

TOWN OF SARATOGA – PERMIT APPLICATION
CATERING PERMIT

Permit No. _____

Fee Paid: \$25.00 Receipt No. _____

A catering permit issued by the Town of Saratoga authorizes any person holding a retail liquor license the authority to conduct the off-premise sale of both alcohol and malt beverages for sale at meetings, conventions, private parties and dinners or at *other similar* gatherings within the municipal boundaries of the Town of Saratoga, and under W.S. § 12-4-50502(b) and Town of Saratoga Municipal Code 5.08.210(2)

No licensee holding a catering permit shall sell or permit consumption of any alcoholic or malt beverage off the premises described in the permit. No license holder shall receive more than a total of twelve (12) catering permits for sale at the same premises in any one (1) year.

A temporary license shall be denied by the clerk and referred to the town council for action if one or more of the following facts or circumstances are found to exist:

- A. The application is for a location within the town that is not located in a park or other location that has been designated for the use of malt beverages;
- B. The application is for use of an outside location in or near a residential area and is requesting a use later than ten p.m.;
- C. The circumstances given to the clerk are such as to indicate a significant problem for the residents in the area, or an adjacent area, which problems may include traffic, noise, light, odor or other significant annoyances;
- D. The town has received complaints about previous licenses for substantially the same circumstances as are present in the current application. (Ord. 608 (part), 1996)

APPLICANT NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NO. _____

REASON FOR PERMIT REQUEST: _____

LOCATION FOR OFF -PREMISES PERMIT: _____

DATE(S) PERMIT REQUESTED: _____

TIME: _____

The applicant agrees to comply fully with the Saratoga Municipal Code 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 CARBON)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires: _____

Approval

Date: _____

Mayor: _____

Clerk: _____