

DRAFT



CITY OF SHERIDAN, WYOMING

55 Grinnell Street, P.O. Box 848,
Sheridan Wyoming 82801
Ph (307)674-6483 Fax (307)674-2195



Mayor Roger Miller City Administrator Mark Collins

LIQUOR LICENSE OPERATION PLAN

Name as it appears on license: _____

Common Name (doing business as): _____

Street Address:

Phone #:

Type of License (circle): Retail Limited Restaurant Bar & Grill

Hours of Operation

Our planned hours of operation are:

Last call will be _____ minutes before closing and last service will be _____ minutes before closing.

Format

The premises will be operated as: _____

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Include: Nature of business

- Bar
- Package Liquor
- Restaurant

Regular Events

- Happy Hour
- Live Entertainment

Special Events

- Competitions of Strength
- Other Special Events

(All outside events require and Malt Beverage or Catering Permit)

Security/ Crowd Control/ Capacity Limits

The Official Capacity limit for our business is: _____

In order to comply with our capacity limits we shall: _____

We shall maintain peace and order in and around our business by:

Rules of the establishment shall be enforced by: _____

Alcohol Management

To comply with laws regarding alcoholic and malt beverages, including the use of eighteen (18) to twenty (20) year old servers in restaurants if applicable, our establishment will:

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Mayor Roger Miller City Administrator Mark Collins

Signature of License Holder

Date

Printed Name