



115 Petersen Parkway
P.O. Box 298
Thayne, WY 83127
Phone (307) 883-2668

Application for Open Container Permit

The applicant hereby applies for a twenty-four (24) hour Open Container permit. This permit, if granted, shall be valid only for the twenty-four (24) hour period designated herein. The applicant hereby represents and warrants as follows:

1. The applicant's name is: _____
2. The applicants address is: _____
3. The date and hours of the permit to be valid is: _____
4. The location and description of the place where the permit will be in use is: _____

5. The applicant understands the following:
 - a. That the permit applied for is **not** transferrable.
 - b. That the applicant is subject to all laws of the State of Wyoming pertaining to the sale of alcoholic and malt beverages to minors.
 - c. That this permit does not authorize the sale of packaged liquor off of the premises.
6. The applicant has attached the One Day Open Container Permit Fee in the amount of \$_____.

**The permittee shall clearly post a sign notifying patrons that they must be twenty one (21) years of age to enter the premises.*

All licensees may, with the approval of the licensing authority, open the dispensing room at 6:00 a.m. and shall close the dispensing room and cease the sale of alcoholic and malt beverages promptly at the hour of 2:00 a.m. the following day. In addition, licensees shall clear the dispensing room of all persons other than employees by 2:30 a.m. {Wyoming Statute 12-4-502 (c)}.

SIGNATURE AND VERIFICATION

I have read and completed the foregoing application and the information provided therein is true and correct.

DATED this _____ day of _____, 20_____

APPLICANT

Approvals:

Mayor: _____ Date: _____

Town Clerk: _____

