AGENDA

CAMPBELL COUNTY BOARD OF COMMISSIONERS

MARK A. CHRISTENSEN, Chairman
RUSTY BELL
G. MATTHEW AVERY
CLARK KISSACK
MICKY SHOBER

JANUARY 2, 2019

09:00 MEETING CALLED TO ORDER
PLEDGE OF ALLEGIANCE

CONSENT AGENDA
A. Consent Agenda

VOUCHERS
B. Vouchers

PUBLIC COMMENT
C. 9:05 For the Good of the County*

OPEN GOVERNMENT
D. 9:15 County Information

REGULAR BUSINESS
E. 9:25 Approval of Designation of Depositories Rachael Knust
F. 9:30 Emergency Management Preparedness Grant FY 2018 David King
G. 9:35 Request for Change in Position Allocation, CAM-PLEX Charlotte Terry
H. 9:40 Road Right of Way Easement, Western Fuels Robert Palmer
I. 9:45 Gillette College EDA Grant Application, Matching Funds Robert Palmer

EXECUTIVE SESSION
J. 9:50 Property Acquisition Carol Seeger

PUBLIC HEARING
K. 10:30 Liquor License Renewals Susan Saunders

ADJOURN

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.
Consent Agenda

MINUTES
Board of Commissioners Library Board Meeting, December 17, 2018
Board of Commissioners Directors Workshop, December 17, 2018
Board of Commissioners Regular Meeting, December 18, 2018
Board of Commissioners Legislators and County Elected Officials Luncheon Meeting, December 18, 2018

PAYROLL PAYMENTS
November 30, 2018
December 15, 2018

CANCELLATION/REBATE OF TAXES
#3824 – 3861

CREDIT CARD REQUESTS
Office of Commissioners  Delmar L. Shelstad, Credit Limit $5,000

LINE ITEM TRANSFERS
Airport
Transfer $14,000 from 751.7097 Marketing and Promotions to 751.6145 Consulting, General

Fair
Transfer $4,000 from 731.6961 Buildings/Office to 731.7350 Free Stage Shows
Transfer $1,200 from 731.6970 Port-A-John to 731.7350 Free Stage Shows

Public Works
Transfer $3,880 from 020.7085 Dist. Support Grant to 020.7085.20 Central Campbell County I&S Dist.
Transfer $2,000 from 481.6777 Building Maintenance to 481.6767 General Equipment

MOBILE COMPUTING DEVICE REQUESTS
County Attorney’s Office – Senior Administrative Assistant

POSITION VACANCY JUSTIFICATIONS
Public Health – Public Health Nurse
Public Works – Custodian I

SICK LEAVE TRANSFERS
Request transfer of (40) hours from Employee #207415 to Employee #325462
Request transfer of (40) hours from Employee #531240 to Employee #325462
Request transfer of (40) hours from Employee #439283 to Employee #559111
Request transfer of (40) hours from Employee #568481 to Employee #559111
Request transfer of (40) hours from Employee #568481 to Employee #559111

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.
Request transfer of (40) hours from Employee #223482 to Employee #559111

HAND WARRANTS
State of WY – Department of Revenue & Taxation $110.72

State of WY – WAG Criminal Investigation 15.00
State of WY – WAG Criminal Investigation 39.00
Campbell County Treasurer 28,192.06
Campco Federal Credit Union 276.01
Biblio – Techies 360.00
Campbell County Clerk Tax Account 325,024.71
Campbell County Park & Recreation Activity Fund 28.00
Circuit Court of Campbell County 159.14
Great West Trust 37,770.59
Wyoming Child Support Enforcement 1,746.59

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.
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The following page(s) contain the backup material for Agenda Item: Consent Agenda
Office of County Commissioners  
December 17, 2018  
Gillette, WY  

Directors Workshop  

The Campbell County Board of Commissioners met for a Directors Workshop, Monday, December 17, 2018 at 1:30 PM.

Present were Rusty Bell, Micky Shober, Mark Christensen, Commissioners; Susan F. Saunders, County Clerk; Carol Seeger, Deputy County Attorney; Jay Lundell, Airport Director; Rick Mansur, Parks & Recreation Director; Charlotte Terry, HR Director; Kevin King, Public Works Director; Terri Lesley, Library Director; Bob Tranas, Children’s Developmental Services Director; Jeff Esposito, Cam-Plex Director; Robert Henning, Museum Director; JR Fox, Interim Fire Chief; Kevin Geis, Road and Bridge Director; Ivy McGowan-Castleberry, Public Information Coordinator; Commissioner Elect DG Reardon and Robert Palmer, Commissioners Administrative Director. Commissioner Avery was absent from the meeting.

Commissioner Bell discussed the possibility of having a Public Relation (PR) Campaign to promote Campbell County.

Matt Olsen, Staff Engineer, provided an update on the Landfill Remediation.

Commissioner Shober arrived at 1:45 PM.

Rick Mansur, Parks and Recreation Director, provided an update on the college soccer pitch and on the hot tub replacement project.

Robert Palmer, Commissioners Administrative Director, presented draft budget calendars and draft Elected Official, Appointed Board and Department Orientation Agendas, and provided an update on the county financials and the ERP.

Robert Palmer reminded the Directors and Commissioners the Winter Gathering is being held jointly with the Board Appreciation dinner.

Chairman Christensen provided an update on the food drive results.

Charlotte Terry, HR Director, provided an update on benefit costs, changes to the fees at the Coalition Family Health Center, transition of the prescription benefit manager, BCBS system update, personnel guideline #507, and the compensation project.

Commissioner Shober left the meeting at 2:50 PM.

The Directors provided updates and information on the program of work from their respective offices.
There being no further business to come before the Board, the meeting was adjourned at 3:00 PM.

Susan F. Saunders, Clerk
Board of County Commissioners

Mark Christensen, Chairman
Board of County Commissioners
Office of County Commissioners
December 17, 2018
Gillette, WY

The Campbell County Board of Commissioners met with the Library Board, Monday, December 17, 2018 at 4:00 PM.

Present were Mark Christensen, Micky Shober, Rusty Bell, Commissioners; Susan F. Saunders, County Clerk; Shelly Edwards, Finance Manager; Commissioner Elect DG Reardon and Robert Palmer, Commissioners Administrative Director. Commissioner Matt Avery was absent from the meeting.

Friends of the Library held a ribbon cutting on the Water Bottle Fountain.

Discussion was held on services and programs at the library.

Discussion was held on the County Audit and Library Foundation funds.

Commissioner Shober arrived at 4:30 PM.

Discussion was held on the value of art and security at the library.

Discussion was held on need for additional space at the library.

The Commissioners invited the Library Board to the Board Appreciation Dinner to be held Friday, January 18, 2019 at 6:00 PM.

No action was taken at the Library Board meeting and the Commissioners left the meeting at 5:15 PM.

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Susan F. Saunders, Clerk                                Mark Christensen, Chairman
Board of County Commissioners                                Board of County Commissioners
Office of County Commissioners  
December 18, 2018  
Gillette, Wyoming

The Campbell County Board of Commissioners met in regular session, Tuesday, December 18, 2018. Chairman Christensen called the meeting to order at 9:00 AM. Pastor Judith England led in prayer and Chairman Christensen led the Pledge of Allegiance.

Present were Mark Christensen, Rusty Bell, Micky Shober, Matt Avery, Commissioners; Susan F. Saunders, County Clerk; Carol Seeger, Deputy County Attorney and Robert Palmer, Commissioners Administrative Director.

The following Consent Agenda was presented:

MINUTES:
Board of Commissioners Directors Workshop, August 20, 2018  
Board of Commissioners Special Meeting, September 18, 2018  
Board of Commissioners Directors Workshop, November 5, 2018  
Board of Commissioners Directors Workshop, December 3, 2018  
Board of Commissioners Regular Meeting, December 4, 2018  
Board of Commissioners Special Meeting, December 12, 2018

CORRECTION OF MINUTES:
Board of Commissioners Regular Meeting, November 20, 2018 – Wyoming Child Support was approved for $1,718.14 and the correct amount is $1,718.44.

MONTHLY REPORTS:
Clerk of District Court – November 2018  
County Clerk – November 2018  
Sheriff’s Department – November 2018  
Sheriff’s Department, Detention Center – November 2018  
Treasurer’s Office – November 2018

PAYROLL PAYMENTS:
December 1, 2018

CANCELLATION/REBATE OF TAXES:
#3642, 3778-3821

OFFICIAL BOND & OATH
Sundog Service & Improvement District – Rebecca Vondrak

POSITION VACANCY JUSTIFICATIONS:
Assessor’s Office – Appraiser II or III  
CAM-PLEX – Event Coordinator  
Clerk of District Court – Deputy Clerk I  
Extension Office – Horticulture Program Coordinator  
Library Board – Reference Services Specialist  
Road & Bridge – Equipment Operator I or II

SOCIAL MEDIA REQUESTS:
Rockpile Museum – Robert Henning

VACATION CARRYOVER REQUEST:
Request vacation time carryover of 40 hours for Employee #105179 prior to June 30, 2019.

HAND WARRANTS:

State of WY – WAG Criminal Investigation $15.00
Campbell County Clerk Tax Account 22,223.28
Campco Federal Credit Union 950.00
Great West Trust Company 2,575.00
Campbell County Treasurer – HSA 1,091.66
Campbell County Clerk Tax Account 301,656.57
Campbell County Park & Recreation Activity Fund 28.00
Campbell County Treasurer – HSA 24,129.86
Campco Federal Credit Union 276.01
Circuit Court of Campbell County 44.50
Great West Trust Company 38,340.61
Wyoming Child Support 1,718.44
State of WY – WAG Criminal Investigation 156.00
Optum 1,215.50

Commissioner Bell moved approve all items of the Consent Agenda as presented. Commissioner Avery seconded the motion. All Voted-Aye. Carried.

Ivy McGowan-Castleberry, Bill Fortner, Casey Elkins, Sheri England and Clark Fairbanks provided public comment.

Commissioner Bell moved to approve the Fiscal Year 2017/18 Audit Report, as presented. Commissioner Shober seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to authorize the Campbell County Juvenile and Family Drug Court to submit an application to the Wyoming Department of Health for a FY 2020 Court Supervised Treatment Program operating grant, in the amount of $144,429, and with a local county cash match in the amount of $36,251.68, as presented. Commissioner Shober seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to approve the Education Affiliation Agreement, Number EA-19094, between Laramie County Community College (LCCC) and the Campbell County Board of Commissioners on behalf of Children’s Developmental Services to provide Clinical experiences for Students at LCCC for an initial term of three years upon execution, as presented. Commissioner Avery seconded the motion. All Voted-Aye. Carried.

Commissioner Shober moved to approve the Grant Agreement, Grant TEA-19001 CL, between the Wyoming Office of State Lands and the Campbell County Board of Commissioners on behalf of Children’s Developmental Services, in a total amount of $48,800, for the acquisition of one (1) Thirty Passenger ADA Compliant Bus, as presented. Commissioner Avery seconded the motion. All Voted-Aye. Carried.
Commissioner Bell moved to approve the Request for State Airport Aid application with the Wyoming Department of Transportation, Aeronautics Commission, for the purpose of improvement of Gillette-Campbell County Airport, specifically in the area of Marketing, in the total amount of $2,500, as presented. Commissioner Shober seconded the motion. All Voted-Aye. Carried.

Commissioner Shober moved to approve Amendment One to the Agreement between the Wyoming Department of Health, Public Health Division, Campbell County Women, Infants, and Children Program and Campbell County to add Subsection W, Independent Contractor, to Section 9, General Provisions, as presented. Commissioner Bell seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to approve the Classification Review for the new position of Museum Educator, Band 23, Range 52, and the Position Vacancy Justification Notice at the Rockpile Museum, leaving the total allocated FTE at five, as requested and presented. Commissioner Avery seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to approve the District Support Grant Application for the Central Campbell County Improvement and Service District in an amount not to exceed $3,880 from the Optional One Percent Sales Tax fund for a GIS Survey of the water infrastructure in their District, Priority Four, as presented by the Campbell County Department of Public Works. Commissioner Avery seconded the motion. Commissioner Shober-Aye, Commissioner Avery-Aye, Commissioner Bell-Aye, Chairman Christensen-Nay. Carried.

The Public Hearing scheduled for 10:15 AM was heard at 10:25 AM. The purpose of the Public Hearing was for public comment on a re-zoning request for a portion of E1/2, Section 17, T50N, R72W from A-L Agriculture District to I-2 Heavy Industrial District.

Commissioner Avery moved to approve the re-zoning request for CORI, LLC, Case Number 18.05 COZ, to re-zone 78.86 acres from A-L Agriculture, Base Zoning Airport Overlay, to I-2 Heavy Industrial, part of the East ½, Section 17, Township 50 North, Range 72 West, as recommended and presented by the Campbell County Planning Commission and Department of Public Works. Commissioner Bell seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to approve Resolution Number 1934 on the Final Order Approving the Vacation of Stewart Road, as presented. Commissioner Shober seconded the motion. Commissioner Avery abstained from the vote and discussion due to a conflict of interest. All Voted-Aye. Carried.

The Public Hearing scheduled for 10:25 AM was heard at 10:40 AM. The purpose of the Public Hearing was for public comment on a re-zoning request for lot Lot 26, Wind Dancer II Subdivision from R-S, Residential Suburban District to A-L, Agricultural District.

Commissioner Shober moved to approve the re-zoning request for Timothy and Maurica Hanson, Case Number 18.07 COZ, to re-zone approximately 19.90 acres from R-S Residential Suburban, to A-L Agriculture, Lot 26 Wind Dancer II Subdivision, as recommended by the
Campbell County Planning Commission. Commissioner Avery seconded the motion. All Voted-Aye. Carried.

The Public Hearing scheduled for 10:30 AM was heard at 11:05 AM. The purpose of the Public Hearing was for public comment on the proposed amendments to Chapter 3 – Rules Governing Appeals to the Building Code Appeals Board and Chapter 4 – Rules Regulating Construction.

Commissioner Avery moved to adopt the proposed amendments to Chapter 3 – Rules Governing Appeals to the Building Code Appeals Board and Chapter 4 – Rules Regulating Construction, as recommended and presented by the Department of Public Works. Commissioner Bell seconded the motion. Commissioner Shober-Nay, Commissioner Avery-Aye, Commissioner Bell-Aye, Chairman Christensen-Aye. Carried.

The Commissioners recessed their regular meeting and convened into a lunch meeting with the County Legislators.

The Board reconvened into their regular meeting at 1:30 PM.

Commissioner Bell moved to direct Staff to enter into negotiations with Tyler Technologies, Inc. on a License and Maintenance Agreement and implementation schedule for the Campbell County Enterprise Resource Planning and Software solution, as described and presented. Commissioner Shober seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to approve Resolution Number 1935 on the Final Order Approving the Vacation of Doane Road, as presented. Commissioner Shober seconded the motion. Commissioner Avery abstained from the discussion and vote due to a conflict of interest. All Voted-Aye. Carried.

Commissioner Bell moved to appoint Owen Lindblom to the Campbell County Airport Board to serve a five-year term, ending December 31, 2023. Commissioner Shober seconded the motion. All Voted-Aye. Carried.

Commissioner Shober moved to appoint Joey Leegaard to the Campbell County Fair Board to serve a five-year term, ending December 31, 2023. Commissioner Avery seconded the motion. All Voted-Aye. Carried.

Commissioner Avery moved to appoint Ken Barkey to the Campbell County Lodging Tax Board to serve a three-year term, ending December 31, 2021. Commissioner Bell seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to appoint Kate Wilson to the Natural Resource and Land Use Committee, representing Citizen at Large; and Debra Hepp to the Natural Resource and Land Use Committee, representing Conservation District; and Shane Pearson to the Natural Resource and Land Use Committee, representing Mining; and Levi Jensen to the Natural Resource and Land Use Committee, representing Water; and for each to serve a three-year term, ending December 31, 2021. Commissioner Avery seconded the motion. All Voted-Aye. Carried.
Commissioner Shoher moved to appoint Jade Butler to the Predator Management District Board to serve a three-year term, ending December 31, 2021. Commissioner Bell seconded the motion. All Voted-Aye. Carried.

Commissioner Bell moved to appoint Larry Smith, representing Area 3, and Chuck Tweedy, representing Area 4, to the Weed and Pest Board to each serve a four-year term, ending December 31, 2022. Commissioner Shoher seconded the motion. All Voted-Aye. Carried.

Commissioner Avery moved to appoint Ron Wirthwein to the Adult Treatment Court Board, representing the Attorney’s Office, to serve a three-year term, ending December 31, 2021; and Tomi Barbour to the Adult Treatment Court Board, representing Treatment Provider, to serve a three-year term, ending December 31, 2021; and Scott Mooney to the Adult Treatment Court Board, representing Citizen at Large, to serve a three-year term, ending December 31, 2021; and Kim Krogman to the Adult Treatment Court Board, representing Citizen at Large, to serve an unexpired three-year term, ending December 31, 2020; and Ryan McGrath to the Adult Treatment Court Board, representing Defense Attorney, to serve an unexpired three-year term, ending December 31, 2020. Commissioner Shoher seconded the motion. All Voted-Aye. Carried.

No action was taken on the Miners Hospital Board appointment.

The Commissioners went into a workshop with Janell Oberlander, Vice President of Gillette College and Cara Mittleider, Director Administrative Services of Gillette College on the proposed EDA Grant.

There being no further business to come before the Board of Commissioners, the meeting was adjourned at 2:30 PM. The next regular meeting of the Commissioners will be held Wednesday, January 2, 2019, at 9:00 AM in the Commissioners Chambers in the Courthouse.

Susan F. Saunders, Clerk
Board of County Commissioners

Mark Christensen, Chairman
Board of County Commissioners
Office of County Commissioners  
December 18, 2018  
Gillette, WY

The Campbell County Board of Commissioners met with the Campbell County Legislators and County Elected Officials, Tuesday, December 18, 2018 at 11:30 AM.

Present were Mark Christensen, Rusty Bell, Micky Shober, Matt Avery, Commissioners; Susan F. Saunders, County Clerk; Carol Seeger, Deputy County Attorney; Robert Palmer, Commissioners Administrative Director; Ivy McGowan-Castleberry, Public Information Coordinator; Commissioner Elect DG Reardon; Commissioner Elect Bob Maul; Jane Glaser, Public Health Director; Matt Olsen, Staff Engineer; Troy Clements, County Assessor; Ron Wirthwein, County Attorney; Scott Matheny, Sheriff; Rachael Knust, County Treasurer and Cheryl Chitwood, Clerk of District Court.

Discussion was held on the upcoming legislative session.

No action was taken at this meeting and it was adjourned at 1:30 PM.

Susan F. Saunders, Clerk  
Board of County Commissioners

Mark Christensen, Chairman  
Board of County Commissioners
We do hereby approve the County Payroll as presented this 2nd day of January, 2019.

For the Pay Period(s) Ending

Payroll Payment
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: PEAK POWDER RIVER RESOURCES LLC

NOTICE ISSUED FOR:
NOVC# 2018-0603
OTHER:

✓ PARTIAL
✓ REBATE
  CANCELLATION

YEAR 2014
TAX NOTICE NO. 4121
DISTRICT NO. 100

ASSESSED VALUATION:

AMOUNT: $ .12

[Signature]
COUNTY ASSESSOR

APPROVED: _______ DENIED: _______

THIS _____ DAY OF ______________________, 20__

BOARD OF COUNTY COMMISSIONERS

FILED ______________________, 20__

[Signature]
COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3825

NAME: SUNQUIST KEVIN P

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
X CANCELLATION

YEAR 2009
TAX NOTICE NO. 20917
DISTRICT NO. 150

ASSESSED VALUATION: 373

AMOUNT:$ 24.92

COUNTY ASSESSOR

APPROVED: _____ DENIED: _____

THIS _______ DAY OF ____________________ , 20__

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BOARD OF COUNTY COMMISSIONERS

FILED ____________________ , 20__

________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: SUNDQUIST KEVIN P
NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

PARTIAL
REBATE
\CHECK CANCELLATION

YEAR 2010
TAX NOTICE NO. 22609
DISTRICT NO. 150
ASSESSED VALUATION: 359
AMOUNT:$ 24.34

COUNTY ASSESSOR

APPROVED: _____ DENIED: _____

THIS _____ DAY OF ___________________ , 20__

BOARD OF COUNTY COMMISSIONERS

FILED ___________________ , 20__

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3827

NAME: SUNDQUIST KEVIN P

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

PARTIAL
REBATE
X CANCELLATION

YEAR 2011
TAX NOTICE NO. 5588
DISTRICT NO. 100

ASSESSED VALUATION: 323
AMOUNT: $ 19.20

COUNTY ASSESSOR

APPROVED: DENIED:

THIS _______ DAY OF ____________________, 20___

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BOARD OF COUNTY COMMISSIONERS

FILED ____________________, 20___

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COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: GREEN TREE
NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

 Partial
REBATE
X CANCELLATION

YEAR 2008
TAX NOTICE NO. 2154
DISTRICT NO. 100

ASSESSED VALUATION: 480
AMOUNT:$ 28.88

[Signature]
COUNTY ASSESSOR
APPROVED: ______ DENIED: ______

THIS ______ DAY OF __________________, 20__

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BOARD OF COUNTY COMMISSIONERS

FILED __________________, 20__

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COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3829

NAME: WERLINGER HEIDI
NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

__ PARTIAL
__ REBATE  X CANCELLATION

YEAR 2011
TAX NOTICE NO. 6160
DISTRICT NO. 100

ASSESSED VALUATION: 289
AMOUNT: $ 17.18

[Signature] COUNTY ASSESSOR
APPROVED: ______ DENIED: ______

THIS _______ DAY OF _____________________________, 20__

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BOARD OF COUNTY COMMISSIONERS

FILED ______________________, 20__
[Signature] COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3830

NAME: WERLINGER HEIDI

NOTICE ISSUED FOR:
  NOVC#
  OTHER: MOBILE HOME GONE

_ PARTIAL
_ REBATE
X CANCELLATION

YEAR 2012
TAX NOTICE NO. 5962
DISTRICT NO. 100

ASSESSED VALUATION: 283

AMOUNT:$ 16.84

[Signature] COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS ______ DAY OF __________________________, 20 ___

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BOARD OF COUNTY COMMISSIONERS

FILED ________________________, 20 ___

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COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: WERLINGER HEIDI

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
X CANCELLATION

YEAR 2013
TAX NOTICE NO. 5762
DISTRICT NO. 100

ASSESSED VALUATION: 274
AMOUNT: $ 16.38

COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS ______ DAY OF ______________________ , 20__

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BOARD OF COUNTY COMMISSIONERS

FILED ______________________ , 20__

______________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3832

NAME: PEAK POWDER RIVER RESOURCES LLC

NOTICE ISSUED FOR:
NOVC# 2018-0603
OTHER:

✓ PARTIAL
✓ REBATE
✓ CANCELLATION

YEAR 2015
TAX NOTICE NO. 4127
DISTRICT NO. 100

ASSESSED VALUATION: 41,849

AMOUNT:$ 2,493.70

[Signature]
COUNTY ASSESSOR

APPROVED: _____ DENIED: _____

THIS _____ DAY OF ______________________ , 20__

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BOARD OF COUNTY COMMISSIONERS

FILED ______________________ , 20__

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COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: D & B REPAIR LLC

NOTICE ISSUED FOR:
NOVC#
OTHER: BUSINESS CLOSED

__ PARTIAL
__ REBATE
✓ CANCELLATION

YEAR 2018
TAX NOTICE NO. 1230
DISTRICT NO. 100

ASSESSED VALUATION: ___ 713
AMOUNT: $ 42.50

[Signature]
COUNTY ASSESSOR

APPROVED: _______
DENIED: _______

THIS _____ DAY OF _________________________, 20___

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BOARD OF COUNTY COMMISSIONERS

FILED _________________________, 20___

_________________________________________________
COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: DAVIS JOHN

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

PARTIAL
REBATE
CANCELLATION

YEAR 2004
TAX NOTICE NO. 1115
DISTRICT NO. 100

ASSESSED VALUATION: 479

AMOUNT: $ 28.22

COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF ______________________ , 20___

BOARD OF COUNTY COMMISSIONERS

FILED _______________________ , 20___

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3835

NAME: DAVIS JOHN

NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
✓ CANCELLATION

YEAR 2005
TAX NOTICE NO. 1126
DISTRICT NO. 100

ASSESSED VALUATION: 465
AMOUNT:$ 27.38

COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF __________________, 20__

BOARD OF COUNTY COMMISSIONERS

FILED __________________, 20__

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3836

NAME: DAVIS JOHN
NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

___ PARTIAL ___ REBATE
___ CANCELLATION

YEAR 2006
TAX NOTICE NO. 1169
DISTRICT NO. 100

ASSESSED VALUATION: 451
AMOUNT:$ 26.58

[Signature] COUNTY ASSESSOR

APPROVED: _______ DENIED: _______

THIS _______ DAY OF ___________________________ , 20 ___

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BOARD OF COUNTY COMMISSIONERS

FILED _______________________ , 20 ___

___________________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3837

NAME: DAVIS JOHN

NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
✓ CANCELLATION

YEAR 2007
TAX NOTICE NO. 1320
DISTRICT NO. 100

ASSESSED VALUATION: 441
AMOUNT:$ 26.38

[Signature] COUNTY ASSESSOR

APPROVED: _____ DENIED: _____

THIS _____ DAY OF __________________________ , 20 _____

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BOARD OF COUNTY COMMISSIONERS

FILED _______________________ , 20 _____

__________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL  No: 3838

NAME: HARR ELIAS

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
X CANCELLATION

YEAR 2008
TAX NOTICE NO. 2308
DISTRICT NO. 100

ASSESSED VALUATION: 410

AMOUNT: $ 24.68

[Signature] COUNTY ASSESSOR

APPROVED: _____  DENIED: _____

THIS _____ DAY OF ____________________, 20__

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BOARD OF COUNTY COMMISSIONERS

FILED _____________________ , 20__

______________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3839

NAME: HARR ELIAS

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

☐ PARTIAL
☐ REBATE
☒ CANCELLATION

YEAR 2009
TAX NOTICE NO. 2439
DISTRICT NO. 100

ASSESSED VALUATION: 403
AMOUNT:$ 23.70

[Signature] COUNTY ASSESSOR

APPROVED: ______  DENIED: ______

THIS _____ DAY OF ____________________, 20____

__________________________

__________________________

__________________________

__________________________

BOARD OF COUNTY COMMISSIONERS

FILED ____________________, 20____

______________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3840

NAME: HARR ELIAS

NOTICE ISSUED FOR:
  NOVC#
  OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
☑ CANCELLATION

YEAR 2010
TAX NOTICE NO. 2390
DISTRICT NO. 100

ASSESSED VALUATION: 388

AMOUNT: $ 23.20

[Signature] COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _____ DAY OF _____________________ , 20____

______________________________________________

______________________________________________

______________________________________________

______________________________________________

BOARD OF COUNTY COMMISSIONERS

FILED _____________________ , 20____

______________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3841

NAME: HARR ELIAS

NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

__ PARTIAL

__ REBATE

✓ CANCELLATION

YEAR 2011
TAX NOTICE NO. 2312
DISTRICT NO. 100

ASSESSED VALUATION: 349

AMOUNT: $ 20.74

Jorge A. Clements COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF ______________________, 20__

________________________________________
________________________________________
________________________________________
________________________________________

BOARD OF COUNTY COMMISSIONERS

FILED ______________________, 20__

________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3842

NAME: WILLIAMSON MARY L

NOTICE ISSUED FOR:
   NOVC#
   OTHER: MOBILE HOME GONE

PARTIAL  
REBATE  
\ CANCELLATION

YEAR 1986
TAX NOTICE NO. 7224
DISTRICT NO. 100

ASSESSED VALUATION: 327
AMOUNT:$ 19.56

\ COUNTY ASSESSOR

APPROVED: ____  DENIED: ______

THIS ____  DAY OF ______________________ , 20 __

__________________________

__________________________

__________________________

__________________________

BOARD OF COUNTY COMMISSIONERS

FILED ______________________, 20 __

______________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES

STATE OF WYOMING

COUNTY OF CAMPBELL

No: 3843

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:

NOVC#
OTHER: MOBILE HOME GONE

PARTIAL

REBATE

CANCELLATION

YEAR 1987
TAX NOTICE NO. 6605
DISTRICT NO. 100

ASSESSED VALUATION: 917

AMOUNT: $54.88

COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF ___________________ , 20___

BOARD OF COUNTY COMMISSIONERS

FILED ____________________ , 20___

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: WILLIAMSON JIM
NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

PARTIAL
REBATE
△ CANCELLATION

YEAR 1988
TAX NOTICE NO. 6357
DISTRICT NO. 100

ASSESSED VALUATION: 850
AMOUNT: $ 49.16

COUNTY ASSESSOR

APPROVED: _____ DENIED: _____

THIS _____ DAY OF ______________________ , 20___

BOARD OF COUNTY COMMISSIONERS

FILED ______________________ , 20___

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
✓ CANCELLATION

YEAR 1989
TAX NOTICE NO. 6361
DISTRICT NO. 100

ASSESSED VALUATION: 350

AMOUNT:$ 20.36

[Signature] COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _____ DAY OF ___________________ , 20____

_________________________________________

_________________________________________

_________________________________________

_________________________________________

BOARD OF COUNTY COMMISSIONERS

FILED ___________________ , 20____

_________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3846

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR: NOVC#
OTHER: MOBILE HOME GONE

PARTIAL REBATE CANCELLATION

YEAR 1990 TAX NOTICE NO. 6206
DISTRICT NO. 100

ASSESSED VALUATION: 338
AMOUNT:$ 20.06

COUNTY ASSESSOR

APPROVED: DENIED:

THIS ______ DAY OF ____________________ , 20____

BOARD OF COUNTY COMMISSIONERS

FILED ____________________ , 20____

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

__ PARTIAL
__ REBATE
X CANCELLATION

YEAR 1991
TAX NOTICE NO. 5824
DISTRICT NO. 100

ASSESSED VALUATION: 348
AMOUNT:$ 20.86

COUNTY ASSESSOR

APPROVED: _______ DENIED: _______

THIS _____ DAY OF _________________________, 20 ___

__________________________________________

BOARD OF COUNTY COMMISSIONERS

FILED __________________, 20 ___

__________________________________________
COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL  No: 3848

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
☑ CANCELLATION

YEAR 1992
TAX NOTICE NO. 5586
DISTRICT NO. 100

ASSESSED VALUATION: 200

AMOUNT: $ 12.08

[Signature]
COUNTY ASSESSOR

APPROVED: DENIED: 

THIS ___ DAY OF ______________ , 20___

________________________________________
________________________________________
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________________________________________

BOARD OF COUNTY COMMISSIONERS

FILED ___________________________ , 20___

________________________________________
COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC# OTHER: MOBILE HOME GONE

PARTIAL
REBATE
CANCELLATION

YEAR 1993
TAX NOTICE NO. 5504
DISTRICT NO. 100

ASSESSED VALUATION: 200

AMOUNT: $ 12.06

COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF ______________________ , 20___

BOARD OF COUNTY COMMISSIONERS

FILED _____________________ , 20___

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3850

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
X CANCELLATION

YEAR 1994
TAX NOTICE NO. 5474
DISTRICT NO. 100

ASSESSED VALUATION: 181

AMOUNT:$ 10.88

COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _____ DAY OF ____________________, 20____

BOARD OF COUNTY COMMISSIONERS

FILED ____________________, 20____

__________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3851

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

- PARTIAL
- REBATE
- CANCELLATION

YEAR 1995
TAX NOTICE NO. 5445
DISTRICT NO. 100

ASSESSED VALUATION: 181

AMOUNT:$ 10.96

J. W. Clemets COUNTY ASSESSOR

APPROVED: DENIED: 

THIS ______ DAY OF ______________________, 20__

______________________________
______________________________
______________________________
______________________________

BOARD OF COUNTY COMMISSIONERS

FILED ______________________, 20__

______________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL  No: 3852

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

☐ PARTIAL
☐ REBATE
☒ CANCELLATION

YEAR 1996
TAX NOTICE NO. 5174
DISTRICT NO. 100

ASSESSED VALUATION: 314

AMOUNT:$ 19.40

[Signature] COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _______ DAY OF ________________________, 20__

______________________________

______________________________

______________________________

______________________________

BOARD OF COUNTY COMMISSIONERS

FILED ________________________, 20__

______________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3853

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

PARTIAL
REBATE
✓ CANCELLATION

YEAR 1997
TAX NOTICE NO. 5273
DISTRICT NO. 100

ASSESSED VALUATION: 361
AMOUNT: $ 22.24

Jozee Cowan COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF ____________________, 20__

BOARD OF COUNTY COMMISSIONERS

FILED ____________________, 20__

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3854

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

___ PARTIAL
___ REBATE
✓ CANCELLATION

YEAR 1998
TAX NOTICE NO. 5319
DISTRICT NO. 100

ASSESSED VALUATION: 371

AMOUNT: $ 22.26

[Signature] COUNTY ASSESSOR

APPROVED: _______ DENIED: _______

THIS _____ DAY OF ____________________, 20__

________________________________________
________________________________________
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BOARD OF COUNTY COMMISSIONERS

FILED ____________________, 20__

________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL     No: 3855

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#  OTHER: MOBILE HOME GONE

PARTIAL
REBATE  CANCELLATION

YEAR 1999
TAX NOTICE NO. 5427
DISTRICT NO. 100

ASSESSED VALUATION: 371
AMOUNT:$ 22.34

[Signature]
COUNTY ASSESSOR

APPROVED: _______  DENIED: _______

THIS _____ DAY OF _________________________, 20___

__________________________
__________________________
__________________________
__________________________

BOARD OF COUNTY COMMISSIONERS

FILED _________________________, 20___

__________________________
COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3856

NAME: WILLIAMSON JIM

NOTICE ISSUED FOR:
NOVC#
OTHER: MOBILE HOME GONE

__ PARTIAL
REBATE
X CANCELLATION

YEAR 2000
TAX NOTICE NO. 5560
DISTRICT NO. 100

ASSESSED VALUATION: 399
AMOUNT:$ 24.02

[Signature] COUNTY ASSESSOR

APPROVED: _____ DENIED: _____

THIS _____ DAY OF ___________________ , 20 ___

________________________________________

________________________________________

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________________________________________

BOARD OF COUNTY COMMISSIONERS

FILED ___________________ , 20 ___

________________________________________ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3857

NAME: KING DALE MELVIN

NOTICE ISSUED FOR:
NOVC# OTHER: VALUE CORRECTION

PARTIAL
REBATE
\ CANCELLATION

YEAR 2018
TAX NOTICE NO. 17277
DISTRICT NO. 150

ASSESSED VALUATION: 1,755

AMOUNT:$ 118.66

COUNTY ASSESSOR

APPROVED: DENIED:

THIS _____ DAY OF ____________________, 20__

BOARD OF COUNTY COMMISSIONERS

FILED ____________________, 20_

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3858

NAME: WALKER THOMAS F & ADAIR R

NOTICE ISSUED FOR:
NOVC#
OTHER: 2ND VALUE CORRECTION FOR SPECIAL DIST

PARTIAL
REBATE
X CANCELLATION

YEAR 2018
TAX NOTICE NO. 25483
DISTRICT NO. 109

ASSESSED VALUATION: 5,187
AMOUNT:$ 709.18

Erin L. Sletten, COUNTY ASSESSOR

APPROVED: _______ DENIED: _______

THIS _____ DAY OF _____________________, 20____

BOARD OF COUNTY COMMISSIONERS

FILED _____________________, 20____

COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3859

NAME: MCQUIN CONNIE

NOTICE ISSUED FOR:
NOVC#
OTHER: 2ND VALUE CORRECTION FOR SPECIAL DIST

PARTIAL
REBATE
\ CANCELLATION

YEAR 2018
TAX NOTICE NO. 25484
DISTRICT NO. 109

ASSESSED VALUATION:
AMOUNT:

\[Signature\] COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _____ DAY OF ________________________, 20__

BOARD OF COUNTY COMMISSIONERS

FILED ________________________, 20__

\[Signature\] COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL  No: 3860

NAME: FICHTER STEVEN ALLEN & MERANDA KAY

NOTICE ISSUED FOR:
NOVC#
OTHER: 2ND VALUE CORRECTION FOR SPECIAL DIST

PARTIAL
REBATE
X CANCELLATION

YEAR 2018
TAX NOTICE NO. 25485
DISTRICT NO. 109

ASSESSED VALUATION: 3,367
AMOUNT:$ 600.70

COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _____ DAY OF _____________________, 20____


BOARD OF COUNTY COMMISSIONERS

FILED ___________________, 20____ COUNTY CLERK
PETITION FOR REBATE/CANCELLATION OF TAXES
STATE OF WYOMING
COUNTY OF CAMPBELL No: 3861

NAME: MORRIS JOHN H & SHERRILL

NOTICE ISSUED FOR:
NOVC#
OTHER: 2ND VALUE CORRECTION FOR SPECIAL DIST

___ PARTIAL
X REBATE
___ CANCELLATION

YEAR 2018
TAX NOTICE NO. 25486
DISTRICT NO. 109

ASSESSED VALUATION: 5,027

AMOUNT: $ 699.64

_________________________ COUNTY ASSESSOR

APPROVED: ______ DENIED: ______

THIS _____ DAY OF ___________________________ , 20 ___

_________________________

BOARD OF COUNTY COMMISSIONERS

FILED ______________________ , 20 ___

_________________________

COUNTY CLERK
Please complete the credit card request form and submit it to the Office of Commissioners.

**First Name:** Delmer  
**Last Name:** Shelstad

**Department:** Commissioners Office

**Mailing Address:** 500 S. Gillette Avenue, Suite 1100

**City:** Gillette  
**State:** WY  
**Zip Code:** 82716

**Business Phone:** (307) 682-7283  
**Cell Phone:** (307) 660-4414

*If the bank detects suspicious charges on the card, the bank’s fraudulent department will call the cell phone number on file to verify the charges.*

As an authorized cardholder, I understand that the card may be used for authorized Campbell County business and that no personal expenses are to be charged to the card. I am responsible for all charges made against the card and I am expected to submit itemized receipts/documentation for every transaction, resolve any discrepancies, and follow proper card security measures.

Employee Signature ___________________________ Date ____________

Authorizing Department Signature ___________________________ Date ____________

---

**FOR INTERNAL USE ONLY**

**Credit Card Request:** ☐ Approve  ☐ Deny

**Date:** ___________________________  
**Chairman Signature:** ___________________________

**1st Line on Card:** ___________________________ 
**2nd Line on Card:** ___________________________

**Credit Limit:** $5,000

**Date Submitted to First National Bank:** ___________________________
TO: Board of Commissioners  
FROM: Shelly Besel, Senior Administrative Assistant, GCC Airport  
DATE: December 21, 2018  
SUBJECT: Line Item Transfer Request

Please make the following line item transfers:

<table>
<thead>
<tr>
<th>Transfer From:</th>
<th>Transfer To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Account #</td>
</tr>
<tr>
<td>$14,000.00</td>
<td>751.7097</td>
</tr>
</tbody>
</table>
TO: Board of Commissioners
FROM: Fair
DATE: Dec.27, 2018
SUBJECT: Line Item Transfer Request

Please make the following line item transfers:

<table>
<thead>
<tr>
<th>Transfer From:</th>
<th>Transfer To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Account #</td>
</tr>
<tr>
<td>4000.00</td>
<td>731.6961</td>
</tr>
<tr>
<td>1200.00</td>
<td>731.6970</td>
</tr>
</tbody>
</table>

Explanation:
Additional funds needed in Free Stage Shows for Fair Entertainment deposits.
TO:       Board of Commissioners  
FROM:     Melissa Kershner  
DATE:     January 2, 2019  
SUBJECT:  Line Item Transfer Request

Please make the following line item transfer:

<table>
<thead>
<tr>
<th>Transfer From:</th>
<th>Transfer To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount</td>
<td>Account #</td>
</tr>
<tr>
<td>$3,880</td>
<td>020.7085</td>
</tr>
</tbody>
</table>

Explanation: Approved December 18, 2018 for the GIS survey of the water infrastructure.
TO: Board of Commissioners
FROM: Bill Beastron
DATE: January 2, 2019
SUBJECT: Line Item Transfer Request

Please make the following line item transfer:

<table>
<thead>
<tr>
<th>Transfer From:</th>
<th>Transfer To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Account Name</td>
</tr>
<tr>
<td>$2,000.00</td>
<td>Building</td>
</tr>
<tr>
<td></td>
<td>Maintenance</td>
</tr>
</tbody>
</table>
APPENDIX I

Campbell County

Mobile Computing Device Request

This form is to be used to request access to the Campbell County Network for use by a mobile computing devise. This device may be a personally owed device or a County owned device. Requests for the authorization to purchase a County owned device should be made through the budget process. This form also acknowledges your understanding and acceptance of the Campbell County Personnel Guideline 507. Electronic Data and Voice Communications Equipment Use.

Employee Information

Name: Kelly Wallem

Employee #: [Redacted]

Title: Sr. Administrative Assistant

Department: County Attorney's Office

Supervisor Name: Ronald E. Wirthwein, Jr.

Type of Device access is being requested for: IPhone

Owner of the device (i.e. Personal, County owned): Personal

Level of Access Requested: Outlook

Justification: People e-mail me that they are out of the office sometimes when I am as well; allow me to better anticipate immediate action needed upon my return

Department Head Approval

I hereby request the employee named above be given access to the Campbell County Network based on the information provided above.

Signature: [Signature]

Date: 12/19/15

Date of Approval:

Date of Denial:

Reason for Action:

Commissioner Signature:
# POSITION VACANCY JUSTIFICATION

<table>
<thead>
<tr>
<th>Department:</th>
<th>Public Health</th>
<th>Date:</th>
<th>12/18/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title:</td>
<td>Public Health Nurse</td>
<td>Classification Band:</td>
<td>61/27</td>
</tr>
<tr>
<td>Current Salary:</td>
<td>$50,731.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary Range:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum:</td>
<td>$50,731.20</td>
<td>Mid-Point:</td>
<td>$60,881.60</td>
</tr>
<tr>
<td>Position Justification:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termined incumbent:</td>
<td>[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position Originated:</td>
<td>Long Term Public Health Nurse Position</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Source for Position:</th>
<th>County</th>
<th>X</th>
<th>State</th>
<th>WIC Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federal</td>
<td>Other</td>
<td>(Please explain)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification:</th>
<th>Full Time</th>
<th>X</th>
<th>Part Time</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt</td>
<td>X</td>
<td>Non-Exempt</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Vacancy:</th>
<th>Resigned</th>
<th>Leslie's resignation will take affect 1/9/2019:</th>
<th>New Position</th>
<th>Retired</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Existing Budgeted Position:</th>
<th>Yes</th>
<th>X</th>
<th>No</th>
<th>If No, Please explain:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Benefit Eligible:</th>
<th>Yes</th>
<th>X</th>
<th>No</th>
<th>Please explain:</th>
</tr>
</thead>
</table>

| Department Head Signature: | [Signature] |

https://campbellecountyywy-my.sharepoint.com/personal/jcg50_cegov_net/Documents/Documents/Director/Forms/Position Justification/Position Justification Form public health nurse L.B.docx
POSITION VACANCY JUSTIFICATION

Commissioner Approval:

Routing: Original: HR for review; HR forward to Commissioners’ for approval & signature; return to HR; HR file and make copy to send to requesting department.
**POSITION VACANCY JUSTIFICATION**

<table>
<thead>
<tr>
<th>Department:</th>
<th>Public Works Facilities</th>
<th>Date:</th>
<th>12/19/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title:</td>
<td>Custodian I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification Band:</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Salary:</td>
<td>$14.19 / hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$29,515.20</td>
</tr>
<tr>
<td>Salary Range:</td>
<td>$13.16 to $18.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum:</td>
<td>$13.16</td>
<td></td>
<td>Yearly $27,372.80</td>
</tr>
<tr>
<td>Mid-Point:</td>
<td>$15.79</td>
<td></td>
<td>Yearly $32,188.00</td>
</tr>
<tr>
<td>Maximum:</td>
<td>$18.41</td>
<td></td>
<td>Yearly $38,292.80</td>
</tr>
<tr>
<td>Position Justification: Fill full time Custodian I position wherein employee terminated employment on December 17, 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Termed incumbent:</td>
<td>[Redacted]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position Originated:</td>
<td>Budgeted Position for fiscal year 2018-2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Source for Position:</th>
<th>County</th>
<th>X</th>
<th>State</th>
<th>Federal</th>
<th>Other</th>
<th>(Please explain)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification:</th>
<th>Full Time</th>
<th>X</th>
<th>Part Time</th>
<th>Number of Hours</th>
<th>2080 hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt</td>
<td></td>
<td></td>
<td>Non-Exempt</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Vacancy:</th>
<th>Resigned</th>
<th>X</th>
<th>Terminated</th>
<th>New Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other: Voluntary termination</td>
<td>Exempt</td>
<td></td>
<td>Non-Exempt</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Existing Budgeted Position:</th>
<th>Yes</th>
<th>X</th>
<th>No</th>
<th>If No, Please explain:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Benefit Eligible:</th>
<th>Yes</th>
<th>X</th>
<th>No</th>
<th>Please explain:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Department Head Signature:</th>
<th>[Signature]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner Approval:</td>
<td></td>
</tr>
</tbody>
</table>

**Routing:** Original: HR for review; HR forward to Commissioners’ for approval & signature; return to HR; HR file and make copy to send to requesting department.
SICK LEAVE TRANSFER REQUEST FORM

TO: Campbell County Board of Commissioners

Donating Department: ___CDS-CC_____    Receiving Department: ___CDS-CC___

DATE: ___December 20, 2018____

Please consider this request to transfer up to ___40___ hours of accrued sick leave. Note: No single donation should exceed 40 hrs.)

This request is #___1___ of #___2___. (Numbers should indicate order of use as well as total submission.)

Dates of absence: Beginning: Through: unknown at this time

Anticipated return: ___12__-___3___-___18___.

From: ___207415_____          To: ___325462_____  
Employee Number    Employee Number

Department Head Approval     Department Head Approval

FURTHER INFORMATION: (Please check applicable boxes)

☐ Currently an FMLA Qualifying Leave

☐ Was an FMLA Qualifying Leave

Refer to Personnel Guideline #403 Sick Leave for details regarding Sick Leave Transfers.

For Commission Office Use Only:

Date - Board of Commissioner Action: __________________________

Approved ___________  Disapproved ___________  Pending ___________

Routing: Origination Department: Complete & print form obtain applicable signatures forward to HR; HR Department: Review & approve, make copy for file and copy to return to department indicating the date of Commissioner meeting, forward original to Commissioners for inclusion on consent agenda; Commissioners: include on consent agenda, after Commissioner action file original; Payroll: After approval record transfer from Commissioners meeting minutes; Origination Department: Check outcome from Commissioners meeting minutes. Revised: 11-12-2014 O:\County HR-Risk\ALL\Sick Leave Forms\Current Form\Sick Leave Transfer Request.docx
SICK LEAVE TRANSFER REQUEST FORM

TO: Campbell County Board of Commissioners

Donating Department: ___CDS-CC_______ Receiving Department: ___CDS-CC_____

DATE: __December 20, 2018____

Please consider this request to transfer up to _40__ hours of accrued sick leave. Note: No single donation should exceed 40 hrs.)

This request is #2 of #2. (Numbers should indicate order of use as well as total submission.)

Dates of absence: Beginning: Through: unknown at this time

Anticipated return: ___12__-___3__-__18__

From: ___531240______
Employee Number

To: ___325462______
Employee Number

Department Head Approval

Department Head Approval

FURTHER INFORMATION: (Please check applicable boxes)

☐ Currently an FMLA Qualifying Leave

☐ Was an FMLA Qualifying Leave

Refer to Personnel Guideline #403 Sick Leave for details regarding Sick Leave Transfers.

For Commission Office Use Only:

Date - Board of Commissioner Action: __________________________

Approved ________ Disapproved ________ Pending ________
SICK LEAVE TRANSFER REQUEST FORM

TO: Campbell County Board of Commissioners

Donating Department: ___public works___________ Receiving Department:
___Extension____

DATE: ___12/20/18______

Please consider this request to transfer up to __40__ hours of accrued sick leave. Note: No single donation should exceed 40 hrs.)

This request is #____1____ of #____1____. (Numbers should indicate order of use as well as total submission.)

Dates of absence: Beginning: Through: unknown at this time
Anticipated return: ______-______-

From: ___439283____
Employee Number

To: ___559111____
Employee Number

Department Head Approval

Department Head Approval

FURTHER INFORMATION: (Please check applicable boxes)

☐ Currently an FMLA Qualifying Leave
☐ Was an FMLA Qualifying Leave

Refer to Personnel Guideline #403 Sick Leave for details regarding Sick Leave Transfers.

For Commission Office Use Only:

Date - Board of Commissioner Action: ______________________

Approved __________ Disapproved __________ Pending __________

Routing: Origination Department: Complete & print form obtain applicable signatures forward to HR; HR Department: Review & approve, Revised: 11-12-2014C:\Users\uz08\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AP5GA1YCSick Leave Transfer Request.docx
SICK LEAVE TRANSFER REQUEST FORM

TO: Campbell County Board of Commissioners

Donating Department: Public Works    Receiving Department: Extension

DATE: 12.20.18

Please consider this request to transfer up to [40] hours of accrued sick leave. No single donation should exceed 40 hrs.

This request is # [1] of # [2]. (Numbers should indicate order of use as well as total submission.)

Dates of absence: Beginning: __________________ Through: __________________

Anticipated return: ______-_____.

From: 568481    To: 559111
Employee Number        Employee Number

Department Head Approval

FURTHER INFORMATION: (Please check applicable boxes)

☐ Currently an FMLA Qualifying Leave
☐ Was an FMLA Qualifying Leave

Refer to Personnel Guideline #403 Sick Leave for details regarding Sick Leave Transfers.

For Commission Office Use Only:

Date - Board of Commissioner Action: __________________

Approved _______      Disapproved _______      Pending _______

Routing: Origination Department: Complete & print form obtain applicable signatures forward to HR; HR Department: Review & approve, make copy for file and copy to return to department indicating the date of Commissioner meeting; forward original to Commissioners for inclusion on consent agenda; Commissioners: include on consent agenda, after Commissioner action file original; Payroll: After approval record transfer from Commissioners meeting minutes; Origination Department: Check outcome from Commissioners meeting minutes.

Revised: 11-12-2014  C:\Users\mak08\Downloads\Sick Leave Transfer Request_20141051238076894.docx
SICK LEAVE TRANSFER REQUEST FORM

TO: Campbell County Board of Commissioners

Donating Department: Public Works  Receiving Department: Extension

DATE: 12.20.18

Please consider this request to transfer up to 40 hours of accrued sick leave. No single donation should exceed 40 hrs.

This request is # 9 of # 2. (Numbers should indicate order of use as well as total submission.)

Dates of absence: Beginning: _______________ Through: _______________

Anticipated return: _______________.

From: 508481  To: 559111
Employee Number  Employee Number

Department Head Approval  Department Head Approval

FURTHER INFORMATION: (Please check applicable boxes)

● Currently an FMLA Qualifying Leave

□ Was an FMLA Qualifying Leave

Refer to Personnel Guideline #403 Sick Leave for details regarding Sick Leave Transfers.

For Commission Office Use Only:

Date - Board of Commissioner Action: _________________

Approved __________  Disapproved __________  Pending __________

Routing: Origination Department: Complete & print form obtain applicable signatures forward to HR; HR Department: Review & approve, make copy for file and copy to return to department indicating the date of Commissioner meeting, forward original to Commissioners for inclusion on consent agenda; Commissioners: include on consent agenda, after Commissioner action file original; Payroll: After approval record transfer from Commissioners meeting minutes; Origination Department: Check outcome from Commissioners meeting minutes.

Revised: 11-12-2014  C:sers\mak08\Downloads\Sick Leave Transfer Request_201412051238076894.docx
SICK LEAVE TRANSFER REQUEST FORM

TO:  Campbell County Board of Commissioners

Donating Department:  Sheriff Office  Receiving Department:  Extension

DATE:  12/20/18

Please consider this request to transfer up to _40__ hours of accrued sick leave.  Note: No single donation should exceed 40 hrs.)

This request is #____1____ of #____1____.  (Numbers should indicate order of use as well as total submission.)

Dates of absence:  Beginning:  Through:  unknown at this time

Anticipated return:  _____-_____-

From:  223482  To:  559111

Employee Number  Employee Number

Department Head Approval  Department Head Approval

FURTHER INFORMATION:  (Please check applicable boxes)

☐  Currently an FMLA Qualifying Leave

☐  Was an FMLA Qualifying Leave

Refer to Personnel Guideline #403 Sick Leave for details regarding Sick Leave Transfers.

For Commission Office Use Only:

Date - Board of Commissioner Action:  

Approved _________  Disapproved _________  Pending _________

Routing:  Origination Department:  Complete & print form obtain applicable signatures forward to HR;  HR Department:  Review & approve, make copy for file and copy to return to department indicating the date of Commissioner meeting, forward original to Commissioners for inclusion on consent agenda;  Commissioners:  include on consent agenda, after Commissioner action file original;  Payroll:  After approval record transfer from Commissioners meeting minutes;  Origination Department:  Check outcome from Commissioners meeting minutes.

Revised:  11-12-2014C:\Users\qr05\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\RXJWJNX1\Sick Leave Transfer Request.docx
The following page(s) contain the backup material for Agenda Item: 9:25 Approval of Designation of Depositories

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.
CERTIFICATE OF DESIGNATION OF DEPOSITORIES

Bond No.: 63414418  Name of Principal: Campbell County
Location: 500 South Gillette Avenue Gillette, WY 82716

This is to certify that at a meeting of the Campbell County Commissioners held on the 2nd day of January, 2019, the following banks were designated as Depositories of the funds of Campbell County for an indefinite period, and the securities listed were pledged and approved on the 2nd day of January, 2019.

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Address</th>
<th>Maximum Deposit Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>First National Bank</td>
<td>P.O. Box 3002</td>
<td>Unlimited</td>
</tr>
<tr>
<td></td>
<td>Gillette, WY 82717-3002</td>
<td></td>
</tr>
<tr>
<td>Securities Pledged</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$78,570,841</td>
<td></td>
</tr>
<tr>
<td>Name of Bank</td>
<td>Address</td>
<td>Maximum Deposit Authorized</td>
</tr>
<tr>
<td>First Interstate Bank</td>
<td>P.O. Box 3023</td>
<td>Unlimited</td>
</tr>
<tr>
<td></td>
<td>Gillette, WY 82717-3023</td>
<td></td>
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<tr>
<td>Securities Pledged</td>
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</tr>
<tr>
<td></td>
<td>$250,000</td>
<td></td>
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<tr>
<td>Name of Bank</td>
<td>Address</td>
<td>Maximum Deposit Authorized</td>
</tr>
<tr>
<td>Pinnacle Bank</td>
<td>P.O. Box 3577</td>
<td>Unlimited</td>
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<tr>
<td></td>
<td>Gillette, WY 82717-3577</td>
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</tr>
<tr>
<td>Securities Pledged</td>
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<tr>
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<td>$0</td>
<td></td>
</tr>
<tr>
<td>Name of Bank</td>
<td>Address</td>
<td>Maximum Deposit Authorized</td>
</tr>
<tr>
<td>ANB Bank</td>
<td>P.O. Box 1119</td>
<td>Unlimited</td>
</tr>
<tr>
<td></td>
<td>Gillette, WY 82717-1119</td>
<td></td>
</tr>
<tr>
<td>Securities Pledged</td>
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</tr>
<tr>
<td></td>
<td>$0</td>
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</tr>
</tbody>
</table>

ATTEST

By:

By: Clerk

Campbell County
Political Subdivision

Presiding Officer

Chairman, Board of County Commissioners
Title
CERTIFICATE OF DESIGNATION OF DEPOSITORIES

Bond No.: 63414418  Name of Principal: Campbell County
Location: 500 South Gillette Avenue Gillette, WY 82716

This is to certify that at a meeting of the Campbell County Commissioners held on the 2nd day of January, 2019, the following banks were designated as Depositaries of the funds of Campbell County for an indefinite period, and the securities listed were pledged and approved on the 2nd day of January, 2019.

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Address</th>
<th>Maximum Deposit Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of the West</td>
<td>P.O. Box 1570 Gillette, WY 82717-1570</td>
<td>Unlimited</td>
</tr>
<tr>
<td>$</td>
<td>Securities Pledged</td>
<td></td>
</tr>
<tr>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Address</th>
<th>Maximum Deposit Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Bank</td>
<td>509 South Douglas Highway Gillette, WY 82718</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Securities Pledged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Address</th>
<th>Maximum Deposit Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyo-Star</td>
<td>Wyoming State Treasurer State Capitol Cheyenne, WY</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Securities Pledged</td>
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<tr>
<td>$52,163,383</td>
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<table>
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<tr>
<th>Name of Bank</th>
<th>Address</th>
<th>Maximum Deposit Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyoming Government Investment Fund</td>
<td>2323 Pioneer Avenue Cheyenne, WY 82001</td>
<td>Unlimited</td>
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<tr>
<td>Securities Pledged</td>
<td></td>
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<tr>
<td>$175,272,410</td>
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Campbell County
Political Subdivision

ATTEST
By:

________________________
Presiding Officer

By: ______________________
Clerk

Chairman, Board of County Commissioners
Title
CERTIFICATE OF DESIGNATION OF DEPOSITORIES

Bond No.: 63414418  Name of Principal: Campbell County
Location: 500 South Gillette Avenue Gillette, WY 82716

This is to certify that at a meeting of the Campbell County Commissioners held on the 2nd day of January, 2019, the following banks were designated as Depositaries of the funds of Campbell County for an indefinite period, and the securities listed were pledged and approved on the 2nd day of January, 2019.

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th>Address</th>
<th>Maximum Deposit Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security State Bank</td>
<td>P O Box 489 Gillette, WY 82717-0489</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Securities Pledged</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Name of Bank</td>
<td>Address</td>
<td>Maximum Deposit Authorized</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>The Bank of Gillette, a branch of Buffalo Federal Saving Bank</td>
<td>P O Box 699 Gillette, WY 82717-0699</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Securities Pledged</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Name of Bank</td>
<td>Address</td>
<td>Maximum Deposit Authorized</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>First Northern Bank of Wyoming</td>
<td>200 S Kendrick Ave Gillette, WY 82716</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Securities Pledged</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Campbell County
Political Subdivision

ATTEST
By:

By: Clerk

Presiding Officer
Chairman, Board of County Commissioners
Title
The following page(s) contain the backup material for Agenda Item: 9:30 Emergency Management Preparedness Grant FY 2018

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.
December 13, 2018

Campbell County Commission
Mark Christensen, Chair
500 S. Gillette Avenue, Ste. 1100
Gillette, WY 82716

Dear Mr. Chairman:

I am pleased to forward the grant award from the U.S. Department of Homeland Security (DHS), Emergency Management Preparedness Grant (EMPG) Program for Federal Fiscal Year (FFY) 2018.

The FFY 2018 Emergency Management Performance Grant (EMPG) plays an important role in the implementation of the National Preparedness System by supporting the building, sustainment, and delivery of core capabilities essential to achieving the National Preparedness Goal (the Goal) of a secure and resilient Nation. The building, sustainment, and delivery of these core capabilities are not exclusive to any single level of government, organization, or community, but rather, require the combined effort of the whole community. The FFY 2018 EMPG supports core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery based on allowable costs.

I encourage you to thoroughly review the enclosed FFY 2018 Grant Award Agreement (GAA). In addition, please reference the FFY 2017 Notice of Funding Opportunity, found at https://www.fema.gov/media-library/assets/documents/164412, as well as the 44 Code of Federal Regulations (CFR) Section 13 and the 2 CFR Section 200 for additional information about the purpose, goals and regulations of this grant.

Please return the enclosed Point of Contact form along with the signed Grant Award Agreement within 45 days of receipt of this letter.

Sincerely,

Guy Cameron, Director
GRANT AGREEMENT BETWEEN
WYOMING OFFICE OF HOMELAND SECURITY
AND
COUNTY OF CAMPBELL

Grant Award for U.S. Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA), Grant Programs Directorate, Emergency Management Performance Grant (EMPG) Fiscal Year 2018

Subrecipient: County of Campbell
DUNS #: 071413140
Award Amount: $35,000.00
Local Match Amount: $35,000.00
Period of Performance: October 1, 2017 through June 30, 2019
CFDA #: 97.042
Project ID: 18-EMPG-CAM-GCF18

1. **Parties.** The parties to this Grant Agreement (Grant) are the Wyoming Office of Homeland Security (Agency), whose address is: 5500 Bishop Blvd., Cheyenne, WY 82002 and County of Campbell (Subrecipient), whose address is: 500 S. Gillette Avenue, Ste. 1100, Gillette, WY 82716.

2. **Purpose of Grant.** The purpose of this Grant is to provide federal funds to assist state, local, territorial, and tribal governments in preparing for all hazards. The FY 2018 EMPG Program will provide federal funds to assist state, local, tribal and territorial emergency management agencies to obtain the resources required to support the implementation of the National Preparedness System and the National Preparedness Goal of a secure and resilient Nation. DHS encourages EMPG recipients and subrecipients to prioritize grant funding toward investments that address capability targets and gaps identified through the annual Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) process. Recipients and subrecipients should use grant funds to increase capability for high-priority core capabilities with low capability levels, validate capability levels, and maintain or sustain current capabilities.

Project expenditures must align with the approved scope of work described in Attachment A, Project Description, which is attached to and incorporated into this Grant by this reference.


4. **Term of Grant.** This Grant is effective when all parties have executed it (Effective Date). The period of performance of the Grant is from October 1, 2017 through June 30, 2019. All services shall be completed during this term.

This Grant may be extended by agreement of both parties in writing and subject to the required approvals. There is no right or expectation of extension and any extension will be determined at the discretion of the Agency.

5. **Payment.**

A. The Agency agrees to pay the Subrecipient for the services described in Attachment A. Total payment under this Grant shall not exceed thirty-five thousand dollars and zero cents ($35,000.00). Payment shall be made when services are completed, and made within forty-five (45) days after submission of invoice pursuant to Wyo. Stat. § 16-6-602. Payment shall be made upon receipt and approval of the current versions of the Reimbursement Request Form (Attachment B) and the Expense Claim Form (Attachment C), each of which is attached hereto and incorporated herein by this reference, applicable invoices and proof of payment, including relevant personnel paycheck stubs and time and record keeping reports. Subrecipient shall submit invoices in sufficient detail to ensure that payments may be made in conformance with this Grant. Subrecipient shall submit all invoices within forty-five (45) days of the end of the period of performance.

B. No payment shall be made before the Effective Date of this Grant. No payment shall be made for services rendered outside the period of performance of the Grant or for activities commenced without prior approval, if prior approval is required. Should the Subrecipient fail to perform in a manner consistent with the terms and conditions set forth in this Grant, payment under this Grant may be withheld until such time as the Subrecipient performs its duties and responsibilities to the satisfaction of Agency.

C. **Travel.** The payment of travel expenses related to the performance of this Grant shall be allowed with prior approval from Agency and as set forth below. Subrecipient is expected to procure the most cost efficient travel arrangements.

(i) **Air Travel.** The Agency agrees to reimburse the Subrecipient’s approved air travel expenses related to the performance of this Grant. Air travel shall be reimbursed based on actual costs, supported by a copy of the original receipt with the invoice. Subrecipient must select the lowest airfare (fares available in the market at the time of booking, preferably well in advance of trip to attain the lowest possible airfare). Subrecipients shall book economy class fares for all domestic travel. First class bookings are not reimbursable.
Personal Vehicle. The Agency agrees to reimburse the Subrecipient’s approved use of personal vehicle. Mileage shall be reimbursed at the current State rate per mile based on standard map mileage. Fuel will not be reimbursed.

Car Rental. The Agency agrees to reimburse the Subrecipient’s approved car rental expenses related to the performance of this Grant. Car rental expenses shall be reimbursed at actual costs, supported by a copy of the original receipt with the invoice. Subrecipient must select the lowest rental rates for an appropriate vehicle.

D. Lodging. The Agency agrees to reimburse Subrecipient’s approved lodging expenses related to the performance of this Grant. Lodging expenses shall be reimbursed at actual costs, supported by a copy of the original receipt with the invoice. The Subrecipient shall only invoice the Agency for the basic room rate, taxes, and lodging fees. The Agency is not responsible for incidental or miscellaneous expenses charged to the room. Incidental and miscellaneous expenses for which the Agency shall not be responsible include charges such as alcohol, internet, telephone charges, mini-bar, and movies.

E. Meals. The Agency agrees to reimburse Subrecipient’s approved meal expenses related to the performance of this Grant. Unless otherwise agreed upon, the Subrecipient shall be reimbursed for meals in accordance with the current U.S. General Services Administration rate per day. This reimbursement amount includes all meal, beverage, and refreshment expenses incurred during the day. Requests for reimbursement shall state the amount allowable for meals and list the actual number of travel days on the invoice.

6. Responsibilities of Subrecipient. Subrecipient agrees to and acknowledges the following limitations and special conditions:

A. Point of Contact. Subrecipient shall complete the Point of Contact Form, Attachment D, which is attached hereto and incorporated herein by this reference. Subrecipient agrees to keep the Agency up-to-date as to the name of the person acting as Subrecipient’s primary contact person for this Grant, including any change of contact person, address, or telephone information utilizing the Point of Contact Form. Subrecipient’s primary contact person shall cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment of evaluation of any activities within this Grant. An email address must be provided for the contact person and that email account must be regularly checked for new messages.

B. Notice of Funding Opportunity (NOFO). Subrecipient agrees to comply with the financial and administrative requirements set forth in the FY 2018 EMPG Notice of Funding Opportunity (NOFO). Subrecipient shall read and ensure the necessary personnel be familiar with and adhere to the objectives, priorities,
requirements and restrictions of the Emergency Management Performance Grant (EMPG) Program. Subrecipient agrees that all allocations and use of funds under this Grant will be in accordance with the FY 2018 EMPG NOFO which can be found at https://www.fema.gov/media-library-data/1526578379064-1a52c022786d147e1509a186a2764889/FY_2018_EMPG_REGULAR_NOFO_5_11_2018_FINAL_508.pdf.

C. Environmental and Historic Preservation (EHP). Subrecipient shall comply with all applicable federal, state, and local environmental and historic preservation (EHP) requirements and shall provide any information requested by the Agency to ensure compliance with applicable laws. Projects that have potential to impact the environment, including but not limited to the construction of communication towers, modification or renovation of existing buildings, structures and facilities, or new construction including replacement of facilities, must participate in DHS/FEMA/EHP review process prior to work being started. Subrecipient must comply with all conditions placed on the project as the result of the EHP review. Any change to the approved project scope of work will require re-evaluation for compliance with these EHP requirements. If ground disturbing activities occur during project implementation, Subrecipient must ensure monitoring of ground disturbance and if any potential archeological resources are discovered, Subrecipient will immediately cease construction in that area and notify FEMA and the appropriate State Historic Preservation Office. Additionally, subrecipient is required to comply with DHS/FEMA EHP Policy Guidance, FEMA Policy #108-023-1. Failure of Subrecipient to meet federal, state, and local EHP requirements and obtain applicable permits may jeopardize federal funding.

D. THIRA/SPR. Subrecipient agrees to complete a whole community Threat and Hazard Identification Risk Assessment (THIRA) or Stakeholder Preparedness Report (SPR) or both, as required, by the deadline determined by the Agency during the entire period of performance of this Grant. Failure to meet this requirement may result in the withholding of payment or future funding allocations or both.

E. NIMS. Subrecipient shall ensure and maintain adoption and implementation of the National Incident Management System (NIMS). Subrecipient must use standardized resource management concepts for resource typing, credentialing, and an inventory in order to facilitate the effective identification, dispatch, deployment, tracking, and recovery of resources. Subrecipient shall update or modify their operational plans, and training and exercise activities, as necessary, to achieve conformance with the National Response Framework and NIMS implementation guidelines.

F. Procurement. Subrecipient shall use their own documented procurement procedures that reflect applicable state, local, territorial, and tribal laws and regulations, provided that the procurements conform to applicable federal law and the standards identified in 2 CFR Part 200. These standards include, but are not limited to providing for full and open competition consistent with the standards of

G. Equipment.

(i) Subrecipient may not use this Grant funding to purchase equipment not specifically authorized in the Authorized Equipment List (AEL) unless the proposed acquisition is reviewed by the Agency and approved by the U.S. Department of Homeland Security in writing prior to purchase. Unless otherwise stated, equipment must meet all mandatory regulatory or DHS/FEMA-adopted standards or both to be eligible for purchase using this Grant. In addition, Subrecipient will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.

(ii) Subrecipient agrees that, when practicable, any equipment or supplies purchased with grant funding shall be prominently marked as follows: “Purchased with funds provided by the U.S. Department of Homeland Security and administered by the Wyoming Office of Homeland Security.”

(iii) Subrecipient shall maintain property records for all equipment purchased with EMPG funds in accordance with 2 CFR 200.313(d)(1) to include: a description of the property, a serial number or other identification number, the source of funding for the property, who holds title, the acquisition date, and cost of the property, percentage of federal participation in the project costs for the federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property. Subrecipient shall provide Agency with updated property records during the close-out of the Grant.

(iv) Subrecipient shall comply with the SAFECOM Guidance on Emergency Communications Grants (SAFECOM Guidance) if EMPG funding is being used to support emergency communications investments.

H. Training.

(i) Training conducted using EMPG funds should align to a current, Multi-year Training and Exercise Plan (TEP) developed through an annual Training and Exercise Plan Workshop (TEPW) and build from training gaps identified in the THIRA/SPR process, exercises and real-world events. EMPG funds used for training should support the nationwide implementation of NIMS. Subrecipient agrees to complete and update a local TEP in accordance with HSEEP requirements and submit it to the Agency annually.
(ii) In addition to training activities aligned to and addressed in the TEP, Subrecipient shall ensure that all EMPG funded personnel (full- and part-time) shall complete the following training requirements and provide Agency with proof of completion:

(a) IS-100 (any version), IS-200 (any version), IS-700 (any version), and IS-800 (any version); AND

(b) Professional Development Series (PDS) or the Emergency Management Professionals Program (EMPP) Basic Academy. These requirements can be found at: https://training.fema.gov/is/searchis.aspx?search=PDS and https://training.fema.gov/empp/basic.aspx as well as the 2018 EMPG Notice of Funding Opportunity (NOFO).

(iii) Per DHS/FEMA GPD Information Bulletin No. 432, July 19, 2018, Subrecipient is no longer required to request approval from FEMA for personnel to attend non-FEMA training as long as the training is coordinated with and approved by the SAA State Training Point of Contact, and falls within the FEMA mission scope and the jurisdiction’s Emergency Operations Plan. All other requirements listed in this section still apply.

I. **Exercises.** Subrecipient shall participate in and/or conduct a minimum of five (5) exercises, including at least one (1) full scale exercise, during a one (1) year period beginning October 1, 2018 and ending September 30, 2019. Subrecipient agrees to submit an After Action Report (AAR) to the Agency following each exercise. Exercises conducted with this Grant should be managed and conducted consistent with the Homeland Security Exercise and Evaluation Program (HSEEP). An HSEEP Fact Sheet can be found at http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_april13.pdf

J. **Emergency Operations Plan (EOP).** Subrecipient agrees to complete an Emergency Operations Plan (EOP) aligning with the requirements and guidelines of the Comprehensive Preparedness Guide (CPG) 101 Version 2.0. EOP should be updated no less than once every two (2) years. Subrecipient agrees to provide the Agency with a current or updated copy no later than September 1, 2019.

K. **Reporting.** Subrecipient agrees to submit quarterly progress reports on forms provided by the Agency for the entirety of the performance period regardless of expenditure(s). Quarterly reports will be due the 20th of the month following the end of each quarter (April 20, July 20, October 20 and January 20). Failure to submit quarterly reports may jeopardize future funding.

L. **Closeout.**

(i) Subrecipient must maintain and retain the following: backup documentation such as bids and quotes, cost/price analyses, and other...
documents required by federal regulations applicable at the time of this Grant award. Subrecipient must also maintain the following documentation for federal funded purchases: specifications, solicitations, competitive quotes or proposals, basis for selection decisions, purchase orders, contracts, invoices and cancelled checks. Subrecipients should keep detailed records of all transactions involving this Grant. Failure to fully document all purchases will result in expenditures being questioned and subsequently disallowed. Records must be maintained for at least three (3) years after the close of the federal award.

7. **Responsibilities of Agency.** The Agency agrees to:

   A. Pay Subrecipient in accordance with Section 5 above.

   B. Be available to provide necessary and feasible technical advice requested by Subrecipient.

   C. Notify Subrecipient of information and updates received from FEMA or other federal agencies, which may affect or otherwise restrict the availability of funds awarded to Subrecipient herein.

8. **Special Provisions.**

   A. **Administration of Federal Funds.** Subrecipient agrees its use of the funds awarded herein is subject to the Uniform Administrative Requirements of 2 CFR Part 200, et seq.; any additional requirements set forth by the federal funding agency; all applicable regulations published in the Code of Federal Regulations; and other program guidance as provided to it by Agency.

   B. **Assumption of Risk.** The Subrecipient shall assume the risk of any loss of state or federal funding, either administrative or program dollars, due to the Subrecipient’s failure to comply with state or federal requirements. The Agency shall notify the Subrecipient of any state or federal determination of noncompliance. The Agency will provide Subrecipient written notice of intent to impose immediate measures and will make reasonable efforts to resolve the problem informally.

   C. **Best Practices for Collection and Use of Personally Identifiable Information (PII).** Subrecipients who collect PII are required to have a publicly-available privacy policy that describes standards on the usage and maintenance of the PII they collect. DHS defines personally identifiable information (PII) as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Subrecipients may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy template as useful resources.

   D. **Copyright License and Patent Rights.** Subrecipient acknowledges that federal
grantor, the State of Wyoming, and Agency reserve a royalty-free, nonexclusive, unlimited, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal and state government purposes: (1) the copyright in any work developed under this Grant; and (2) any rights of copyright to which Subrecipient purchases ownership using funds awarded under this Grant. Subrecipient must consult with Agency regarding any patent rights that arise from, or are purchased with, funds awarded under this Grant.

E. **DHS Specific Acknowledgements and Assurances.** Subrecipient acknowledges and agrees to comply with applicable provisions governing DHS access to records, accounts, documents, information, facilities, and staff.

F. **Disposition of Equipment Acquired Under the Federal Award.** When original or replacement equipment acquired under this award by the subrecipient is no longer needed for the original project or program or for other activities currently or previously supported by DHS/FEMA, subrecipient must notify Agency and request instructions from DHS/FEMA to make proper disposition of the equipment pursuant to 2 CFR Section 200.313.


H. **Duplication of Benefits:** Any cost allocable to a particular federal financial assistance award provided for in 2 CFR Part 200, Subpart E may not be charged to other federal financial assistance awards to overcome fund deficiencies, to avoid restrictions imposed by federal statutes, regulations, or federal financial assistance award terms and conditions, or for other reasons. However, these prohibitions would not preclude subrecipients from shifting costs that are allowable under two (2) or more awards in accordance with existing federal statutes, regulations, or the federal financial assistance award terms and conditions.

I. **Energy Policy and Conservation Act:** Subrecipient agrees to comply with the requirements of The Energy Policy and Conservation Act (42 U.S.C. § 6201) which contain policies relating to energy efficiency that are defined in the state energy conservation plan issued in compliance with this Act.

J. **Environmental Policy Acts.** Subrecipient agrees all activities under this Grant will comply with the Clean Air Act, the Clean Water Act, the National Environmental Policy Act, and other related provisions of federal environmental protection laws, rules or regulations.

K. **False Claims Act and Program Fraud Civil Remedies.** Subrecipient agrees to comply with the requirements of The False Claim Act (31 U.S.C. § 3729-3733) which prohibits the submission of false or fraudulent claims for payment to the
federal government. See 31 U.S.C. § 3801-3812, which details the administrative remedies for false claims and statements made.

L. **Federal Audit Requirements.** Subrecipient agrees that if it expends an aggregate amount of seven hundred fifty thousand dollars ($750,000.00) or more in federal funds during its fiscal year, it must undergo an organization-wide financial and compliance single audit. Subrecipient agrees to comply with the audit requirements of the U.S. General Accounting Office Government Auditing Standards and Audit Requirements of 2 CFR Part 200, Subpart F. Subrecipient shall provide one (1) copy of the audit report to Agency and require the release of the audit report by its auditor be held until adjusting entries are disclosed and made to Agency’s records. Subrecipients agrees that if it expends less than seven hundred fifty thousand dollars ($750,000.00) in federal funds during its fiscal year, it must send the Agency a letter stating they do not meet the threshold to undergo an organization-wide financial and compliance single audit.

M. **Federal Debt Status:** Subrecipients are required to be non-delinquent in their repayment of any federal debt including, but not limited to, delinquent payroll and other taxes, audit disallowances and benefit overpayments. See OMB Circular A-129.

N. **Federal Funding from DHS.** Subrecipient agrees to acknowledge their use of federal funding when issuing statements, press releases, requests for proposals, bid invitations and other documents describing projects of programs funded in whole or in part with federal funds.

O. **Federal Leadership on Reducing Text Messaging while Driving:** Subrecipient agrees to adopt and enforce policies that ban text messaging while driving as described in E.O. 13513, including conducting initiatives described in Section 3(a) of the Order when on official government business or when performing any work for or on behalf of the federal government.

P. **Fly America Act of 1974.** Subrecipient agrees to comply with Preference for U.S. Flag Air Carriers (air carriers holding certificates under 49 U.S.C. § 41102) for international air transportation of people and property to the extent that such service is available, in accordance with the International Air Transportation Fair Competitive Practices Act of 1974 (49 U.S.C. § 40118) and the interpretative guidelines issued by the Comptroller General of the United States in the March 31, 1981 amendment to Comptroller General Decision B-138942.


R. **Human Trafficking.** Subrecipient agrees to comply with the requirements of the
government-wide award term which implements Section 106(g) of the Trafficking Victims Protection Act of 2000, (TVPA) as amended (22 U.S.C. § 7104). The award term is located at 2 CFR Part 175.15.

S. **Kickbacks.** Subrecipient certifies and warrants that no gratuities, kickbacks, or contingency fees were paid in connection with this Grant, nor were any fees, commissions, gifts, or other considerations made contingent upon the award of this Grant. If Subrecipient breaches or violates this warranty, Agency may, at its discretion, terminate this Grant without liability to Agency, or deduct from the agreed upon price or consideration, or otherwise recover, the full amount of any commission, percentage, brokerage, or contingency fee.

T. **Limitations on Lobbying Activities.** Subrecipient agrees to comply with 31 U.S.C. § 1352, which provides that none of the funds provided under this Grant may be expended by the Subrecipient to pay any person to influence, or attempt to influence an officer or employee of any agency, a Member of Congress, an officer of employee of Congress, or an employee of a Member of Congress in connection with any federal action related to a federal award or contract, including any extension, continuation, renewal, amendment, or modification.

U. **Limited English Proficiency.** Subrecipient agrees to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d, et seq.) prohibition against discrimination on the basis of national origin, which requires that subrecipients of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information please refer to www.lep.gov.

V. **Monitoring Activities.** Agency shall have the right to monitor all activities related to this Grant that are performed by Subrecipient or its subrecipients. This shall include, but not be limited to, the right to make site inspections at any time and with reasonable notice; to bring experts and consultants on site to examine or evaluate completed work or work in progress; to examine the books, ledgers, documents, papers, and records pertinent to this Grant; and to observe personnel in every phase of performance of Grant related work.

W. **National Environmental Policy Act.** Subrecipient agrees to comply with the requirements of the National Environmental Policy Act (NEPA) and the Council on Environmental Quality (CEQ) Regulations for Implementing the Procedural Provisions of NEPA, which require subrecipients to use all practicable means within their authority, and consistent with other essential considerations of national policy, to create and maintain conditions under which people and nature can exist in productive harmony and fulfill the social, economic, and other needs of present and future generations of Americans.


Y. **Non-Supplanting Certification.** Subrecipient hereby affirms that federal grant funds shall be used to supplement existing funds, and shall not replace (supplant) funds that have been appropriated for the same purpose. Subrecipient should be able to document that any reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds under this Grant.

Z. **No Finder’s Fees:** No finder’s fee, employment agency fee, or other such fee related to the procurement of this Grant, shall be paid by either party.

AA. **Procurement of Recovered Materials.** Subrecipient agrees to comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of compensation.

BB. **Program Income.** Subrecipient shall not deposit grant funds in an interest bearing account without prior approval of Agency. Any income attributable to the grant funds distributed under this Grant must be used to increase the scope of the program or returned to Agency.

CC. **Publicity.** Any publicity given to the projects, programs, or services provided herein, including, but not limited to, notices, information, pamphlets, press releases, research, reports, signs, and similar public notices in whatever form, prepared by or for the Subrecipient and related to the services and work to be performed under this Grant, shall identify the Agency as the sponsoring agency and shall not be released without prior written approval of Agency.

DD. **Reporting of Matters Related to Recipient Integrity and Performance.** Subrecipient agrees that if the total value of the Subrecipient’s currently active grants, cooperative agreements, and procurement contracts from all federal assistance offices exceeds ten million dollars ($10,000,000.00) for any period of time during the period of performance of this federal financial assistance award, the Subrecipient must comply with the requirements set forth in the government-wide Award Term and Condition for Recipient Integrity and Performance Maters located at 2 CFR Part 200, Appendix XII.

EE. **Reporting of Subawards and Executive Compensation.** Subrecipient agrees to comply with the requirements set forth in the government-wide Award Term on
Reporting Subawards and Executive Compensation located at 2 CFR Part 170, Appendix A.

FF. **Suspension and Debarment.** By signing this Grant, Subrecipient certifies that neither it nor its principals/agents are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction or from receiving federal financial or nonfinancial assistance, nor are any of the participants involved in the execution of this Grant suspended, debarred, or voluntarily excluded by any federal department or agency in accordance with Executive Order 12549 (Debarment and Suspension), 44 CFR Part 17, or 2 CFR Part 180, or are on the debarred, or otherwise ineligible, vendors lists maintained by the federal government. Further, Subrecipient agrees to notify Agency by certified mail should it or any of its principals/agents become ineligible for payment, debarred, suspended, or voluntarily excluded from receiving federal funds during the term of this Grant.

GG. **Terrorist Financing.** Subrecipient agrees to comply with E.O. 13224 and U.S. law that prohibit transactions with, and the provisions of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Subrecipient to ensure compliance with the Order and laws.

HH. **Universal Identifier and System of Award Management (SAM).** Subrecipient agrees to comply with requirements set forth in the government-wide financial assistance award term regarding the System for Award Management and universal Identifier Requirements located at 2 CFR Part 25, Appendix A.

II. **USA Patriot Act of 2001.** Subrecipient agrees to comply with requirements of Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act (USA PATRIOT Act), which amends 18 U.S.C. § 175-175c.

JJ. **Use of DHS Seal, Logo and Flags.** Subrecipient agrees to obtain permission from DHS prior to using the DHS seal(s), logos, crests or reproductions of flags or likeness of DHS agency officials, including use of the United States Coast Guard seal, logo, crests or reproductions of flags or likenesses of Coast Guard officials.


9. **General Provisions.**

A. **Amendments.** Any changes, modifications, revisions, or amendments to this Grant which are mutually agreed upon by the parties to this Grant shall be incorporated by written instrument, executed by all parties to this Grant.

B. **Applicable Law, Rules of Construction, and Venue.** The construction, interpretation, and enforcement of this Grant shall be governed by the laws of the
State of Wyoming, without regard to conflicts of law principles. The terms "hereof," "hereunder," "herein," and words of similar import, are intended to refer to this Grant as a whole and not to any particular provision or part. The Courts of the State of Wyoming shall have jurisdiction over this Grant and the parties. The venue shall be the First Judicial District, Laramie County, Wyoming.

C. **Assignment Prohibited and Grant Shall Not be Used as Collateral.** Neither party shall assign or otherwise transfer any of the rights or delegate any of the duties set out in this Grant without the prior written consent of the other party. The Subrecipient shall not use this Grant, or any portion thereof, for collateral for any financial obligation without the prior written permission of the Agency.

D. **Audit and Access to Records.** The Agency and its representatives shall have access to any books, documents, papers, electronic data, and records of the Subrecipient which are pertinent to this Grant. The Subrecipient shall immediately, upon receiving written instruction from the Agency, provide to any independent auditor or accountant all books, documents, papers, electronic data, and records of the Subrecipient which are pertinent to this Grant. The Subrecipient shall cooperate fully with any such independent auditor or accountant during the entire course of any audit authorized by the Agency.

E. **Availability of Funds.** Each payment obligation of the Agency is conditioned upon the availability of government funds which are appropriated or allocated for the payment of this obligation and which may be limited for any reason including, but not limited to, congressional, legislative, gubernatorial, or administrative action. If funds are not allocated and available for continued performance of the Grant, the Grant may be terminated by the Agency at the end of the period for which the funds are available. The Agency shall notify the Subrecipient at the earliest possible time of the services which will or may be affected by a shortage of funds. No penalty shall accrue to the Agency in the event this provision is exercised, and the Agency shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

F. **Award of Related Grants.** The Agency may award supplemental or successor grants for work related to this Grant or may award grants to other subrecipients for work related to this Grant. The Subrecipient shall cooperate fully with other subrecipients and the Agency in all such cases.

G. **Compliance with Laws.** The Subrecipient shall keep informed of and comply with all applicable federal, state, and local laws and regulations, and all federal grant requirements and executive orders in the performance of this Grant.

H. **Confidentiality of Information.** Except when disclosure is required by the Wyoming Public Records Act or court order, all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Grant shall be kept confidential by the Subrecipient unless written permission is granted by the Agency for its release. If and when Subrecipient receives a request for
information subject to this Grant, Subrecipient shall notify Agency within ten (10 days) of such request and shall not release information to a third party unless directed to do so by Agency.

I. **Entirety of Grant.** This Grant, consisting of eighteen (18) pages; Attachment A, Project Description, consisting of one (1) page; and the current versions of the Reimbursement Request Form (Attachment B); Expense Claim Form (Attachment C); and Point of Contact Form (Attachment D), represent the entire and integrated Grant between the parties and supersede all prior negotiations, representations, and agreements, whether written or oral. In the event of a conflict or inconsistency between the language of this Grant and the language of any attachment or document incorporated by reference, the language of this Grant shall control.

J. **Ethics.** Subrecipient shall keep informed of and comply with the Wyoming Ethics and Disclosure Act (Wyo. Stat. § 9-13-101, et seq.) and any and all ethical standards governing Subrecipient’s profession.

K. **Extensions.** Nothing in this Grant shall be interpreted or deemed to create an expectation that this Grant will be extended beyond the term described herein. Any extension of this Grant shall be initiated by the Agency and shall be accomplished through a written amendment between the parties entered into before the expiration of the original Grant or any valid amendment thereto, and shall be effective only after it is reduced to writing and executed by all parties to the Grant.

L. **Force Majeure.** Neither party shall be liable for failure to perform under this Grant if such failure to perform arises out of causes beyond the control and without the fault or negligence of the nonperforming party. Such causes may include, but are not limited to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather. This provision shall become effective only if the party failing to perform immediately notifies the other party of the extent and nature of the problem, limits delay in performance to that required by the event, and takes all reasonable steps to minimize delays.

M. **Indemnification.** Each party to this Grant shall assume the risk of any liability arising from its own conduct. Neither party agrees to insure, defend, or indemnify the other.

N. **Independent Contractor.** The Subrecipient shall function as an independent contractor for the purposes of this Grant and shall not be considered an employee of the State of Wyoming for any purpose. Consistent with the express terms of this Grant, the Subrecipient shall be free from control or direction over the details of the performance of services under this Grant. The Subrecipient shall assume sole responsibility for any debts or liabilities that may be incurred by the Subrecipient in fulfilling the terms of this Grant and shall be solely responsible for the payment of all federal, state, and local taxes which may accrue because of
this Grant. Nothing in this Grant shall be interpreted as authorizing the Subrecipient or its agents or employees to act as an agent or representative for or on behalf of the State of Wyoming or the Agency or to incur any obligation of any kind on behalf of the State of Wyoming or the Agency. The Subrecipient agrees that no health or hospitalization benefits, workers’ compensation, unemployment insurance, or similar benefits available to State of Wyoming employees will inure to the benefit of the Subrecipient or the Subrecipient’s agents or employees as a result of this Grant.

O. **Notices.** All notices arising out of, or from, the provisions of this Grant shall be in writing either by regular mail or delivery in person at the addresses provided under this Grant.

P. **Notice of Sale or Transfer.** The Subrecipient shall provide the Agency with notice of any sale, transfer, merger, or consolidation of the assets purchased under this Grant. Such notice shall be provided in accordance with the notices provision of this Grant and, when possible and lawful, in advance of the transaction. If the Agency determines that the sale, transfer, merger, or consolidation is not consistent with the continued satisfactory performance of the Subrecipient’s obligations under this Grant, then the Agency may, at its discretion, terminate or renegotiate the Grant.

Q. **Ownership and Return of Documents and Information.** Agency owns all documents, data compilations, reports, computer programs, photographs, data, and other work provided to or produced by the Subrecipient in the performance of this Grant. Upon termination of services, for any reason, Subrecipient agrees to return all such original and derivative information and documents to the Agency in a useable format. In the case of electronic transmission, such transmission shall be secured. The return of information by any other means shall be by a parcel service that utilizes tracking numbers.

R. **Patent or Copyright Protection.** The Subrecipient recognizes that certain proprietary matters or techniques may be subject to patent, trademark, copyright, license, or other similar restrictions, and warrants that no work performed by the Subrecipient or its Subrecipients will violate any such restriction. Subrecipient agrees to affix the applicable copyright notices of 17 U.S.C. §§ 401 or 402 and an acknowledgement of U.S. Government sponsorship (including the award number) to any work first produced under federal financial assistance awards. The Subrecipient shall defend and indemnify the Agency for any infringement or alleged infringement of such patent, trademark, copyright, license, or other restrictions.

S. **Prior Approval.** This Grant shall not be binding upon either party, no services shall be performed, and the Wyoming State Auditor shall not draw warrants for payment, until this Grant has been fully executed, approved as to form by the Office of the Attorney General, filed with and approved by A&I Procurement, and approved by the Governor of the State of Wyoming, or his designee, if required by Wyo. Stat. § 9-2-1016(b)(iv).
T. **Severability.** Should any portion of this Grant be judicially determined to be illegal or unenforceable, the remainder of the Grant shall continue in full force and effect, and the parties may renegotiate the terms affected by the severance.

U. **Sovereign Immunity and Limitations.** Pursuant to Wyo. Stat. § 1-39-104(a), the State of Wyoming and Agency expressly reserve sovereign immunity by entering into this Grant and the Subrecipient expressly reserves governmental immunity. Each of them specifically retains all immunities and defenses available to them as sovereigns or governmental entities pursuant to Wyo. Stat. § 1-39-101, *et seq.*, and all other applicable law. The parties acknowledge that the State of Wyoming has sovereign immunity and only the Wyoming Legislature has the power to waive sovereign immunity. Designations of venue, choice of law, enforcement actions, and similar provisions shall not be construed as a waiver of sovereign immunity. The parties agree that any ambiguity in this Grant shall not be strictly construed, either against or for either party, except that any ambiguity as to immunity shall be construed in favor of immunity.

V. **Taxes.** The Subrecipient shall pay all taxes and other such amounts required by federal, state, and local law, including, but not limited to, federal and social security taxes, workers’ compensation, unemployment insurance, and sales taxes.

W. **Termination of Grant.** This Grant may be terminated, without cause, by the Agency upon thirty (30) days written notice. This Grant may be terminated by the Agency immediately for cause if the Subrecipient fails to perform in accordance with the terms of this Grant.

X. **Third-Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this Grant shall not be construed so as to create such status. The rights, duties, and obligations contained in this Grant shall operate only between the parties to this Grant and shall inure solely to the benefit of the parties to this Grant. The provisions of this Grant are intended only to assist the parties in determining and performing their obligations under this Grant.

Y. **Time is of the Essence.** Time is of the essence in all provisions of this Grant.

Z. **Titles Not Controlling.** Titles of sections and subsections are for reference only and shall not be used to construe the language in this Grant.

AA. **Waiver.** The waiver of any breach of any term or condition in this Grant shall not be deemed a waiver of any prior or subsequent breach. Failure to object to a breach shall not constitute a waiver.

BB. **Counterparts.** This Grant may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same Grant. Delivery by the Subrecipient of
an originally signed counterpart of this Grant by facsimile or PDF shall be followed up immediately by delivery of the originally signed counterpart to the Agency.

THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK.
10. **Signatures.** The parties to this Grant, either personally or through their duly authorized representatives, have executed this Grant on the dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Grant.

The Effective Date of this Grant is the date of the signature last affixed to this page.

**AGENCY:**
Wyoming Office of Homeland Security

Guy Cameron, Director  
Date

**SUBRECIPIENT:**
County of Campbell

Mark Christensen, Chairman  
Campbell County Commission  
Date

Attested by: County Clerk  
Date

**COUNTY ATTORNEY: APPROVAL AS TO FORM**

County Attorney  
Date

**ATTORNEY GENERAL'S OFFICE: APPROVAL AS TO FORM**

Tyler M. Renner, Assistant Attorney General  
12/5/18  
Date
Attachment A: Project Description

County of Campbell
Project ID: 18-EMPG-CAM-GCF18
Award Amount: $35,000.00

The following submitted project(s) have been approved for the Federal Fiscal Year 2018 U.S. Department of Homeland Security, Emergency Management Performance Grant (EMPG). Only expenditures within the scope of the below projects will be reimbursed by the Wyoming Office of Homeland Security. Any changes to the scope of work must be approved through the Wyoming Office of Homeland Security prior to implementation.

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>• Salary, Benefits</td>
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<tr>
<td>• Travel</td>
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<tr>
<td>• Training</td>
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<tr>
<td>• Equipment</td>
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</tbody>
</table>

For questions regarding individual project allowability, the scope of an approved project, or the 2018 EMPG grant, please contact:

Ashley Paulsrud, EMPG Program Manager
Wyoming Office of Homeland Security
307-777-4907

Lynn Budd, Security Unit Chief
Wyoming Office of Homeland Security
307-777-4917
### WYOMING OFFICE OF HOMELAND SECURITY
#### 2018 EMPG Reimbursement Request

<table>
<thead>
<tr>
<th>Jurisdiction:</th>
<th>Total Award Amount:</th>
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<tbody>
<tr>
<td>Payee (If different from above):</td>
<td>Grant Project ID #:</td>
</tr>
<tr>
<td>Prepared By:</td>
<td>Award Period:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
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<td>Request Period:</td>
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</tr>
</tbody>
</table>

*Please complete all sections of Reimbursement Request and Expense Claim Forms. Incomplete requests will be returned for completion.*

1. **Cumulative Previous Request**
   - (Total of previous 2018 EMPG requests) $-

2. **Total Amount Expended (from Expense Claim Form)**
   - (Including Match and Federal Share) $-

3. **Total Federal Share (From Expense Claim Form)**
   - $-

4. **Have you completed and turned in all Quarterly Reports to date?**
   - Yes or No

**Please apply the Total Federal Share to the following Solution Area:**

- 1. Planning $-
- 2. Organization $-
- 3. Exercise $-
- 4. Training $-
- 5. Equipment $-

### PLEASE ATTACH EXPENSE CLAIM FORM LISTING ALL EXPENDITURES.

I certify to the best of my ability that all purchases are for the purpose of the grant and are allowable as defined in the Notice of Funding Opportunity and Grant Award Agreement with the Wyoming Office of Homeland Security. All expenses listed on the Expense Claim form have been paid/and or ordered and the appropriate invoice is included with this request. In addition, all supporting documentation is on file in the office of record and available for review or audit. Copies of documentation will be retained for a minimum of three (3) years after the close of the grant or resolution of any audit issues.

Authorized Signature: ____________________________  Date: ____________________________

### WOHS Use Only:

**Reimbursement request is:**

Approved: ____________________________  Modified to: ____________________________  Denied: ____________________________

**Reason for Modification or Denial:** ____________________________

**Date Received:** ____________________________  **Drawdown Number:** ____________________________

**Remaining Balance:** ____________________________

**Approved by:** ____________________________  **Program Manager** ____________________________  **Date** ____________________________
<table>
<thead>
<tr>
<th>Description of</th>
<th>Expenditure Date</th>
<th>Purchase Order</th>
<th>Area (POTE)</th>
<th>Solution Area (POTE)</th>
<th>Federal Share (Repaid Expenditure)</th>
<th>Total Amounts Expended</th>
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<tbody>
<tr>
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<td>City:</td>
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</tbody>
</table>

2018 EMPG Expense Claim Form

Wyoming Office of Homeland Security

Date
Printed Title
Signature of Authorized Official

Applies to equipment. Leave area only.

Completed to the fullest extent of my ability. Certified that all sections of this form have been completed in full and supporting documentation is attached. Furthermore, it is hereby certified that all expenses claimed herein

2018 EMPG Attachment C - Expense Claim Form
# 2018 Emergency Management Performance Grant (EMPG)

## POINT OF CONTACT INFORMATION FORM

<table>
<thead>
<tr>
<th>Jurisdiction:</th>
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<tbody>
<tr>
<td>Grant Project ID:</td>
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<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>City, ST ZIP</td>
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### Grant Administrator

<table>
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<tr>
<th>Title:</th>
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<td>Phone Number:</td>
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<tr>
<td>Email:</td>
<td></td>
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<tr>
<td>Gmail Address for access to WOHS Team Website*:</td>
<td></td>
</tr>
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</table>

### Authorized Point of Contact

<table>
<thead>
<tr>
<th>Title:</th>
<th></th>
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<tbody>
<tr>
<td>Phone Number:</td>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Gmail Address for access to WOHS Team Website*:</td>
<td></td>
</tr>
</tbody>
</table>

* A Gmail address is required to access this site which contains helpful links, announcements, forms and reporting.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
</tr>
</thead>
</table>

This form must be signed by the same signing authority required by the 2018 EMPG Grant Award Agreement. Please complete and return along with signed Grant Award Agreement to:

Ashley Paulsrud  
Wyoming Office of Homeland Security  
5500 Bishop Boulevard, Cheyenne, WY 82002  
Ashley.Paulsrud@wyo.gov
The following page(s) contain the backup material for Agenda Item: **9:35 Request for Change in Position Allocation, CAM-PLEX**

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.*
MEMORANDUM
...from H.R./Risk Management

TO: Campbell County Board of Commissioners
   Mark Christensen, Chairman
   Matt Avery
   Rusty Bell
   Micky Shober

FROM: Charlotte Terry
      Director of Human Resources & Risk Management

DATE: December 21, 2018

SUBJECT: Approval of Request for Change in Position Allocation – CAM-PLEX

CAM-PLEX has requested that a position allocated as Administrative Assistant be changed to an Event Custodian position. This change would not result in any additional monies being allocated to salaries, because the current allocation is for a full-time position at the salary range of 46 with a potential of being advanced to a range of 49. The change would create a position at range 39 with no method of advancement to a higher range.

There would be no change in the total FTE of 35 currently allocated to CAM-PLEX for FY 2018/2019.

Thank you for your consideration. Please let Jeff Esposito or me know if you have any questions.

Attachments
Request for Change in Position Allocation

Current Classification Title of position if applicable: Administrative Assistant I, II, III  Band/Range 17/39 to 22/49

Suggested Existing Classification Title for position: Event Custodian  Band/Range 17/39

Department Requesting Change in Allocation: CAM-PLEX

Explain Request for Change in Allocation and effect on the budget: **THERE IS NO CHANGE TO THE BUDGET. THE EVENT CUSTODIAN IS A GREATE NEED WE DON'T NEED ANOTHER ADMIN AT THE MOMENT.**

Department Head Signature: [Signature]  Date: 12/17/18

Submit this document to Human Resources/Risk Management Director for review. HR Director will forward to Budget Officer for review. Budget Officer will forward to the Commissioners’ for approval. Please attach a list of actual job tasks to be performed and estimate the effect on the budget by Fiscal Year include source of funding.

Human Resources Review Date: ______ - ______ - ______

Request is: _______ Forwarded _______ Returned

Reason for action: ____________________________

Human Resources Signature: ____________________________

Budget Officer Review Date: 12 - 17 - 2018

Request is: _______ X _______ Forwarded _______ Returned

Reason for action: ____________________________

Budget Officer Signature: ____________________________

County Commissioners Review Date: ______ - ______ - ______

Request is: _______ Approved _______ Denied

Chairperson Signature: ____________________________  Date: ____________________________

Distribution of Finalized Form: Original-HR; Copy-Classification File; Copy-Department Head

FORM: Request Change in Position Allocation  Created 1/2012; rev
The following page(s) contain the backup material for Agenda Item: 9:40 Road Right of Way Easement, Western Fuels

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.
MEMORANDUM

TO: Board of Commissioners

FROM: Kevin C. King, P.E., Public Works Director

DATE: December 26, 2018

SUBJECT: Western Fuels Easement for access to Garner Lake Road

During Phase I of the Garner Lake Road project, Campbell County purchased property from Green Bridge Holdings strictly for re-aligning the Western Fuels-Wyoming Dry Fork Mire access road to fit the new Garner Lake Road alignment.

The easement in front of you is to provide Western Fuels-Wyoming with a permanent road right of way easement across this County-owned property.
ROAD RIGHT OF WAY EASEMENT

Campbell County, Wyoming, acting by and through its County Commission, 500 S. Gillette Avenue, Gillette, Wyoming 82716, hereinafter GRANTOR, for and in consideration of Ten Dollars ($10.00) and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, does Grant and Convey to Western Fuels-Wyoming, Inc., a Wyoming Corporation, 3629 N. Garner Lake Road, Gillette, Wyoming 82716, hereinafter GRANTEE, a permanent road right of way easement in and to the following described tract of land:

LEGAL DESCRIPTION

See the attached Exhibits "A" and "A-1", which are incorporated herein by reference as if fully set forth.

Said Easement unto GRANTEE, its successors, licensees and assigns to have and to hold forever in the lands described above for a road right of way over, under, upon and within which to construct, maintain, service, reconstruct, operate, and locate at any time and from time to time an access road for the benefit of the GRANTEE and its lands.

At the conclusion of any construction or reconstruction activities within the easement by the Grantee, GRANTEE shall restore the surface and any improvements damaged and any adjacent areas disturbed during construction or repair activities to a condition comparable to the condition of the disturbed or damaged areas before any construction or repairs within the easement.

DATED this ______ day of ______________, 20____.

GRANTOR:
Campbell County, Wyoming
Campbell County Commissioners

By: ________________________________
Chairman of the Board

ATTEST:
(Seal)

By: ________________________________
Susan Saunders, Clerk of Court

STATE OF WYOMING

) ss.

COUNTY OF Campbell

The above and foregoing instrument was acknowledged before me by ________________________________.
Chairman of the Board of Campbell County Commissioners, this ______ day of _________________, 20____.
Witness my hand and official seal.

Notary Public

My commission expires:
BASIS OF BEARINGS
COORDINATES ARE BASED ON U.S. STATE PLANE 1983 (WY), WYOMING EAST 4901, AND HAVE BEEN MULTIPLIED BY A DATUM ADJUSTMENT FACTOR OF 1.0002565840.
UNITS: U.S. SURVEY FOOT

LEGEND
- PROPOSED RIGHT OF WAY LINE
- BNSF EASEMENT LINE
- SECTION LINE
- QUARTER LINE
- SIXTEENTH LINE
- FOUND SECTION CORNER
- PROPOSED ROAD ACCESS

CERTIFICATE OF SURVEYOR

L. GARY D. ANDERSON, A REGISTERED LAND SURVEYOR IN THE STATE OF WYOMING, HEREBY CERTIFY THAT THE MAP AND LEGAL DESCRIPTION SHOWN HEREON WERE PREPARED BY ME OR UNDER MY DIRECT SUPERVISION FROM A SURVEY COMPLETED FROM AUGUST 2016 TO MARCH 2017, AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

ROAD ACCESS EXHIBIT
AN ACCESS EASEMENT LOCATED IN THE SW1/4SE1/4 OF SECTION 29, T51N, R71W, 6TH P.M., CAMPBELL COUNTY, WYOMING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE S1/4 CORNER OF SECTION 29, T.51 N., R.71 W., 6TH P.M., MONUMENTED BY A 3.25 INCH BRASS CAP STAMPED LS 150 LOCATED 2.5 FEET BELOW THE SHOULDER OF EXISTING GARNER LAKE ROAD;
THENCE N 31° 52' 50.4" E A DISTANCE OF 821.10 FEET TO A POINT ON THE WEST RIGHT OF WAY LINE OF THE PROPOSED GARNER LAKE ROAD AND THE POINT OF BEGINNING;
THENCE N 68° 31' 18.2" W A DISTANCE OF 135.58 FEET TO THE BEGINNING OF A TANGENT CURVE;
THENCE WESTERLY A DISTANCE OF 238.04 FEET ALONG SAID CURVE CONCAVE NORTHEASTERLY HAVING A RADIUS OF 248.000 FEET AND A CENTRAL ANGLE OF 54° 31' 59.1" WITH A CHORD BEARING OF N 41° 15' 18.7" W, 227.23 FEET TO A NON-TANGENT LINE BEING THE WEST LINE OF SAID SW1/4SE1/4;
THENCE N 00° 04' 02.5" W A DISTANCE OF 595.70 FEET ALONG SAID WEST LINE TO THE POINT OF CUSP WITH A NON-TANGENT CURVE;
THENCE SOUTHEASTERLY A DISTANCE OF 168.86 FEET ALONG SAID CURVE CONCAVE SOUTHWESTERLY HAVING A RADIUS OF 248.00 FEET AND A CENTRAL ANGLE OF 39° 14' 33.1" WITH A CHORD BEARING OF S 10° 50' 09.6" E, 166.56 FEET;
THENCE S 00° 21' 53.1" E A DISTANCE OF 380.39 FEET TO THE BEGINNING OF A TANGENT CURVE;
THENCE SOUTHEASTERLY A DISTANCE OF 216.50 FEET ALONG SAID CURVE CONCAVE NORTHEASTERLY HAVING A RADIUS OF 182.00 FEET AND A CENTRAL ANGLE OF 68° 06' 25.2" WITH A CHORD BEARING OF S 34° 26' 35.7" E, 203.95 FEET;
THENCE S 68° 31' 18.2" E A DISTANCE OF 135.58 FEET TO POINT ON THE WEST ROW OF PROPOSED GARNER LAKE ROAD;
THENCE S 21° 28' 41.8" W A DISTANCE OF 63.95 FEET ALONG SAID GARNER LAKE ROAD ROW TO THE BEGINNING OF A TANGENT CURVE;
THENCE SOUTHERLY A DISTANCE OF 2.05 FEET ALONG SAID CURVE CONCAVE WESTERLY HAVING A RADIUS OF 2400.00 FEET AND A CENTRAL ANGLE OF 00° 02' 55.9" WITH A CHORD BEARING OF S 21° 30' 09.7" W, 2.05 FEET TO THE POINT OF BEGINNING.

SAID EASEMENT CONTAINS 1.23 ACRES MORE OR LESS.
The following page(s) contain the backup material for Agenda Item: **10:30 Liquor License Renewals**

*Individuals wishing to provide public comment are asked to sign in prior to the start of the meeting, provide contact information and the topic(s) to be discussed. Comments related to the Board agenda will be heard first.*
NOTICE OF APPLICATION FOR RENEWAL OF
RETAIL LIQUOR LICENSES
LIMITED RETAIL LIQUOR LICENSES

Notice is hereby given that the following applicants have filed an application for renewal of a license or permit in the office of the Clerk of the County of Campbell for the following described places:

RETAIL LIQUOR LICENSES
The Office Saloon LLC, dba The Office Saloon, located in E1/2SE1/4 of Section 17, T50N, R72W, 6th P.M., Campbell County, Wyoming.

Bryan Pownall dba Bryan’s Place, located in NE1/4NW1/4 of Section 31, T50N, R69W, 6th P.M., Campbell County, Wyoming.

Norma J. Ruff dba Ruff’s Rozet Bar, located on a one acre tract in NW1/4NW1/4 of Section 31, T50N, R69W, 6th P.M., Campbell County, Wyoming.

Jerome Schantz dba Spotted Horse Bar, located in Section 25, T55N, R75W, 6th P.M., Campbell County, Wyoming.

LIMITED LIQUOR LICENSES

Gillette Moose Lodge #1957, located on S1/2 Lot 15, W1/2 Lot 18, Champion Ventures Subdivision, Campbell County, Wyoming

Protests, if any there be against the renewal of the above listed licenses will be heard at the hour of 10:30 AM on the 2nd day of January 2019, in the office of the County Commissioners in the Campbell County Courthouse.

Publishing Dates:
December 12, 2018
December 19, 2018

Susan F. Saunders
Campbell County Clerk
RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

**To be completed by City/County Clerk**

- **License Fees**
  - Annual Fee: $750.00
  - Prorated Fee: $27.00
  - Transfer Fee: 
  - Publishing Fee: $27.00

- **Local License #**: 658
- **Date filed with clerk**: 11/09/2018
- **Advertising Dates**: (2 Weeks)
  - 12/12/18 & 12/19/18
- **Hearing Date**: 01/02/2009

---

**License Term**: 2/7/2019 Through 2/6/2020

**LICENSING AUTHORITY**: Begin publishing promptly. As W.S. 12-4-104 specifies; NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

**Applicant**: BRYAN J POWNALL

**Trade/Business Name (dba)**: BRYANS PLACE

**Building Address**: 14116 HWY 51

**Mailing Address**: PO BOX 75

**ROZET, WY 82727**

**Business Telephone Number**: (307) 682-4950 **Fax Number**: 

**E-Mail Address**: jpownall48@yahoo.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)

**PT OF NE1/4, N1/2, SEC 31, T50N, R69W**

---

**MINIMUM PURCHASE**

- Retail License Holders Only

- Have you purchased $2,000 in spirits, wines and/or malt beverages during the previous license term?
  - **YES**  **NO**

- Please submit invoices to clerk

---

**FILING IN COUNTY OF CAMPBELL**

**FILING AS (CHOOSE ONLY ONE)**

- INDIVIDUAL
- PARTNERSHIP
- LLP/LLC
- CORPORATION
- LTD PARTNERSHIP
- ORGANIZATION
- OTHER

---

**TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)**

- RETAIL LIQUOR LICENSE
  - ON-PREMISE ONLY (BAR)
  - OFF-PREMISE ONLY (PACKAGE STORE)
  - COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)

- FOOD SERVICE
  - RESTAURANT LIQUOR LICENSE
  - CATERER
  - CATERER AND GRILL
  - RESORT LIQUOR LICENSE

- LIMITED RETAIL (CLUB)
- VETERANS CLUB
- FRATERNAL CLUB
- GOLF CLUB
- SOCIAL CLUB

- SPECIAL DESIGNATIONS

- MICROBREWERY
- WINERY
- DISTILLERY SATELLITE
- WINERY SATELLITE
- COUNTY RETAIL OR SPECIAL MALTS BEVERAGE PERMIT

---

**WHEN DO YOU OPERATE?** (To assist the Liquor Division with scheduling inspections)

- **FULL TIME** (e.g. Jan through Dec)
- **SEASONAL/PART-TIME**
- **NON-OPERATIONAL/PARKED**

- **(specify months of operation)**
  - from Jan to Dec
  - from Mon to Sat
  - from 5:30pm to 2:00am

---

**ALL APPLICANTS MUST COMPLETE QUESTIONS 1-6**

1. **BUILDING OWNERSHIP**: Does the applicant? W.S. 12-4-103 (a) (iii)

   - Own the licensed building?
   - Lease the licensed building? (Lease must be through the term of the liquor license)
   - Lease is current and on file with the licensing authority & Liquor Division.

   If lease is not current, please submit a copy of the lease and indicate:
   - **When the lease expires**, located on page paragraph of lease document.
   - Where the Sales provision for alcoholic or malt beverages is located, on page paragraph of lease.
   - **MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.**
2. If the applicant is filing as an individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
Each individual or partner or officer must complete this section.

<table>
<thead>
<tr>
<th>True and Correct Name</th>
<th>Date of Birth</th>
<th>DONOT LIST PO BOXES</th>
<th>Residence Address No. &amp; Street City, State &amp; Zip</th>
<th>Residence Phone Number</th>
<th>Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?</th>
<th>Have you been Convicted of a Felony Violation?</th>
<th>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYAN POWELL</td>
<td>1/30/1976</td>
<td>14116 56th St.</td>
<td>307-446-0321</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

(If more information is required, list on a separate piece of paper and attach to this application.)

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

<table>
<thead>
<tr>
<th>True and Correct Name</th>
<th>Date of Birth</th>
<th>DONOT LIST PO BOXES</th>
<th>Residence Address No. &amp; Street City, State &amp; Zip</th>
<th>Residence Phone Number</th>
<th>No. of Years in Corp or LLC</th>
<th>% of Stock Hold</th>
<th>Have you been Convicted of a Felony Violation?</th>
<th>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?</th>
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<td>YES</td>
<td>NO</td>
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</table>

(If more information is required, list on a separate piece of paper and attach to this application.)

4. Restaurant and Bar and Grill Liquor License Holders Only:
   (a) Gross sales figures and percentages of income derived from:
       W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3)
       (Line 1 Liquor Sales: $ ( %)
       (Line 2 Food Sales: $ ( %)
       (Line 3 Gross Sales: $ ( %)
   (b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) □ YES □ NO
   (c) Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building.
       W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
       1st Room:
       2nd Room:

5. Microbrewery License Holders Only:
   (a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(xxi) □ YES □ NO
   (b) Do you sell your own products? W.S. 12-2-201(a)
       (Requires wholesale license with the Liquor Division)
       □ YES □ NO
   (c) Do you own your own products through an existing malt beverage wholesaler?
       W.S. 12-2-201(g)(ii) (Requires authorization to sell license with the Liquor Division)
       □ YES □ NO

6. Social Club License Holders Only:
   (a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended?
       W.S. 12-1-101(a)(ii)(E) □ YES □ NO

OATH OR VERIFICATION
(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

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

STATE OF WYOMING

COUNTY OF Campbell

Signed and sworn to before me on this 6th day of November, 2018, that the facts alleged in the foregoing instrument are true by the following:

1) Bryan Powell
   (Signature)
   (Printed Name)
   (Title)

2) (Signature)
   (Printed Name)
   (Title)

3) (Signature)
   (Printed Name)
   (Title)

4) (Signature)
   (Printed Name)
   (Title)

Witness my hand and official seal:

Signature of Notary Public

My commission expires: May 16, 2022
RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

<table>
<thead>
<tr>
<th>To be completed by City/County Clerk</th>
<th>Local License #: 657</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Fees Annual Fee: $100.00</td>
<td>Date filed with clerk: 10/29/2018</td>
</tr>
<tr>
<td>Prorated Fee: $</td>
<td>Advertising Dates: (2 Weeks)</td>
</tr>
<tr>
<td>Transfer Fee: $</td>
<td>12/12/18 &amp; 12/19/18</td>
</tr>
<tr>
<td>Publishing Fee: $27.00</td>
<td>Hearing Date: 01/02/2019</td>
</tr>
<tr>
<td>Publishing Fee Direct Billed to Applicant: [ ]</td>
<td></td>
</tr>
<tr>
<td>License Term: 2/7/2019 Through 2/6/2020</td>
<td></td>
</tr>
</tbody>
</table>

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

Applicant: MOOSE LODGE #1957
Trade/Business Name (dba): MOOSE LODGE #1957
Building Address: 2704 HACKATHORNE GILLETTE, WY 82716 CAMPBELL
Mailing Address: PO BOX 1977 GILLETTE, WY 827171977
Business Telephone Number: (307) 686-0212 Fax Number: (307) 686-0227
E-Mail Address:

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi) S1/2, W1/2 OF LOT 18, CHAMPION VENTURES

MINIMUM PURCHASE
Retail License Holders Only
Have you purchased $2,000 in spirits, wines and/or malt beverages during the previous license term?
[ ] YES [ ] NO
Please submit invoices to clerk

FILING IN COUNTY OF CAMPBELL

FILING AS (CHOOSE ONLY ONE)
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] LLP/LLC
[ ] CORPORATION
[ ] LTD PARTNERSHIP
[ ] ORGANIZATION
[ ] OTHER

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)
[ ] RETAIL LIQUOR LICENSE
[ ] ON-PREMISE ONLY (BAR)
[ ] OFF-PREMISE ONLY (PACKAGE STORE)
[ ] COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)
[ ] RESTAURANT LIQUOR LICENSE
[ ] RESORT LIQUOR LICENSE
[ ] BAR AND GRILL
[ ] LIMITED RETAIL (CLUB)
[ ] VETERANS CLUB
[ ] FRATERNAL CLUB
[ ] GOLF CLUB
[ ] SOCIAL CLUB
[ ] MICROBREWERY
[ ] WINERY
[ ] DISTILLERY SATELLITE
[ ] WINERY SATELLITE
[ ] COUNTY RETAIL or SPECIAL MALT BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)
[ ] FULL TIME (e.g. Jan through Dec)
[ ] SEASONAL/PART-TIME
(specify months of operation)
from Jan to Dec
from Sun to Sat
DAYS OF WEEK (e.g. Mon through Sat)
HOURS OF OPERATION (e.g. 10a - 2a)
from Sun-12p to 10p

ALL APPLICANTS MUST COMPLETE QUESTIONS 1-6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   (a) OWN the licensed building?
   [ ] YES (own)
   [ ] NO

   (b) LEASE the licensed building? (Lease must be through the term of the liquor license)
   [ ] YES (lease)
   [ ] NO

   (c) LEASE is current and on file with the licensing authority & Liquor Division.
   If lease is not current, please submit a copy of the lease and indicate:
   (i) When the lease expires, located on page paragraph of lease document.
   (ii) Where the Sales provision for alcoholic or malt beverages is located, on page paragraph of lease.
       (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)
2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (ii) & (iii)
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<tbody>
<tr>
<td>Vic Silbaugh</td>
<td>7-29-55</td>
<td>2060 W 49 Rd</td>
<td>#2 Holly Ln, Gillette WY</td>
<td>6866279</td>
<td>YES ☒</td>
<td>NO ☐</td>
<td>NO ☐</td>
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<tr>
<td>William Gross</td>
<td>8-12-55</td>
<td>2757 1440</td>
<td></td>
<td></td>
<td>YES ☒</td>
<td>NO ☐</td>
<td>NO ☐</td>
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<tr>
<td>Wade Norris</td>
<td>3-18-77</td>
<td>5004 14th St</td>
<td></td>
<td>602468</td>
<td>YES ☒</td>
<td>NO ☐</td>
<td>NO ☐</td>
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(If more information is required, list on a separate piece of paper and attach to this application.)

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

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4. Restaurant and Bar and Grill Liquor License Holders Only:
(a) Gross sales figures and percentages of income derived from:
W.S.12-4-408(b) (Line 1 Liquor Sales: $ ( %)
W.S.12-4-408(c) (Line 2 Food Sales: $ ( %)
W.S.12-4-408(d) (Line 3 Gross Sales: $ ( %)
(b) Did you attach a copy of your valid food service permit to this application. W.S.12-4-407(a), W.S.12-4-413(a) ☐ YES ☑ NO
(c) Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building.
W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):
1st Room: 2nd Room:

5. Microbrewery License Holders Only:
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(ix) ☐ YES ☑ NO
(b) Do you sell your products in W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☑ NO
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(g)(ii) (Requires authorization to sell license with the Liquor Division) ☐ YES ☑ NO

6. Social Club License Holders Only:
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(b)(ii)(E) ☐ YES ☑ NO

OATH OR VERIFICATION
(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)
Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

STATE OF WYOMING
COUNTY OF Campbell

SS.

Signed and sworn to before me on this 29th day of Dec. 2018 that the facts alleged in the foregoing instrument are true by the following:

1) Vic Silbaugh  
(Signature)  
(Printed Name)  
(Title)

2) William Gross  
(Signature)  
(Printed Name)  
(Title)

3) Wade Norris  
(Signature)  
(Printed Name)  
(Title)

4)  
(Signature)  
(Printed Name)  
(Title)

Witness my hand and official seal:

(SEAL)  
Signature of Notary Public  
My commission expires 01/01/19
RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

To be completed by City/County Clerk

License Fees
Annual Fee: $ 1,500.00
Prorated Fee: $                      
Transfer Fee: $                      
Publishing Fee: $ 27.00

Local License #: 659
Date filed with clerk: 10 / 18 / 18
Advertising Dates: (2 Weeks) 12/12/18 & 12/19/18
Hearing Date: 01 / 02 / 2019
License Term: 2/7/2019 Through 2/6/2020

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

Applicant: OFFICE SALOON LLC (THE)
Trade/Business Name (dba): OFFICE SALOON (THE)
Building Address: 1400 N HWY 14-16
GILLETTE, WY 82716 CAMPBELL
Mailing Address: 1400 N HWY 14-16
GILLETTE, WY 82716

Business Telephone Number: (307) 687-7713 Fax Number:
E-Mail Address: cmberhardt@live.com

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi) PT OF 5 ACRE TRACT IN E1/2, SE1/4 OF SEC 17, T50N, R72W, 6TH PM, WY

MINIMUM PURCHASE
Retail License Holders Only
Have you purchased $2,000 in spirits, wines and/or malt beverages during the previous license term? □ YES □ NO
Please submit invoices to clerk

FILING IN
COUNTY OF CAMPBELL

FILING AS (CHOOSE ONLY ONE)
□ INDIVIDUAL
□ PARTNERSHIP
□ LLP/LP
□ LLC
□ CORPORATION
□ LTD PARTNERSHIP
□ ORGANIZATION
□ OTHER

TYPE OF LICENSE OR PERMIT (CHOOSE ONLY ONE)
□ RETAIL LIQUOR LICENSE
□ ON-PREMISE ONLY (BAR)
□ OFF-PREMISE ONLY (PACKAGE STORE)
□ COMBINATION ON/OFF PREMISE (BOTH BAR & PACKAGE STORE)
□ RESTAURANT LIQUOR LICENSE
□ BAR AND GRILL
□ LIMITED RETAIL (CLUB)
□ VETERANS CLUB
□ FRATERNAL CLUB
□ GOLF CLUB
□ SOCIAL CLUB

□ MICROBREWERY
□ WINERY
□ DISTILLERY SATELITE
□ WINERY SATELITE
□ COUNTY RETAIL or SPECIAL BEVERAGE PERMIT

SPECIAL DESIGNATIONS

WHEN DO YOU OPERATE? (To assist the Liquor Division with scheduling inspections)
□ FULL TIME (e.g. Jan through Dec) □ SEASONAL/PART-TIME □ NON-OPERATIONAL/PARKED
(specify months of operation)
from Jan to Dec from Sunday to Saturday from 6:00 AM to 2:00 AM

ALL APPLICANTS MUST COMPLETE QUESTIONS 1-6

1. BUILDING OWNERSHIP: Does the applicant? W.S. 12-4-103 (a) (iii)
   (a) OWN the licensed building? □ YES (own) □ NO
   (b) LEASE the licensed building? (Lease must be through the term of the liquor license) □ YES (lease)
   (c) LEASE is current and on file with the licensing authority & Liquor Division.
      If lease is not current, please submit a copy of the lease and indicate:
      (i) When the lease expires, located on page paragraph of lease document.
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<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
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<td>Cheryl Burkhardt</td>
<td>10/1/66</td>
<td>1047 N Hwy 14-16</td>
<td>307</td>
<td>666-5507</td>
<td>YES ☐ NO ☐</td>
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<td>YES ☐ NO ☐</td>
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<tr>
<td>James Gabriel</td>
<td>5-6-57</td>
<td>1047 N Hwy 14-16</td>
<td>307</td>
<td>666-5507</td>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
<td>YES ☐ NO ☐</td>
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(If more information is required, list on a separate piece of paper and attach to this application.)

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)  
Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

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(If more information is required, list on a separate piece of paper and attach to this application.)

4. Restaurant and Bar and Grill Liquor License Holders Only: (Line 1) Liquor Sales: $ (____ %)  
W.S.12-4-408(b)  
(Line 2) Food Sales: $ (____ %)  
W.S.12-4-408(a), W.S.12-4-413(a) ☐ YES ☐ NO  
(Line 3) Gross Sales: $ (____ %)  
W.S.12-4-412(a)(i) (e.g. 10 x 12 room in SE corner of building):  
1st Room:  
2nd Room:  
Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building.

5. Microbrewery License Holders Only:  
(a) Did you produce over 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-1-101(a)(ix) ☐ YES ☐ NO  
(b) Do you self distribute your products? W.S. 12-2-201(a) (Requires wholesaler license with the Liquor Division) ☐ YES ☐ NO  
(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S. 12-2-201(a)(ii) (Requires authorization to sell license with the Liquor Division) ☐ YES ☐ NO

6. Social Club License Holders Only:  
(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E) ☐ YES ☐ NO

OATH OR VERIFICATION  
(Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

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

STATE OF WYOMING

COUNTY OF Campbell

Signed and sworn to before me on this 18 day of October, 2018 that the facts alleged in the foregoing instrument are true by the following:

1) Cheryl Burkhardt  
   Signature
2) Jim Gabriel  
   Signature
3)  
   Signature
4)  
   Signature

My commission expires: 1-6-19

Signature of Notary Public
# RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

**License Fees**
- Annual Fee: $750.00
- Prorated Fee: 
- Transfer Fee: 
- Publishing Fee: $27.00
- Publishing Fee Direct Billed to Applicant: [ ]

**Local License #:** 660
**Date filed with clerk:** December 3 / 2018
**Advertising Dates:** (2 Weeks) 12/12/18 & 12/19/18
**Hearing Date:** 01 / 02 / 2019

**License Term:** 2/7/2019 Through 2/6/2020

---

**Applicant:** JEROME SCHANTZ
**Trade/Business Name (dba):** SPOTTED HORSE BAR
**Building Address:** 7021 HWY 14-16
**Mailing Address:** 7021 HWY 14-16
**Business Telephone Number:** (307) 736-2252
**Fax Number:** (307) 736-2252
**E-Mail Address:** spottedhorse@rangeweb.net

**Brief legal description and the zoning of the licensed building or site for licensed building:** W.S. 12-4-102 (a) (vi) SEC 25, T55N, R75W, SPOTTED HORSE, WY

---

**MINIMUM PURCHASE**
- Retail License Holders Only
  - Have you purchased $2,000 in spirits, wines and/or malt beverages during the previous license term? [ ] YES [ ] NO
  - Please submit invoices to clerk

**FILING IN**
- COUNTY OF CAMPBELL

**FILING AS** (CHOOSE ONLY ONE)
- [ ] INDIVIDUAL
- [ ] PARTNERSHIP
- [ ] LLP/LLC
- [ ] CORPORATION
- [ ] LTD PARTNERSHIP
- [ ] ORGANIZATION
- [ ] OTHER

**TYPE OF LICENSE OR PERMIT** (CHOOSE ONLY ONE)
- [ ] RETAIL LIQUOR LICENSE
  - ON-PREMISE ONLY (BAR)
  - OFF-PREMISE ONLY (PACKAGE STORE)

- [ ] LIMITED RETAIL (CLUB)
- [ ] VETERANS CLUB
- [ ] FRATERNAL CLUB
- [ ] GOLF CLUB
- [ ] SOCIAL CLUB
- [ ] RESTAURANT LIQUOR LICENSE
  - BAR AND GRILL
- [ ] MICROBREWERY
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- [ ] WINERY SATELLITE
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**SPECIAL DESIGNATIONS**

---

**WHEN DO YOU OPERATE?** (To assist the Liquor Division with scheduling inspections)
- [ ] FULL TIME (e.g. Jan through Dec)
- [ ] SEASONAL/PART-TIME
- [ ] NON-OPERATIONAL/PARKED

(specify months of operation)
- from Jan to Dec
- from Sun to Sat
- from 8am to 12am

---

**ALL APPLICANTS MUST COMPLETE QUESTIONS 1-6**

1. **BUILDING OWNERSHIP:** Does the applicant? W.S. 12-4-103 (a) (iii)
   - [ ] OWN the licensed building?
   - [ ] YES (own)
   - [ ] YES (lease)
   - [ ] NO

   (a) O WN the licensed building?
   (b) **LEASE the licensed building**? (Lease must be through the term of the liquor license)
   (c) **LEASE is current and on file with the licensing authority & Liquor Division.**
   - If lease is not current, please submit a copy of the lease and indicate:
     - (i) When the lease expires, located on page_____ paragraph_____ of lease document.
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   (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)
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<td>Jerome Schantz</td>
<td>01/21/1944</td>
<td>415 N 30th W</td>
<td>Arvada, 30301</td>
<td>303-474-3523</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
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       W.S. 12-1-101(p)(6)(E)

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

STATE OF WYOMING
COUNTY OF Campbell

Signed and sworn to before me on this 16th day of Oct., 2018 that the facts alleged in the foregoing instrument are true by the following:

1st Signature: Jerome Schantz
(Printed Name)

Owner
Title

Witness my hand and official seal:

My commission expires: 3-31-2019
RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

To be completed by City/County Clerk

License Fees
Annual Fee: $750.00
Prorated Fee: $
Transfer Fee: $
Publishing Fee: $27.00

Local License #: 661
Date filed with clerk: 12/03/2018
Advertising Dates: (2 Weeks) 12/12/18 & 12/19/18
Hearing Date: 01/02/2019

License Term: 2/7/2019 Through 2/6/2020

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

Applicant: NORMA J RUFF
Trade/Business Name (dba): RUFFS ROZET BAR
Building Address: 14072 HWY 51
ROZET, WY 82727 CAMPBELL
Mailing Address: PO BOX 157
ROZET, WY 82727
Business Telephone Number: (307) 682-0700 Fax Number:
E-Mail Address:

Brief legal description and the zoning of the licensed building or site for licensed building: W.S. 12-4-102 (a) (vi)
1 ACRE TRACT, NW1/4, SEC 31, T50N, R69W

MINIMUM PURCHASE
Retail License Holders Only
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☑ YES ☐ NO
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COUNTY OF CAMPBELL

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   ☑ YES (own)
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   (c) LEASE is current and on file with the licensing authority & Liquor Division.
   If lease is not current, please submit a copy of the lease and indicate:
   (i) When the lease expires, located on page paragraph of lease document.
   (ii) Where the Sales provision for alcoholic or malt beverages is located, on page paragraph of lease.
   (MUST contain a provision for SALE OF ALCOHOLIC or MALT BEVERAGES.)
2. If the applicant is filing as an Individual or Partnership or as a Club: W.S. 12-4-102 (a) (i) & (ii)

Each individual or partner or officer must complete this section.

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<tr>
<th>True and Correct Name</th>
<th>Date of Birth</th>
<th>DONOT LIST PO BOXES</th>
<th>Residence Address No. &amp; Street City, State &amp; Zip</th>
<th>Residence Phone Number</th>
<th>Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?</th>
<th>Have you been Convicted of a Felony Violation?</th>
<th>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Beverage?</th>
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<tr>
<td>Norma Ruff</td>
<td>9/4/1942</td>
<td>155 Stewart Rd</td>
<td>680</td>
<td>3851</td>
<td>YES ☐</td>
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(If more information is required, list on a separate piece of paper and attach to this application.)

3. If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership: W.S. 12-4-102 (a) (iv) & (v)

Each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, and every officer, and every director must complete this section.

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<tr>
<th>True and Correct Name</th>
<th>Date of Birth</th>
<th>DONOT LIST PO BOXES</th>
<th>Residence Address No. &amp; Street City, State &amp; Zip</th>
<th>Residence Phone Number</th>
<th>No. of Years in Corp or LLC</th>
<th>% of Stock Held</th>
<th>Have you been Convicted of a Felony Violation?</th>
<th>Have you been Convicted of a Violation Relating to Alcoholic Liquor or Beverages?</th>
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(If more information is required, list on a separate piece of paper and attach to this application.)

4. Restaurant and Bar and Grill Liquor License Holders Only: (Line 1) Liquor Sales: $ ( ) %

W.S.12-4-408(b) (Line 1 + Line 2 must = Line 3) (Line 2) Food Sales: $ ( ) %

W.S.12-4-410(a) (Line 3) Gross Sales: $ ( ) %

(b) Did you attach a copy of your valid food service permit to this application. W.S. 12-4-407(a). W.S. 12-4-413(a) ☐ YES ☐ NO

(c) Restaurant License Holders Only: Give a description of the dispensing room(s) and state where it is located in the building.

W.S. 12-4-102(a)(i) (e.g. 10 x 12 room in SE corner of building):

1st Room: 2nd Room:

5. Microbrewery License Holders Only:

(a) Did you produce 50 barrels (1,550,000 gallons) but less than 50,000 barrels (1,550,000 gallons) during the previous license term? W.S.12-2-201(a)(a)(i)(a)

(b) Do you sell your products? W.S. 12-2-201(a)

(Requires wholesaler license with the Liquor Division)

(c) Do you distribute your own products through an existing malt beverage wholesaler? W.S.12-2-201(a)(ii)

(Requires authorization to sell license with the Liquor Division)

6. Social Club License Holders Only:

(a) Have you filed a detailed statement of your activities during the year with an itemized statement of amounts expended? W.S. 12-1-101(a)(ii)(E)

☐ YES ☐ NO

OATH OR VERIFICATION

(Requires signatures by ALL individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

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

STATE OF WYOMING

COUNTY OF SWEET

Signed and sworn to before me on this 3 day of OCTOBER, 2017 that the facts alleged in the foregoing instrument are true by the following:

1) Norma Ruff

(Signature)

(Printed Name)

Owner

Title

2) 

(Signature)

(Printed Name)

Title

3) 

(Signature)

(Printed Name)

Title

4) 

(Signature)

(Printed Name)

Title

Witness my hand and official seal:

My commission expires: