



THE CITY OF LANDER

240 LINCOLN ST, LANDER WY 82520-2848

TELEPHONE 307-332-2870

Email: landercity@landerwyoming.org

OPEN CONTAINER PERMIT APPLICATION
\$50 Per Day-Non-Refundable Application Fee (must accompany application)

Applicant Name*: _____ Date of Application: _____

* Must be present at all times during event

Address: _____ Phone Number: _____

Contact Phone Number at the Event: _____

Date of the Event: _____ Beginning Time: _____ Ending Time: _____

Boundaries of the Open Container: _____

Please be exact and include any boundaries for your event and provide a map of the boundaries.
Any possession of open containers outside the listed boundaries may be in violation of the permit and the law.

Short Summary of the Reason for the Event: _____

Detailed Description of Activities/Entertainment at the Event: _____

Does the event involve a road or street closure? ____ yes ____ no

- If the event involves a street closure a street closure permit is also necessary. Street closure permit application can be made through the Lander Police Department.
 - Please note that open container permits will not be approved until the street closure has been approved.

Street Closure approved: ____ yes ____ no

Notice: Glass containers are **discouraged**.

WRIST BANDS ARE REQUIRED TO BE WORN BY EVERYONE 21 YEARS OF AGE AND OLDER.

City Ordinance 2-2-8. Providing Minor with Alcoholic Beverages Prohibited.

City Ordinance 2-2-9. Minors Prohibited from Having or Using Alcoholic Beverages -

It is a violation of City Ordinance for **any** minor under the age of twenty-one (21) to consume, possess or be under the influence of alcohol within the city limits of Lander, Wyoming.

By signing this application you agree that you are the person in control of the location of the event. You may be held responsible if a person under the age of twenty-one (21) is found to be consuming alcohol at your event.

Signature of Event Applicant: _____

For Official Use Only:

City of Lander Clerk Review/Approval:

Confirmation of the street closure approval, **if applicable?** ____ yes ____ no

City Clerk/Designee

Date

Police Department Review/Approval:

Approved ____ yes ____ no

Chief of Police/Designee

Date