

PROVIDE THE FOLLOWING INFORMATION PER PARTNER:

NAME: _____
(Last) (First) (Middle)
RESIDENCE ADDRESS: _____

(City) (State) (Zip)
HOW LONG AT ABOVE ADDRESS _____ TELEPHONE #: _____
DATE OF BIRTH: _____

If needed, attach sheet to provide additional information.

CORPORATION:

NAME OF CORPORATION: _____
CORPORATION ADDRESS: _____

(City) (State) (Zip)
IS CORPORATION QUALIFIED TO DO BUSINESS IN WYOMING?: YES NO
DATE OF INCORPORATION: _____

PROVIDE THE FOLLOWING INFORMATION PER CORPORATE OFFICER AND/OR STOCKHOLDER:

NAME: _____
(Last) (First) (Middle)
RESIDENCE ADDRESS: _____

(City) (State) (Zip)
HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE #: _____
DATE OF BIRTH: _____

If needed, attach sheet to provide additional information.

LIMITED LIABILITY COMPANY:

NAME OF COMPANY: _____
COMPANY ADDRESS: _____

(City) (State) (Zip)
IS COMPANY QUALIFIED TO DO BUSINESS IN WYOMING?: YES NO
DATE OF FILING WITH SECRETARY OF STATE'S OFFICE: _____

PROVIDE THE FOLLOWING INFORMATION PER LIMITED LIABILITY OFFICER:

NAME: _____
(Last) (First) (Middle)
RESIDENCE ADDRESS: _____

(City) (State) (Zip)
HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE #: _____
DATE OF BIRTH: _____

If needed, attach sheet to provide additional information.

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

Applicant Signature

Date

STATE OF WYOMING)
) ss.
County of Laramie)

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

Notary Public

SEAL

My commission expires: _____

This application is available in alternative, accessible formats upon request.

APPROVALS:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

City/County Environmental Health: _____
(100 Central Avenue/633-4090)

Police Department: _____
(415 W. 18th St./637-6535)

Zoning Department: _____
(2101 O'Neil Ave., Room 202/637-6282)

City Clerk: _____
(2101 O'Neil Ave., Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE:

BY: _____

M/R # _____ FEE PAID \$ _____ DATE PAID: _____ DATE ISSUED: _____

TERM OF LICENSE: _____

COMMENTS: _____

