



Special Events Permit Application
Main Street Sundance, WY
February 14th 2026

Application Information

Responsible Party's Name: _____

Organization: _____

Address: _____

Best Phone Number: _____ Email: _____

Food Service Information

Wyoming Food License required for all vendors serving food ONLY EXCEPTION is non-profits.
Non-profits must provide documentation. To obtain a Wyoming Food license 307.746.9206

___ **Non- Profit \$0** | Yes () Classification Number: _____

___ **Food Truck/Tent For Profit (no alcohol) \$40 Total Fee** (City Permit \$10*, Event Fee \$30)

___ **Food and/or Alcohol** \$60 Total Fee** (Catering City Permit** \$30, Event Fee \$30)

***If serving alcoholic beverages you must obtain a catering permit from the City of Sundance and it must be approved by the City Council which meets the first Tuesday of the month. Contact the City of Sundance with additional questions 307-283-3451. The form is on the 2nd page of this file.*

___ **Retail Vendor for Profit: Fee \$30** (\$10 City Permit*, \$20 Event Fee)

**If you have an annual vendor permit with the city you do not need to pay the city fee.*

Sales Tax Information

Wyoming Department of Revenue Sales Tax Registration **IS REQUIRED** for all vendors.

Sales Tax Number: _____

Applicate Signature: _____ **Date:** _____

Event Organizer Signature: _____ **Date:** _____

Fee Paid: _____ **Date:** _____ **Receipt #:** _____

Questions, please contact Jamie at 605-431-6370 or email sundance.chamber@gmail.com
Mail completed form w/payment to Sundance Chamber, PO Box 1004, Sundance, WY 82729

Or Drop off at City Hall.

24 HOUR/DAILY ALCOHOLIC BEVERAGE SALES PERMIT APPLICATION

(W.S. 12-2-203, 12-4-502)

**PERMIT VALID FOR ONLY ON-PREMISE SALES AND CONSUMPTION AT THE
PERMITTED EVENT, NO PACKAGE SALES ALLOWED**

To be completed by City/County Clerk

Date filed with clerk: ____/____/____	Local Permit #: _____
Permit Fee Per Day: \$ _____	(\$50.00 maximum fee per day)
Number of Days: _____	
Total Permit Fee: \$ _____	(Permit fee per day x number of days)
Permit Date: ____/____/____	through ____/____/____

Applicant: _____

Business/Trade Name (DBA): _____

Contact Person: _____ Phone: (____) ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____) ____ - ____ Email Address: _____

Event Name: _____ Event Location: _____

FILING IN (CHOOSE ONLY ONE)		FILING AS (CHOOSE ONLY ONE)	
<input type="checkbox"/> CITY OF: _____	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	
<input type="checkbox"/> COUNTY OF: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LTD PARTNERSHIP	
	<input type="checkbox"/> LP/LLP	<input type="checkbox"/> ORGANIZATION	
	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER _____	
TYPE OF PERMIT (CHOOSE ONLY ONE)			
<input type="checkbox"/> MALT BEVERAGE PERMIT (W.S. 12-4-502(a)/W.S. 12-2-201(b)) Malt beverage permit applicants receiving anything of value (i.e. money, goods and or services from any industry representative must answer the following: (W.S. 12-5-402(a)) Nonprofit corporation under the laws of Wyoming? Yes <input type="checkbox"/> No <input type="checkbox"/> Tax Exempt Organization under the Internal Revenue Code? Yes <input type="checkbox"/> No <input type="checkbox"/> And has the applicant been in continuous operation for not less than two (2) years? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> CATERING PERMIT (W.S. 12-4-502(b)) For currently licensed Retail or Resort license holders only	<input type="checkbox"/> MANUFACTURER'S OFF-PREMISE PERMIT (W.S. 12-2-203(g)(iii)) For the sale of the manufacturer's own Wyoming manufactured products only	
		<input type="checkbox"/> MALT BEVERAGE PERMIT FOR MICROBREWERIES (W.S. 12-4-415 (e)) For the sale of the microbrewery's own Wyoming brewed products only	
		<input type="checkbox"/> WINERY OFF-PREMISE PERMIT (W.S. 12-4-414(g)) For the sale of the winery's own Wyoming manufactured products only	

By filing this application, the applicant and their representatives agree to sell alcoholic beverages and operate under the requirements of all applicable Wyoming state and local laws and rules, and submit any required sales tax and reports.

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

Applicant Signature	Printed Name	Date
Signature of Licensing Authority Official		Date