Cc: Gary Kelso; Warren Walker
Subject: FW: Scanned from cadm01
Attachments: Scanned from cadm01.pdf

Sally,
Attached is meeting request form for next weeks commission meeting. Thank you for all of your support over the past two days.
Have a great week!

Bobbi Jo
Cell 406 850 4710
Bobbijo.drozd@missionhealthservices.org

-----Original Message-----
From: castlerockcopier@missionhealthservices.org [mailto:castlerockcopier@missionhealthservices.org]
Sent: Tuesday, February 23, 2016 6:16 PM
To: Bobbi Jo Drozd
Subject: Scanned from cadm01

Please open the attached document. It was scanned and sent to you using a Xerox multifunction device.

Attachment File Type: pdf, Multi-Page

multifunction device Location: machine location not set Device Name: cadm01

CRHD
HIPAA Compliance: This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by federal law. If you have received this information in error, please notify the sender immediately and delete this transmission.

Sally Shoemaker

From: Gary Kelso <gary@missionhealthservices.org>
Sent: Tuesday, February 23, 2016 11:08 PM
To: Sally Shoemaker
Cc: Warren Walker; Bobbi Jo Drozd
Subject: RE: Scanned from cadm01
Attachments: Partnership Proposal for Inpatient Hospice House with Sweet Water County....pdf

Sally, attached is the handout for the Commission meeting next week. Please let me know if I can provide you any additional information.

Thanks for your help today

Gary Kelso
Mission Health Services
801-389-1523

-----Original Message-----
From: Bobbi Jo Drozd
Sent: Tuesday, February 23, 2016 5:13 PM
To: Sally Shoemaker <shoemakers@sweet.wy.us>
Cc: Gary Kelso <gary@missionhealthservices.org>; Warren Walker <wwalker@missionhealthservices.org>
Subject: FW: Scanned from cadm01

Sally,
Attached is meeting request form for next weeks commission meeting. Thank you for all of your support over the past two days.
Have a great week!

Bobbi Jo
Cell 406 850 4710
Bobbijo.drozd@missionhealthservices.org

-----Original Message-----
From: castlerockcopier@missionhealthservices.org [mailto:castlerockcopier@missionhealthservices.org]
Sent: Tuesday, February 23, 2016 6:16 PM
To: Bobbi Jo Drozd
Subject: Scanned from cadm01

Please open the attached document. It was scanned and sent to you using a Xerox multifunction device.

Attachment File Type: pdf, Multi-Page

multifunction device Location: machine location not set Device Name: cadm01

CRHD

HIPAA Compliance: This communication may contain confidential Protected Health Information. This information is 'ntended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information .s prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by federal law. If you have received this information in error, please notify the sender immediately and delete this transmission.

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Date Requested: March 1, 2016	Name & Title of Presenter: Krisena Marchal, Grants Manager Rick Hawkins, Captain
Department or Organization: Grants Administration Sheirff's Office	Contact Phone & E-mail: marchalk@sweet.wy.us hawkinsr@sweet.wy.us
Exact Wording for Agenda: Approval of the FY 2015 State Homeland Security Program (SHSP) Grant Documents	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: Yes (by the Chairman)

Additional Information:

REQUESTED ACTIONS:
1. Motion to approve, and authorize the Chairman to sign, the Fiscal Year 2015 State Homeland Security Program Grant Award Agreement and related document.
2. Motion to approve the Fiscal Year 2015 State Homeland Security Program Memorandum of Understanding between the City of Rock Springs and Sweetwater County.
3. Motion to approve, and authorize the Chairman to sign, the letter to the Wyoming Office of Homeland Security to amend Project #15-GPD-SWE-SC-HSG15.

SWEETWATER COUNTY

To: Sweetwater County Commissioners

From: Krisena Marchal

Subject: BOCC Meeting 3/1/16

Approval of the FY 2015 State Homeland Security Program (SHSP) Grant Documents

Executive Summary:

Sweetwater County was awarded federal funding from the Wyoming Office of Homeland Security in the amount of $205,226. The funding must be expended by May 31, 2018 and requires no cash match.

The purpose of the funding is to support local efforts to prevent and respond to terrorism and other catastrophic events. This year the funding was awarded for project-based applications that were submitted by Sweetwater County Emergency Management/Homeland Security:

FY 2015 State Homeland Security Program (SHSP) Grant Projects and Budget

	GRANT PROJECTS	GRANT ALLOCATIONS
1	**Backup Generator for Sweetwater Events Complex** Responds to the state initiative of Regional Preparedness – Evacuation Plan (Core capability - Mass Care Services and Housing)	45,237.00
2	**Portable WyoLink Radios for Rock Springs Police Department** Responds to the state initiative of Communications Interoperability (Core capability - Operational Communications)	61,836.00
3	**Portable WyoLink Radios for Schools in Sweetwater County** Responds to the state initiative of Regional Preparedness – School Safety Preparedness Plan (Core capability - Operational Communications, and Interdiction and Disruption)	98,153.00
	TOTAL	**$205,226.00**

Recommendations/Notes:

Staff is requesting three separate motions for this grant project:

1. Approval of the grant award agreement and related document (Point of Contact Form)

2. Approval of a Memorandum of Understanding with the City of Rock Springs since the funding will be passed through to the Rock Springs Police Department who will also be overseeing the portable radio project for the schools; a Memorandum of Understanding will clarify the roles and responsibilities of each party

3. Approval of a letter to amend the grant agreement so that the Events Complex could use the funding to relocate the existing power supply instead of purchasing a generator. The Events Complex believes this sequence of implementation makes more sense for the same amount of award funding.

   The Backup Generator Project consists of four phases: (1) relocation of the existing power supply; (2) fencing and security barricades @ $6,960; (3) concrete and asphalt @ $21,600; and (4) new generator with switching equipment @ $60,316. Phases 2 - 4 would be requested in future Homeland Security grant applications.

Requested Actions:

1. Motion to approve, and authorize the Chairman to sign, the Fiscal Year 2015 State Homeland Security Program Grant Award Agreement and related document.

2. Motion to approve the Fiscal Year 2015 State Homeland Security Program Memorandum of Understanding between the City of Rock Springs and Sweetwater County.

3. Motion to approve, and authorize the Chairman to sign, the letter to the Wyoming Office of Homeland Security to amend Project #15-GPD-SWE-SC-HSG15.

Matthew H. Mead
Governor

Office of Homeland Security

Telephone: (307) 777-Home (4663) Fax: (307) 635-6017
Website: http://hls.wyo.gov
5500 Bishop Blvd., Cheyenne, WY 82002

THE STATE OF WYOMING

Guy Cameron
Director

Grant Award for U.S. Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA), Grant Programs Directorate, State Homeland Security Program (SHSP) Grant Fiscal Year 2015

Political Subdivision:	**Sweetwater County**
Award Amount:	**$205,226.00**
Award Period:	**September 1, 2015 through May 31, 2018**
CFDA #:	**97.067**
DHS Grant Code:	**EMW-2015-SS-00037**
Project ID:	**15-GPD-SWE-SC-HSG15**

1. **Parties:** The parties to this Grant Award Agreement [Grant] are the **Wyoming Office of Homeland Security**, whose principal address is 5500 Bishop Blvd, Cheyenne, WY 82002 (Homeland Security) and **Sweetwater County**, whose mailing address is **80 West Flaming Gorge Way, Green River, WY 82935** (Subrecipient).

2. **Contact Information:** Subrecipient's submission of required reports and forms designated herein will be made using online tools when required by the procedures and protocol of the U.S. Department of Homeland Security, State Homeland Security Grant Program. All other reports, forms, and communications regarding this Grant shall be directed to the attention of Wyoming Office of Homeland Security's designated contact person. Subrecipient must keep Homeland Security up-to-date as to the name of the person acting as Subrecipient's primary contact person for this Grant using the Point of Contact Information Form attached and incorporated herein as Attachment One, including any change of contact person, address, or telephone information. Subrecipient's primary contact person shall cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this Grant. An e-mail address must be provided for the contact person and that e-mail account must be regularly checked for new messages.

3. **Funding Authority:** The funds Homeland Security will distribute to Subrecipient are drawn from grant funds distributed to the State of Wyoming by the Fiscal Year 2015 Homeland Security Grant Program, State Homeland Security Program. The program is authorized by the *Homeland Security Act of 2002* (Public Law 107-296), as amended by section 101 of the Implementing Recommendations of the 9/11 Commission Act of 2007 (Public Law 110-53).

4. **Term of Grant Award and Required Approvals:** This Grant is effective when all parties have executed it and all required approvals have been secured. The term of this Grant is from September 1, 2015 through May 31, 2018. The total amount of this Grant is Two Hundred Five Thousand Two Hundred Twenty Six Dollars and Zero Cents (**$205,226.00**).

WOHS
Original Document

5. **Federal Grant References:** The Fiscal Year 2015 Homeland Security Grant Program (HSGP) Program Notice of Funding Opportunity (NOFO) can be found at http://www.fema.gov/media-library-data/1429291822887-7f203c9296fde6160b727475532c7796/FY2015HSGP_NOFO_v3.pdf.

6. **Purpose of Grant Award:** The FY 2015 HSGP plays an important role in the implementation of the National Preparedness System by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal (the Goal) of a secure and resilient Nation. The building, sustainment, and delivery of these core capabilities are not exclusive to any single level of government, organization, or community, but rather, require the combined effort of the whole community. The FY 2015 HSGP supports core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery based on allowable costs.

   The National Preparedness System is the instrument the Nation employs to build, sustain, and deliver core capabilities in order to achieve the Goal of a secure and resilient Nation. Complex and far-reaching threats and hazards require a collaborative and whole community approach to national preparedness that engages individuals, families, communities, private and nonprofit sectors, faith-based organizations, and all levels of government. The guidance, programs, processes, and systems that support each component of the National Preparedness System allows for the integration of preparedness efforts that build, sustain, and deliver core capabilities and achieve the desired outcomes identified in the Goal. The purpose of the HSGP is to prevent terrorism and to prepare the Nation for the threats and hazards that pose the greatest risk to the security of the United States; therefore, HSGP funded investments must have a terrorism-nexus.

   To evaluate National progress in building, sustaining, and delivering the core capabilities outlined in the Goal, FEMA annually publishes the National Preparedness Report (NPR). Looking across all thirty one (31) core capabilities outlined in the Goal, the NPR provides a National perspective on critical preparedness trends for whole community partners to use to inform program priorities, allocate resources, and communicate with stakeholders about issues of shared concern.

   Grantees are expected to consider National areas for improvement identified in the 2014 NPR, which include cybersecurity, recovery-focused core capabilities, the integration of individuals with access and functional needs, enhancing the resilience of infrastructure systems, and maturing the role of public-private partnerships. Addressing these areas for improvement will enhance preparedness Nation-wide.

   In addition, the DHS expects grantees to prioritize grant funding to address gaps identified through the annual State Preparedness Report (SPR) in achieving capability targets set through the annual Threat and Hazard Identification and Risk Assessment (THIRA). These assessments identify the jurisdictions' capability targets and current ability to meet those targets.

   A. ***Purchases must align with the approved project submission identified as:***
      - *Purchasing a generator for the Events Complex (not to exceed $45,237.00)*
      - *Purchasing interoperable portable radios for Rock Springs Police Department (not to exceed $61,836.00)*
      - *Purchasing interoperable portable radios for schools (not to exceed $98,153.00)*

   Any and all modifications to the original project submission must be approved by Homeland Security in writing.

7. **Payment:** Homeland Security agrees to pay Subrecipient for the services described herein during the performance period of the Grant. The total payment under this Grant shall not exceed Two Hundred Five

WOHS
Original Document

Thousand Two Hundred Twenty Six Dollars and Zero Cents (**$205,226.00**). No payment shall be made for services rendered outside the performance period of the grant or for activities commenced without prior approval, if prior approval is required. Payment will be made to Subrecipient by Homeland Security upon receipt and approval of a Reimbursement Request Form, Expense Claim Form, applicable invoices and proof of payment provided the expenditures comply with the FY2015 Notice of Funding Opportunity (NOFO), the Authorized Equipment list found at http://beta.fema.gov/authorized-equipment-list, and all applicable federal and state laws. Payment for one invoice may not be split between different grant years. Quarterly reports must be current in order to receive reimbursements. There will be no extensions for the 2015 State Homeland Security Grant reimbursement or performance period.

8. **Responsibilities of Subrecipient:** Subrecipient agrees to and acknowledges the following limitations and special conditions:
   A. Subrecipient must be familiar with all the requirements and restrictions of the Homeland Security Grant Program, including:
      (i) Subrecipient must be familiar with the 2015 HSGP objectives and priorities identified in the FY 2015 Homeland Security Grant NOFO and the State Initiatives which can be found at http://hls.wyo.gov.
      (ii) Subrecipient agrees that all allocations and use of funds under this grant will be in accordance with the FY 2015 Homeland Security Grant Program Notice of Funding Opportunity (NOFO). Allocations and use of grant funding must support the goals and objectives included in the State and/or Urban Area Homeland Security Strategies. Allocations and use of grant funding must also support the Investments identified in the Investment Justifications which were submitted as part of the FY 2015 application. Subrecipient may not use this grant funding to purchase equipment not specifically authorized in the Authorized Equipment List (AEL) unless the proposed acquisition is reviewed by Homeland Security and approved by DHS in writing prior to purchase.
      (iii) Subrecipient agrees to comply with the exercise and evaluation requirements set forth in the current edition of the U.S. Department of Homeland Security, Federal Emergency Management Agency, Grant Programs Directorate, Fiscal Year 2013 Homeland Security Exercise and Evaluation Program (HSEEP) guidance. An HSEEP Fact Sheet can be found at http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf
      (iv) Subrecipient agrees to comply with the financial and administrative requirements set forth in the FY 2015 Homeland Security Grant Program (HSGP) NOFO.
      (v) Subrecipient agrees to comply with the organizational audit requirements of OMB Circular A-133, Audits of States and Local Governments, and Non-Profit Organizations.
      (vi) Subrecipient further agrees to comply with the standards put forth in 2 CFR part 225 (OMB Circular A-87), Cost Principles for State, Local, and Indian Tribal Governments.
      (vii) Subrecipient may use its own procurement procedures, provided its procurement process conforms to applicable federal and state laws and the standards identified in 44 CFR part 13 (OMB Circular A-102), per 44 CFR Section 13.36, whichever may be more restrictive must be followed. All sole-source procurement in excess of $10,000 must receive prior approval of Homeland Security. Contractors must develop or draft specifications, requirements, statements of work, and/or Requests for Proposals (RFPs) for a proposed procurement to be excluded from the competitive bidding requirements. Any request for exemption must be submitted to Homeland Security and approved by the Grants Program Directorate in writing prior to obligation or expenditure of such funds using the Purchase Pre-Approval Request form.
      (viii) Subrecipient shall ensure all equipment purchased with these grant funds is maintained and available for response to terrorist incidents. Subrecipient agrees that, when practicable, any equipment or supplies purchased with grant funding shall be prominently marked as follows: **"Purchased with funds provided by the U.S. Department of Homeland Security and administered by the Wyoming Office of Homeland Security."** Subrecipient agrees that all

WOHS
Original Document

publications created with funding under this Grant shall prominently contain the following statement: **"This document was prepared under a grant from the FEMA's National Preparedness Directorate, U.S. Department of Homeland Security administered by the Wyoming Office of Homeland Security (WOHS). Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of FEMA's National Preparedness Directorate of the U.S. Department of Homeland Security, the State of Wyoming or WOHS."** Additionally, Subrecipient acknowledges that DHS/FEMA and Homeland Security reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and authorize others to use, for federal and Wyoming state government purposes: (1) the copyright in any work developed under this Grant; and (2) any rights of copyright to which Subrecipient purchases ownership under this Grant. Subrecipient must consult with DHS/FEMA and Homeland Security regarding any patent rights that arise from, or are purchased with, this Grant.

(ix) Subrecipient agrees to cooperate with any assessments, national evaluation efforts and requests for information or data including, but not limited to, information required for the assessment or evaluation of activities within this Grant.

(x) Subrecipient agrees that federal funds under this award will be used to supplement but not supplant state or local funds.

(xi) Subrecipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, without the express prior written approval of the U.S. Department of Homeland Security, Office of Grants and Training.

(xii) When implementing National Preparedness Directorate (NPD) funded activities, Subrecipient must comply with all federal civil rights laws, to include Title VI of the Civil Rights Act, as amended. Subrecipient is required to take reasonable steps to ensure persons of limited English proficiency have meaningful access to language assistance services regarding the development of proposals and budgets and conducting NPD-funded activities.

(xiii) Subrecipient may only fund Investments that were included in the FY 2015 Investment Justification (State Initiatives) and identified in the approved project(s) listed in section six (6). Descriptions of the 2015 State Initiatives can be found at http://hls.wyo.gov.

(xiv) Subrecipient shall comply with all applicable "Federal, State, and local environmental and historic preservation (EHP) requirements and shall provide any information requested by FEMA to ensure compliance with applicable laws including: National Environmental Policy Act, National Historic Preservation Act, Endangered Species Act, and Executive Orders on Floodplains (11988), Wetlands (11990) and Environmental Justice (12898)." **Failure of Subrecipient to meet federal, state and local EHP requirements and obtain applicable permits may jeopardize federal funding.** Subrecipient shall not undertake any project having the potential to impact EHP resources without the prior approval of FEMA, including but not limited to communications towers, physical security enhancements, new construction, and modifications to buildings that are 45 years old or greater. Subrecipient must comply with all conditions placed on the project as the result of the EHP review. Any change to the approved project scope of work will require re-evaluation for compliance with these EHP requirements. If ground disturbing activities occur during project implementation, Subrecipient must ensure monitoring of ground disturbance and if any potential archeological resources are discovered, Subrecipient will immediately cease construction in that area and notify FEMA and the appropriate State Historic Preservation Office.

(xv) Subrecipient agrees to complete a THIRA/CPR by September 1, 2016.

(xvi) Subrecipient agrees to complete an Emergency Operations Plan (EOP) or provide current EOP, if updated within the last two years, by September 1, 2017.

B. This Grant cannot be changed or altered in any way without prior written authorization from Homeland Security.

WOHS
Original Document

C. Subrecipient may not commingle or transfer funds under this Grant with the funds of any other state or federal grants.

D. As mandated by Homeland Security Presidential Directive/HSPD-5 (HSPD-5), *Management of Domestic Incidents,* the adoptions of the National Incident Management System (NIMS) is a requirement to receive federal preparedness assistance, through grants, contracts and other activities. Subrecipient shall update and/or modify their operational plans, and training and exercise activities, as necessary, to achieve conformance with the National Response Framework (NRF) and NIMS implementation guidelines.

E. State Initiatives focus on building and sustaining programs and capabilities within and across state boundaries, while aligning with the Goal and National Priorities. Capabilities should be strategically located to maximize the return on preparedness investments, and all available funding sources (federal, state, local, and private) should contribute to building and sustaining these capabilities. Grant funds shall be expended on a project basis that falls under any or all of the following FY 2015 State Initiatives:

(i) NIMS
- a. Planning
- b. Resource Management/Equipment
- c. Training
- d. Exercise-Local
- e. Exercise-State

(ii) Regional Preparedness
- a. Evacuation Plan
- b. School Safety Preparedness Plan
- c. Continuity of Operations/Continuity of Government (COOP/COG) Plans
- d. Infrastructure Plans
- e. Medical Response
- f. Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) Activities

(iii) Communications Interoperability
- a. Tactical Interoperability Communications Plan (TICP)
- b. Equipment – WyoLink Capability
- c. Wyoming Communications Field Guide
- d. Cyber Terrorism

(iv) Risk and Gap Analysis
- a. THIRA & SPR

(v) IED/Terrorism Initiatives
- a. Bomb Teams
- b. Intelligence & Information Sharing

(vi) Public Information and Warning
- a. Integrated Public Alert and Warning System (IPAWS)
- b. Developing Social Media
- c. Public Education

F. Subrecipient's quarterly progress reports through March 31, June 30, September 30, and December 31 must be submitted to Homeland Security by April 20, July 20, October 20, and January 20, respectively. Quarterly reports will include:

(i) The number of people trained in a given capability to support a reported number defined resource typed teams (e.g., 63 responders were trained in structural collapse to support 23 Type 2 Urban Search and Rescue (USAR) Teams)

(ii) The total number of a defined type of resource and capabilities built utilizing the resources of this Grant

(iii) Status of THIRA and EOP

(iv) What equipment was purchased, what typed capability it supports, and plans for sustainment.

WOHS
Original Document

Quarterly reports will be submitted electronically via https://docs.google.com/forms/d/1DVzeQD7gkTqzSFSVLBJ2WukshFc3A8wstpKbtfXhr3M/viewform?usp=send_form.

9. **Responsibilities of Homeland Security:**
   - **A.** Homeland Security will be available to provide necessary and feasible technical advice, which may be reasonably required by Subrecipient.
   - **B.** Homeland Security will pay Subrecipient as stated in paragraph 7 above.
   - **C.** Homeland Security shall notify Subrecipient of any state or federal determination of noncompliance. Homeland Security will provide Subrecipient written notice of intent to impose immediate measures and will make reasonable efforts to resolve the problem informally.
   - **D.** Homeland Security shall notify Subrecipient at the earliest possible time of the services, which may be affected by a shortage of funds.
   - **E.** Homeland Security shall notify Subrecipient of information and updates received from FEMA or other federal agencies, which may affect or otherwise restrict the availability of funds awarded to Subrecipient herein.

10. **Special Provisions:**
   - **A. Assumption of Risk:** Subrecipient shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to Subrecipient's failure to comply with state or federal requirements.
   - **B. Cost Principles:** Subrecipient agrees to comply with the standards set forth in 2 CFR part 225 (OMB Circular A-87), Cost Principles for State, Local, and Indian Tribal Governments.
   - **C. Debarment or Suspension:** By signing this agreement, Subrecipient certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction 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.epls.gov.
   - **D. Disadvantaged Business Requirement:** To the extent Subrecipient uses contractors or subcontractors, Subrecipient shall use small, minority, women-owned or disadvantaged business concerns and contractors or subcontractors to the extent practicable.
   - **E. Drug-Free Workplace:** Subrecipient shall certify that a drug-free workplace is maintained in accordance with the Drug-Free Workplace Act of 1988, and implemented at 44 CFR § Part 17, Subpart F.
   - **F. Duplication of Benefits:** There may not be a duplication of any federal assistance, per 2 CFR Part 225, Basic Guidelines Section C.3 (c), which states: Any costs allocable to a particular Federal award or cost objective under the principles provided for in this Circular may not be charged to other federal awards to overcome fund deficiencies, to avoid restrictions improved by law or terms of the federal awards, or for other reasons. However, this prohibition would not preclude governmental units from shifting costs allowable under two or more awards in accordance with existing program agreements.
   - **G. Financial and Compliance Audit Report:** Subrecipients that expend an aggregate amount of $500,000 or more in federal funds during their fiscal year are required to undergo an organization-wide financial and compliance single audit. Subrecipient agrees to comply with the organizational audit requirements of the U.S. General Accounting Office Government Auditing Standards and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Audit reports are currently due to the Federal Audit Clearinghouse no later than nine months after the end of the Subrecipient's fiscal year. Subrecipient shall retain financial records and all other documentation as specified in the Financial Guide. Subrecipient shall give Homeland Security or the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers or documents related to this Grant. Subrecipient shall provide one (1) copy of the audit report to Homeland Security and require

WOHS
Original Document

release of the audit report by its auditor be held until adjusting entries are disclosed and made to Homeland Security's records. Subrecipient shall provide Homeland Security one (1) copy of all other audits performed which cover any part of this Grant.

H. **Freedom of Information Act (FOIA):** Information submitted in the course of applying for funding or provided in the course of grant management activities, may be considered law enforcement sensitive or otherwise important to national security interests. While this information is subject to requests made pursuant to the Freedom of Information Act, 5 U.S.C. §552, all determinations concerning the release of information of this nature are made on a case-by-case basis by the DHS FOIA Office. Subrecipient should consult state and local laws and regulations regarding the release of information. Subrecipient should be familiar with the regulations governing protected critical infrastructure information, 6 CFR § Part 29, and sensitive security information, 49 CFR § Part 1520, as these designations may provide additional protection to certain classes of homeland security information.

I. **Human Trafficking:** As 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:
   (1) Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
   (2) Procures a commercial sex act during the period of time that the award is in effect; or
   (3) Uses forced labor in the performance of the award or sub awards under the award.

J. **Individuals with Disabilities in Emergency Preparedness:** In accordance with Executive Order #13347, *Individuals with Disabilities in Emergency Preparedness*, signed July 2004, Subrecipient is encouraged to use funding for activities that integrate people with disabilities into their planning and response processes.
   Further guidance is available at http://www.fema.gov/pdf/media/2008/301.pdf; http://www.LLIS.gov; http://www.fema.gov/oer/reference/; http://www.disabilitypreparedness.gov.

K. **Kickbacks:** Subrecipient certifies and warrants that no gratuities, kickbacks or contingency fees were paid in connection with this Grant, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Grant. If Subrecipient breaches or violates this warranty, Homeland Security may, at its discretion, terminate this Grant without liability to Homeland Security, or deduct from this Grant price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.

L. **Limitations on Lobbying Activities:** By signing this agreement, Subrecipient agrees that, in accordance with Public Law 101-121, payments made from a federal grant shall not be utilized by Subrecipient in connection with lobbying Congressmen, or any other federal agency in connection with the award of a federal grant, contract, cooperative agreement, or loan. Further, Subrecipient may not use any federal funds, either directly or indirectly, to support the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government.

M. **Limited English Proficient (LEP) Persons:** Subrecipient must certify that Limited English Proficiency Persons have meaningful access to the services under this program. National origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with Title VI of the Civil Rights Act of 1964, as amended, Subrecipient is required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including oral and written translation when necessary. The guidance document can be accessed at www.lep.gov.

N. **Monitoring Activities:** Subrecipient may be monitored periodically by the staff of Homeland Security, DHS/FEMA, or Grant Program Directorate (GPD), and/or the authorized contractors thereof, to ensure the program goals, objectives, timelines, budgets and other related Grant criteria are being met.

O. **National Preparedness Reporting Compliance:** Subrecipient agrees to cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within their grant agreement. This includes any assessments, audits, or investigations conducted by the

WOHS
Original Document

Department of Homeland Security, Office of Inspector General, or the Government Accountability Office.

P. **No Finder's Fees:** No finder's fee, employment agency fee, or other such fee related to the procurement of this Grant, shall be paid by either party.

Q. **Nondiscrimination:** Subrecipient shall comply with all state and federal civil rights laws, to include Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000 *et. seq.*), the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105 *et. seq.*), the Americans With Disabilities Act, (42 U.S.C. 12101 *et. seq.*), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 *et. seq.*) and the Age Discrimination Act of 1975, as amended (20 U.S.C. 6101 *et. seq.*). Subrecipient 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 Grant.

R. **Non-Supplanting Certification:** Subrecipient hereby affirms that Grant funds will be used to supplement existing funds, and will not replace (supplant) funds that have been appropriated for the same purpose. Subrecipient should be able to document that any reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds under this agreement.

S. **Program Income:** Subrecipient shall not deposit funds in an interest-bearing account without prior approval by Homeland Security. Income attributable to the Grant shall be reported to Homeland Security. Any income attributable to the grant funds distributed under this agreement must be used to increase the scope of the program or returned to Homeland Security.

T. **Records Retention:** Subrecipient shall retain financial records and all other documentation for a minimum of three (3) years following the close of the Grant or audit. Subrecipient will give Homeland Security and any of its representatives, access to all books, documents, papers, and records which are pertinent to this Grant.

U. **Technology Requirements:**

(i) FEMA requires all grantees to use the latest National Information Exchange Model (NIEM) specification and guidelines regarding the use of Extensible Markup Language (XML) for all grant awards. Further information about the required use of NIEM specifications and guidelines is available at http://www.niem.gov.

(ii) FEMA requires any information technology system funded or supported by these funds comply with 28 CFR § Part 23, Criminal Intelligence Systems Operating Policies, if this regulation is determined to be applicable.

(iii) Subrecipient is encouraged to align any geospatial activities with the guidance available on the FEMA website at http://www.fema.gov/grants.

11. General Provisions:

A. **Amendments:** Any changes, modifications, revisions or amendments to this Grant which are mutually agreed upon by the parties to this Grant shall be incorporated by written instrument, executed and signed by all parties to this Grant.

B. **Applicable Law/Venue:** The laws of the State of Wyoming shall govern the construction, interpretation and enforcement of this Grant. The courts of the State of Wyoming shall have jurisdiction over this Grant and the parties, and the venue shall be the First Judicial District, Laramie County, Wyoming.

C. **Assignment/Grant Not Used as Collateral:** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set forth in this Grant without the prior written consent of the other party. Subrecipient may not use this Grant, or any portion thereof, for collateral for any financial obligation without the prior written permission of Homeland Security.

D. **Availability of Funds:** Each payment obligation of Homeland Security 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 Subrecipient,

WOHS
Original Document

Homeland Security may terminate this Grant at the end of the period for which the funds are available. No penalty shall accrue to Homeland Security in the event this provision is exercised, and Homeland Security shall 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 Homeland Security to terminate this Grant to acquire similar services from another party.

E. **Award of Related Contracts:** Homeland Security may undertake or award supplemental or successor contracts for work related to this Grant. Subrecipient shall cooperate fully with other subrecipients, contractors and Homeland Security in all such cases.

F. **Compliance with Law:** Subrecipient shall keep informed of and comply with all applicable federal, tribal, state and local laws and regulations in the performance of the agreement.

G. **Confidentiality of Information:** Notwithstanding the release of records as required by the Wyoming Public Records Act, Wyo. Stat. § 16-4-201 *et seq.*, all documents, data compilations, reports, computer programs, photographs, and any other work provided to or produced by Subrecipient, exclusive to the performance of this Grant, shall be kept confidential by Subrecipient unless written permission is granted by Homeland Security for its release.

H. **Conflicts of Interest:** Subrecipient shall immediately notify Homeland Security of any potential or actual conflicts of interest arising during the course of Subrecipient's performance under this Grant. This Grant may be terminated in the event Homeland Security discovers an undisclosed conflict of interest. Termination of this Grant will be subject to a mutual settlement of accounts.

I. **Entirety of Grant:** This Grant, consisting of eleven (11) pages plus Attachment One, Point-of-Contact Information Form, consisting of one (1) page, which is attached and incorporated herein, represent the entire and integrated agreement between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral.

J. **Ethics:** Subrecipient shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, *et seq.*), and any and all ethical standards governing Subrecipient.

K. **Force Majeure:** Neither party shall be liable for failure to perform under this Grant if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays. This provision shall not be effective unless the failure to perform is beyond the control and without the fault or negligence of the nonperforming party.

L. **Indemnification:** Each party to this agreement shall be responsible for any liability arising from its own conduct. Neither party agrees to insure, defend or indemnify the other.

M. **Independent Contractor:** Subrecipient shall function as an independent contractor for the purposes of this Contract and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Contract, the Contractor shall be free from control or direction over the details of the performance of services under this Contract. The Contractor shall assume sole responsibility for any debts or liabilities that may be incurred by the Contractor in fulfilling the terms of this Contract and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of this Contract. Nothing in this Contract shall be interpreted as authorizing the Contractor or its agents and/or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency or to incur any obligation of any kind on the behalf of the State of Wyoming or the Agency. The Contractor agrees that no health/hospitalization benefits, workers' compensation, unemployment insurance and/or similar benefits available to State of Wyoming employees will inure to the benefit of the Contractor or the Contractor's agents and/or employees as a result of this Grant Award Agreement.

N. **Modifying Grant:** Nothing in this Grant document, or any other guidance from Homeland Security, shall be interpreted to modify, change, or supersede pertinent state statutes and regulations or federal

WOHS
Original Document

grant guidance, rules, regulations, and statutes.

O. **Notices:** All notices arising out of, or from, the provisions of this Grant shall be in writing and given to the parties using the contact information provided in paragraph 2, or as subsequently updated, either by regular mail or delivery in person.

P. **Patent or Copyright Protection:** Subrecipient recognizes that certain proprietary matters or techniques may be subject to patent, trademark, copyright, license or other similar restrictions, and warrants that no work performed by Subrecipient will violate any such restriction.

Q. **Prior Approval:** This Grant shall not be binding upon either party, no services shall be performed under the terms of this Grant, and the Wyoming State Auditor shall not draw warrants for payment on this Grant, until this Grant has been reduced to writing, approved as to form by the Office of the Wyoming Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming or his designee if required by Wyo. Stat. § 9-2-1016(b)(iv)(D).

R. **Severability:** Should any portion of this Grant be judicially determined to be illegal or unenforceable, the remainder of the Grant 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 Homeland Security do not waive sovereign immunity by entering into this Grant and specifically retain immunity and all defenses available to them as sovereigns pursuant to Wyo. Stat. § 1-39-104(a) and all other applicable law. Subrecipient retains all immunities and defenses provided by law including Wyo. Stat. § 1-39-101 *et seq.*

T. **Taxes:** Subrecipient shall pay all taxes and other such amounts required by federal, state and local law, including but not limited to federal and social security taxes, workers' compensation, unemployment insurance and sales taxes.

U. **Termination of Grant Award:** This Grant may be terminated upon mutual agreement by Homeland Security and Subrecipient and subject to settlement of all accounts. Grant funding may be suspended or terminated for cause if Subrecipient fails to perform in accordance with the terms of this Grant, including: failure to make satisfactory progress, failure to follow the requirements herein, failure to submit the required reports, and false certification in any report or other document. Homeland Security will provide Subrecipient written notice of intent to impose immediate measures and will make reasonable efforts to resolve the problem informally without termination.

V. **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 Grant shall not be construed so as to create such status. The rights, duties and obligations contained in this Grant shall operate only between the parties to this Grant, and shall inure solely to the benefit of the parties to this Grant. The provisions of this Grant are intended only to assist the parties in determining and performing their obligations under this Grant. The parties to this Grant intend and expressly agree that only parties signatory to this Grant shall have any legal or equitable right to seek to enforce this Grant, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this Grant, or to bring an action for the breach of this Grant.

W. **Time is of the Essence:** Time is of the essence in all provisions of this Grant.

X. **Titles Not Controlling:** Titles of paragraphs are for reference only, and shall not be used to construe the language in this Grant.

Y. **Waiver:** The waiver of any breach of any term or condition in this Grant shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

WOHS
Original Documen

12. **Signature:** By signing this Grant, the parties certify that they have read and understood it, that they agree to be bound by the terms of the Grant and that they have the authority to sign it.

The effective date of this Grant is the date of the signature last affixed to this page.

WYOMING OFFICE OF HOMELAND SECURITY

Guy Cameron, Director — Date

SWEETWATER COUNTY

Mr. Wally Johnson, Chair
Sweetwater County Commission — Date

Attested by: County Clerk — Date

Approved as to Form:

County Attorney — Date

ATTORNEY GENERAL'S OFFICE APPROVAL AS TO FORM

S. Jane Caton #141903 — 11-2-15

S. Jane Caton, Senior Assistant Attorney General — Date

Attachments:

1. Point of Contact Information Form

PS 1-19-16

WOHS
Original Document

2015 State Homeland Security Program (SHSP)
GRANT POINT OF CONTACT INFORMATION FORM

Jurisdiction:	Sweetwater County
Grant Project ID:	15-GPD-SWE-SC-HSG15
Mailing Address:	80 WEST FLAMING GORGE WAY, SUITE 109
City, ST ZIP	GREEN RIVER, WY 82935

Grant Administrator	RICK HAWKINS AND KRISENA MARCHAL
Title:	CAPTAIN / COUNTY GRANTS MANAGER
Phone Number:	(307) 922-4910 / (307) 872-3888
Email:	hawkinsr@sweet.wy.us / marchalk@sweet.wy.us
Gmail Address for access to WOHS Team Website*:	SWCSO2015@gmail.com / SWCOMARCHAL@gmail.com

Authorized Point of Contact	JUDY RODERICK
Title:	EMERGENCY MANAGEMENT COORDINATOR
Phone Number:	(307) 922-5371
Email:	roderickj@sweet.wy.us
Gmail Address for access to WOHS Team Website*:	SWCSO2015@gmail.com

**A Gmail address is required to access this site which contains helpful links, announcements, forms and reporting.*

Signature _____ **Date** _____

Printed Name Wally J. Johnson **Title** Chairman

Please complete and return along with signed Grant Award Agreement to:

Casi Crites
Wyoming Office of Homeland Security
Fax: 307-635-6017
5500 Bishop Boulevard, Cheyenne, WY 82009
Or casi.crites@wyo.gov

FISCAL YEAR 2015 STATE HOMELAND SECURITY PROGRAM

MEMORANDUM OF UNDERSTANDING
BETWEEN
CITY OF ROCK SPRINGS
AND
SWEETWATER COUNTY

WHEREAS, the Fiscal Year 2015 Homeland Security Grant Program (hereafter HSGP) plays an important role in the implementation of the National Preparedness System by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal of a secure and resilient Nation; and

WHEREAS, the core capabilities categorize activities that address the greatest risks to the nation, and are grouped into five mission areas: Prevention, Protection, Mitigation, Response, and Recovery; and

WHEREAS, the purpose of the State Homeland Security Program (hereafter SHSP) is to support local efforts to prevent and respond to terrorism and other catastrophic events, and to prepare the Nation for the threats and hazards that pose the greatest risk to the United States; and

WHEREAS, the SHSP provides HSGP funding to implement investments that build, sustain, and deliver the 31 core capabilities essential to achieving the National Preparedness Goal; and

WHEREAS, Sweetwater County has been awarded $205,226.00 in Fiscal Year 2015 HSGP federal funding through the SHSP for Protection and Response under the core capabilities of Cybersecurity, Operational Communications, and Interdiction and Disruption; and

WHEREAS, a portion of the Fiscal Year 2015 HSGP federal award must be used to purchase interoperable portable radios for the Rock Springs Police Department (not to exceed $61,836.00) and Sweetwater County School Districts #1 and #2 ($98,153.00) as detailed in the 2015 SHSP Grant Project Applications and Fiscal Year 2015 SHSP Grant Award Agreement; and

WHEREAS, a portion of the Fiscal Year 2015 HSGP federal funding award applies to the state initiatives of: (1) Communications Interoperability through WyoLink Compatibility; and (2) Regional Preparedness through School Safety Preparedness Plan; and

NOW THEREFORE, the City of Rock Springs and Sweetwater County agree to the following terms:

1. The City of Rock Springs will comply with the requirements and restrictions of the Homeland Security Grant Program.
2. The Rock Springs Police Department will be the point-of-contact for the implementation of this project comprised of interoperable portable radios for the City of Rock Springs and Sweetwater County School Districts #1 and #2.
3. This MOU cannot be changed or altered in any way without prior authorization from Sweetwater County and written agreement signed by all parties.
4. The City of Rock Springs may not commingle or transfer funds under this MOU with the funds of any other state or federal grants.
5. The City of Rock Springs will be responsible for submitting information for quarterly progress reports when requested by Sweetwater County's Office of Homeland Security/Emergency Management.
6. The City of Rock Springs will be required to make the HSGP purchases through the Sweetwater County Purchasing Department, and comply with Sweetwater County's policies and procedures.
7. The City of Rock Springs will be required to comply with the inventory procedures and property management as detailed in the Wyoming Homeland Security Equipment Control Handbook.

This Memorandum of Understanding shall become effective beginning on the date the last party executes this Memorandum of Understanding, through May 31, 2018.

Made and Approved by the Sweetwater County Commissioners on this 1st day of March, 2016.

THE BOARD OF COUNTY COMMISSIONERS
OF SWEETWATER COUNTY, WYOMING

BY: _____
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

COUNTY ATTORNEY'S OFFICE APPROVAL:

_____

James P. Schermetzler, Deputy County Attorney

CITY OF ROCK SPRINGS

_____ _____

Carl Demshar, Mayor *Date*

BOARD OF COUNTY COMMISSIONERS

SWEETWATER COUNTY

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

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

March 1, 2016

Casi Crites
State Homeland Security Program Manager
Wyoming Office of Homeland Security
5500 Bishop Blvd.
Cheyenne, WY 82002

Re: FY 2015 State Homeland Security Program (SHSP)
Amendment to Project ID# 15-GPD-SWE-SC-HSG15 (Backup Generator Project)

Dear Ms. Crites,

The Sweetwater County Commission respectfully requests to amend its FY 2015 State Homeland Security Program Grant Award, Project ID# 15-GPD-SWE-SC-HSG15, to replace the purchase of a "generator" for the Events Complex to "relocate existing power supply."

The "Backup Generator Project" involves several phases including: (1) relocation of the existing power supply; (2) fencing and security barricades; (3) concrete and asphalt; and (4) new generator with switching equipment. Since submitting the grant project application, it was determined that modifying the sequence of implementation of this project would make more sense for the same amount of award funding.

The Grant Award Agreement also consists of allowable purchases for the Rock Springs Police Department (portable radios), and the local school districts (portable radios). This request has no connection with those separate projects.

Should you need any additional information about this issue, please do not hesitate to contact Captain Rick Hawkins at (307) 922-4910 or Grants Manager Krisena Marchal at (307) 872-3888.

Sincerely,

Wally J. Johnson
Chairman
Sweetwater County Board of County Commissioners

WJJ:klm

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Date Requested: March 1, 2016	Name & Title of Presenter: Krisena Marchal, Grants Manager
Department or Organization: Grants Administration Sheirff's Office	Contact Phone & E-mail: marchalk@sweet.wy.us
Exact Wording for Agenda: Approval of the Letters of Support for the Town of Superior's CDBG and MRG Grant Applications for the Old School Gym	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:

REQUESTED ACTION:

Motion to approve, and authorize the Chairman to sign, the letters of support for the Town of Superior's CDBG and MRG Grant Applications for the Old School Gym.

SWEETWATER COUNTY

To: Sweetwater County Commissioners

From: Krisena Marchal

Subject: BOCC Meeting 3/1/16

Approval of the Letters of Support for the Town of Superior's CDBG and MRG Grant Applications for the Old School Gym

---

Executive Summary:

The Town of Superior is applying for grant funding for two inter-related projects that consist of demolishing the Old School Gym, and then building a new facility. Both are contingent upon receiving the grant awards.

The Superior school was built in 1952 and served as such until 2004. Up until 2006 it remained in excellent condition. However, in recent years the old gym has begun to deteriorate rapidly due to settling, and is now developing large cracks in the floors and walls. The condition of the gym is close to condemnation.

Town of Superior Old School Gym Project		
	GRANT	**GRANT REQUEST**
1	**Community Development Block Grant (CDBG)** For the removal of asbestos, demolition of the old gym, and replacement or reinforcement of the common wall with the rest of the facility. This portion of the project is the highest priority and is a minimum need. $24,000 committed by the Town	**500,000**
2	**Mineral Royalty Grant (MRG)** For the removal of asbestos, demolition of the old gym, and construction of a new building that will be erected adjacent to the current facility. Part of a multi-grant project that is pending; project budget is $1,059,957	**500,000**

Recommendations/Notes:

Staff recommends approval of the letters of support.

Requested Action: **Motion to approve, and authorize the Chairman to sign, the letters of support for the Town of Superior's CDBG and MRG Grant Applications for the Old School Gym.**

BOARD OF COUNTY COMMISSIONERS

SWEETWATER COUNTY

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

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

March 1, 2016

Sandy Quinlan
Community Development Block Grant Program Manager
Wyoming Business Council
214 W. 15th Street
Cheyenne, WY 82002

Re: Town of Superior's Community Development Block Grant (CDBG)

Dear Ms. Quinlan,

Please consider this letter in support of the Town of Superior's Community Development Block Grant application for funding to demolish the old school gym.

The Superior school was built in 1952 and served as such until 2004. Up until 2006 it remained in excellent condition. However, in recent years the old gym has begun to deteriorate rapidly due to settling, and is now developing large cracks in the floors and walls. The condition of the gym is close to condemnation.

The proposal by the Town of Wamsutter consists of removing asbestos and demolishing the gym. The project has become especially urgent as it is connected to the remaining portion of the school which houses multiple local services, and is putting those at risk.

The Sweetwater County Commission is in support of the Town of Superior's efforts to address its community needs, and encourages your approval of their request.

Respectfully yours,

Wally J. Johnson
Chairman
Sweetwater County Board of County Commissioners

WJJ:klm

BOARD OF COUNTY COMMISSIONERS

SWEETWATER COUNTY

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

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

March 1, 2016

Governor Matthew H. Mead, Chairman
State Loan and Investment Board
122 West 25th Street
Herschler Building, 3W
Cheyenne, WY 82002

Re: Town of Superior
Mineral Royalty Grant Application for an Events Facility

Dear Governor Mead and Members of the Board,

Please consider this letter in support of the Town of Superior's Mineral Royalty Grant application for funding to demolish the old gym and construct a new Events Facility.

The proposal by the Town of Wamsutter addresses the need to provide a facility to accommodate sports, after-school programs, community activities such as weddings, funerals, graduations, and other gatherings. At present residents must travel approximately 50 miles roundtrip to access other activities. The building will allow the Town of Superior to strengthen community relations and be the hub of social activity which is especially important for a small rural town with limited opportunities and access.

In addition, the facility will serve as an emergency shelter for the community. It would temporarily house up to 400 residents, and include a commercial kitchen and restrooms with showers. The emergency shelter would also benefit the residents of Point of Rocks, Thayer Junction, and ranches.

The Sweetwater County Commission is in support of the Town of Superior's efforts to ensure community activities and provide a critical emergency shelter, and encourages your approval of their request.

Respectfully yours,

Wally J. Johnson
Chairman
Sweetwater County Board of County Commissioners

WJJ:klm

BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Meeting Date Requested: BOCC-March 1, 2016	Presenters Name: John P. Radosevich
Department or Organization: Engineering	Contact Phone and E-mail: 307-872-3921
Exact Wording for Agenda: Renewal of BLM Right of Way Grant WYW96305 for snow fence	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:	

INSTRUCTIONS:

- 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 must accompany the meeting request form by Wednesday at 12:00 p.m. prior to the scheduled meeting date. *****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
High Desert District
Rock Springs Field Office
280 Highway 191 North
Rock Springs, Wyoming 82901-3447
www.blm.gov/wy

In Reply Refer To:
2800 (WYD04)
WYW96305

FEB 03 2016

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

Re: Snow Fence

Dear Mr. Radosevich:

Enclosed are two copies of right-of-way (R/W) grant renewal offer on Bureau of Land Management (BLM) Form 2800-14, for your existing snow fence, BLM serial number WYW96305. Please review the offer and if it meets with your approval, sign and date in the space provided, and return both copies to the address shown above. Upon receipt of the signed grant renewal offer and the fees discussed below, the BLM will be able to issue the renewed R/W grant absent any other unresolved issues.

Please return both signed copies of the grant renewal to the address above. You are allowed 30 days from receipt of this offer in which to submit the executed renewed R/W grant. If this requirement is not met, the application for renewal may be denied.

This renewed R/W grant, and the authority to use the lands described in the document, becomes effective on the date it is signed by an authorized officer of BLM. A copy of the renewed R/W grant will be returned to you when signed by the authorized officer.

If you have any questions, please contact me at 307-352-0334.

Sincerely,

Patricia Hamilton

Patricia Hamilton
Lead Realty Specialist

Attachments

FORM 2800-14
(August 1985)

Issuing Office
Rock Springs Field Office

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
RIGHT-OF-WAY GRANT/TEMPORARY USE PERMIT

SERIAL NUMBER WYW96305

RENEWED

---

1. A right-of-way is hereby granted pursuant to Title V of the Federal Land Policy and Management Act of October 21, 1976 (90 Stat. 2776; 43 U.S.C. 1761).

2. Nature of Interest:

   a. By this instrument, the holder:

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

      receives a right to construct, operate, maintain, and terminate a (n) four (4) foot high snow fence, previously authorized under grant of right-of-way approved on June 10, 1986, on public lands described as follows:

      T. 20 N., R. 101 W., 6th P.M., Sweetwater County, Wyoming
      section 24: SE¼

   b. The right-of-way or permit area granted herein is 25 feet wide, 660 feet long and contains 0.38 acres, more or less.

   c. This instrument shall terminate on December 31, 2045, 30 years from its effective date unless, prior thereto, it is relinquished, abandoned, terminated, or modified pursuant to the terms and conditions of this instrument or of any applicable Federal law or regulation.

   d. This instrument may be renewed. If renewed, the right-of-way or permit shall be subject to the regulations existing at the time of the renewal and any other terms and conditions that the authorized officer deems necessary to protect the public interest.

   e. Notwithstanding the expiration of this instrument or any renewal thereof, early relinquishment, abandonment, or termination, the provisions of this instrument, to the extent applicable, shall continue in effect and shall be binding on the holder, its successors, or assigns, until they have fully satisfied the obligations and/or liabilities

accruing herein before or on account of the expiration, or prior termination, of the grant.

3. Rental

For and in consideration of the rights granted, the holder agrees to pay the Bureau of Land Management fair market value rental as determined by the authorized officer unless specifically exempted from such payment by regulation. Provided, however, that the rental may be adjusted by the authorized officer, whenever necessary, to reflect changes in the fair market rental value as determined by the application of sound business management principles, and so far as practicable and feasible, in accordance with comparable commercial practices.

4. Terms and Conditions:

a. This grant or permit is issued subject to the holder's compliance with all applicable regulations contained in Title 43 Code of Federal Regulations part 2800 and 2880.

b. Upon grant termination by the authorized officer, all improvements shall be removed from the public lands within 90 days, or otherwise disposed of as provided in paragraph (4)(d) or as directed by the authorized officer.

c. Each grant issued for a term of 20 years or more shall, at a minimum, be reviewed by the authorized officer at the end of the 20th year and at regular intervals thereafter not to exceed 10 years. Provided, however, that a right-of-way or permit granted herein may be reviewed at any time deemed necessary by the authorized officer.

d. The stipulations, plans, maps, or designs set forth in Exhibit(s) A, dated, June 10, 1986, attached hereto, are incorporated into, and made a part of this grant instrument as fully and effectively as if they were set forth herein in their entirety.

e. Failure of the holder to comply with applicable law or any provision of this right-of-way grant or permit shall constitute grounds for suspension or termination thereof.

f. The holder shall perform all operations in a good and workmanlike manner so as to ensure protection of the environment and the health and safety of the public.

g. The holder shall contact the authorized officer at least FIVE days prior to the anticipated start of construction and/or any surface disturbing activities. The authorized officer may require and schedule a preconstruction conference with the holder prior to the holder's commencing construction and/or surface disturbing activities on the right-of-way. The holder and/or his representative shall attend this conference. The holder's contractor, or agents involved with construction and/or any

surface disturbing activities associated with the right-of-way, shall also attend this conference to review the stipulations of the grant including the plan(s) of development.

h. In the event that the public land underlying the right-of-way (ROW) encompassed in this grant, or a portion thereof, is conveyed out of Federal ownership and administration of the ROW or the land underlying the ROW is not being reserved to the United States in the patent/deed and/or the ROW is not within a ROW corridor being reserved to the United States in the patent/deed, the United States waives any right it has to administer the right-of-way, or portion thereof, within the conveyed land under Federal laws, statutes, and regulations, including the regulations at 43 CFR Part 2800, including any rights to have the holder apply to BLM for amendments, modifications, or assignments and for BLM to approve or recognize such amendments, modifications, or assignments. At the time of conveyance, the patentee/grantee, and their successors and assigns, shall succeed to the interests of the United States in all matters relating to the right-of-way, or portion thereof, within the conveyed land and shall be subject to applicable State and local government laws, statutes, and ordinances. After conveyance, any disputes concerning compliance with the use and the terms and conditions of the ROW shall be considered a civil matter between the patentee/grantee and the ROW Holder.

i. Construction activity and surface disturbance will be prohibited during the period from November 15 to April 30 for the protection of antelope crucial winter range. Any exceptions to this requirement must have prior written approval from the authorized officer.

j. The holder shall construct, operate, and maintain the facilities, improvements, and structures within this right-of-way in strict conformity with the plan of development which was approved and made part of the grant on June 10, 1986. Any relocation, additional construction, or use that is not in accord with the approved plan(s) of development, shall not be initiated without the prior written approval of the authorized officer. A copy of the complete right-of-way grant, including all stipulations and approved plan(s) of development, shall be made available on the right-of-way area during construction, operation, and termination to the authorized officer. Noncompliance with the above will be grounds for an immediate temporary suspension of activities if it constitutes a threat to public health and safety or the environment.

k. The holder shall designate a representative(s) who shall have the authority to act upon and to implement instructions from the authorized officer. The holder's representative shall be available for communication with the authorized officer within a reasonable time when construction or other surface disturbing activities are underway.

l. 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.

m. Use of pesticides shall comply with the applicable Federal and state laws. Pesticides shall be used only in accordance with their registered uses and within limitations imposed by the Secretary of the Interior. Prior to the use of pesticides, the holder shall obtain from the authorized officer written approval of a plan showing the type and quantity of material to be used, pest(s) to be controlled, method of application, location of storage and disposal of containers, and any other information deemed necessary by the authorized officer. Emergency use of pesticides shall be approved in writing by the authorized officer prior to such use.

n. 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).

o. The holder shall protect all survey monuments found within the right-of-way. Survey monuments include, but are not limited to, General Land Office and Bureau of Land Management Cadastral Survey Corners, reference corners, witness points, U.S. Coastal and Geodetic benchmarks and triangulation stations, military control monuments, and recognizable civil (both public and private) survey monuments. In the event of obliteration or disturbance of any of the above, the holder shall immediately report the incident, in writing, to the authorized office and the respective installing authority if known. Where General Land Office or Bureau of Land Management right-of-way monuments or references are obliterated during operations, the holder shall secure the services of a registered land surveyor or a Bureau cadastral surveyor to restore the disturbed monuments and reference using surveying procedures found in the Manual of Surveying Instructions for the Survey of the Public Lands in the United States, latest edition. The holder shall record such survey in the appropriate county and send a copy to the authorized officer. If the Bureau cadastral surveyors or other Federal surveyors are used to restore the disturbed survey monument, the holder shall by responsible for the survey cost.

p. No construction or routine maintenance activities shall be performed during periods when the soil is too wet to adequately support construction equipment or when watershed damage is likely to occur. If such equipment creates ruts in excess of four inches deep, the soil shall be deemed too wet to adequately support construction equipment. Frozen soil or soil mixed with snow will not be used in construction.

q. The holder shall meet Federal, State, and local emission standards for air quality.

r. Construction-related traffic shall be restricted to routes approved by the authorized officer. New access roads or cross-country vehicle travel will not be permitted unless prior written approval is given by the authorized officer. Authorized roads used by the holder shall be rehabilitated or maintained when construction activities are complete as approved by the authorized officer.

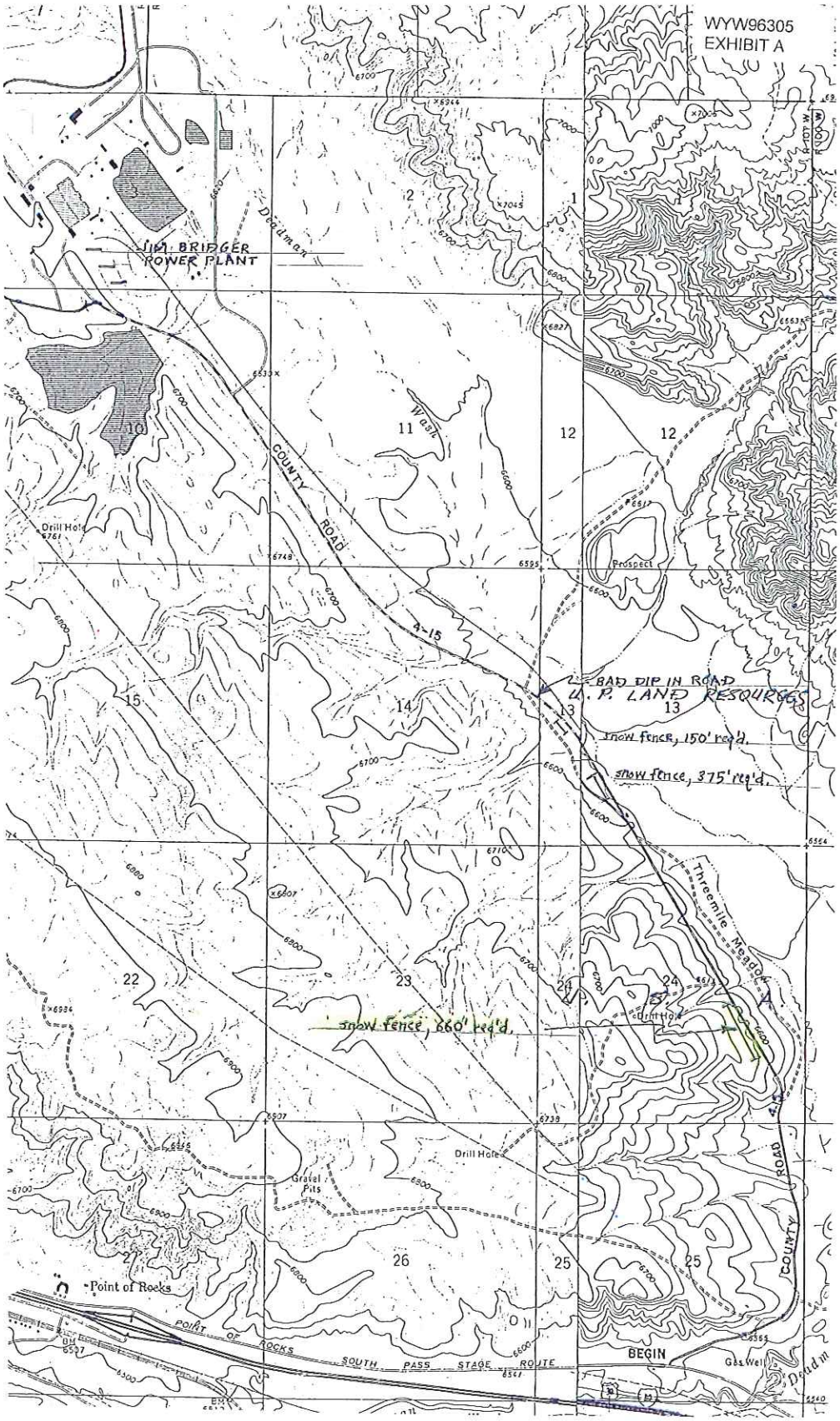
s. Except rights-of-way expressly authorizing a road after construction of the facility is completed, the holder shall not use the right-of-way as a road for purposes other than routine maintenance as determined necessary by the authorized officer in consultation with the holder.

t. Prior to termination of the right-of-way, the holder shall contact the authorized officer to arrange a pretermination conference. This conference will be held to review the termination provisions of the grant.

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

(Signature of Holder)	(Signature of Authorized Officer)
	Assistant Field Manager Minerals and Lands
(Title)	(Title)
(Date)	(Effective Date of Grant)

WYW96305
EXHIBIT A



BOARD OF COUNTY COMMISSIONERS
MEETING REQUEST FORM

Meeting Date Requested: 3/1/16	Presenters Name: Garry McLean; Karen Bailey
Department or Organization: HR / Custodial	Contact Phone and E-mail: 872-3910
Exact Wording for Agenda: Request to replace vacancy	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:	

INSTRUCTIONS:

- 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 must accompany the meeting request form by Wednesday at 12:00 p.m. prior to the scheduled meeting date. *****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
Request to Restaff Vacant Position

Board Meeting Date: 3/1/2016
Department: Custodial
Position: Custodian
Vacancy Date: 3/9/2016
Reason for vacancy: resignation
Department Request: To Restaff position immediately, in a PART TIME capacity with PT benefits (29 hours per week)
Anticipated Re-staff Date 3/15/2016

Board Action

Approved _____ Date: 3/1/2016
Denied _____
Full time _____
Part time _____ # Hours (if part time) _____
Restaff Immediately _____ Delay restaffing until (month) _____

			Monthly						
	Position	Hire Date	Salary	Retirement	FICA	Workers Compensation	Total benefits	Total cost of employment (salary + benefits)	Annual Cost of employment
Current costs for Facilities Employee	Custodian, 19 months, Grade 8, step 2 rate of pay)	8/11/2014	$ 2,027.50	n/a	$ 155.10	$ 29.60	$ 184.71	$ 2,212.21	$ 26,546.46
Anticipated Costs to restaff Position Vacancy	Custodian Grade 8, step 1 rate of pay)	3/15/2016	$ 1,968.46	n/a	$ 150.59	$ 28.74	$ 179.33	$ 2,147.79	$ 25,773.44
Net Difference (savings)			$ (59.04)	$ -	$ (4.52)	$ (0.86)	$ (5.38)	$ (64.42)	$ (773.02)

NOTES

Part time employees not eligible for Health insurance, or retirement

Brenda Rae
Reviewed by HR Representative (signature) — Date: 2-23-2016

Karen Bailey
Reviewed by Department Head/ Elected Official (signature) — Date: 2-23-16

Commission Chair (signature) — Date: