

RENEWAL OF LIQUOR LICENSE OR PERMIT APPLICATION

FOR LIQUOR DIVISION USE ONLY		
Customer #:	M-7057	
1 st Reviewer:		/ /
2 nd Reviewer:		/ /




(State of Wyoming-County and Municipal Jurisdictions)

CLERK SECTION: Completed by City / Town / County Clerk	Local License # <u>RT-2</u>
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Filing In Jurisdiction: <u>CITY OF LARAMIE</u>	Date filed with clerk: <u>2 / 11 / 26</u>
Fees Annual License Fee: \$ <u>3000.00</u> Publishing Fee: \$ <u>Billed by paper</u> Publishing Fee Direct Billed to Applicant: <input type="checkbox"/>	Advertising Dates: (Minimum 2 Consecutive Weeks Prior to Hearing) <u>3 / 18 / 26</u> & <u>3 / 25 / 26</u> Public Hearing Date: <u>4 / 7 / 26</u>
License Term: <u>5/8/2026</u> Through <u>5/7/2027</u>	

LICENSING AUTHORITY CLERK: BEGIN ADVERTISING PROMPTLY!
PER W.S. 12-4-104(d): IMMEDIATELY FORWARD A COPY OF THE APPLICATION AND ALL ATTACHEMENTS TO THE DIVISION. NO LICENSING AUTHORITY SHALL APPROVE OR DENY AN APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.

SECTION 1: APPLICANT & LOCATION INFORMATION

Applicant (Business Name):	<u>SAFARI TIMBERLINE HOTELS LLC</u>		
Doing Business As (DBA) / Trade Name:	<u>HOLIDAY INN LARAMIE</u>		
Building to be licensed / Building Address:	<u>204 S 30TH ST</u>		
	<u>LARAMIE, WY 82070 ALBANY</u>		
Local Mailing Address:			
Business Telephone Number:		Fax Number:	
Business E-Mail Address:			
Business Primary Contact:	<u>Kali</u>	<u>Schott</u>	
	First Name	Last Name	

SECTION 2: FILING AS: <u>LIMITED LIABILITY COMPANY (LLC)</u>	SECTION 3: FILING FOR: <u>RENEWAL OF LICENSE OR PERMIT</u>
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SECTION 4: TYPE OF LICENSE OR PERMIT

(a) RESORT LIQUOR LICENSE

(i) Licenses and Permits Authorized for On-Premise Sales and Off-Premise Package Sales* (W.S. 12-6-101(c)(vi))

Primary Business Type (CHOOSE ONLY ONE)

ON-PREMISE: BAR | OFF-PREMISE: PACKAGE STORE | ON & OFF PREMISE: BAR & PACKAGE STORE

***APPLIES TO ONLY THE FOLLOWING:**
(RETAIL LIQUOR LICENSE, COUNTY MALT BEVERAGE PERMIT, MICROBREWERY OR WINERY PERMIT, WINERY SATELLITE, MANUFACTURER SATELLITE)

SECTION 5: SPECIAL STATUTORY DESIGNATIONS: NONE IF BLANK

RESORT DESIGNATION W.S. 12-5-201(f)
 Other:

SECTION 6: OPERATIONAL STATUS (W.S. 12-1-101(a)(xxi) / 12-2-301(c) / 12-4-103(a)(iv)) and to assist the Liquor Division with Scheduling Inspections)

<input type="checkbox"/> SEASONAL	MONTHS OF OPERATION: from _____ to _____	<input checked="" type="checkbox"/> All Year (Jan-Dec)
<input type="checkbox"/> NON-OPERATIONAL / PARKED	DAYS OF WEEK OF OPERATION: from <u>Mon</u> to <u>Sat</u>	<input type="checkbox"/> Every Day (Mon-Sun)
NON-OPERATIONAL START DATE:	HOURS OF OPERATION: from <u>5 pm</u> to <u>10 pm</u>	<input type="checkbox"/> 24 Hours a Day

ALL APPLICANTS MUST COMPLETE QUESTIONS 1- 3

1. BUILDING OWNERSHIP: W.S. 12-4-103(a)(iii)

Does the Applicant own or lease the licensed building?

(a) The Applicant **OWNS** the licensed building. YES (own)

(b) The Applicant **LEASES** the licensed building. YES (lease)

If the building is leased, attach a copy of the lease agreement and complete (i) through (iii) below:

(i) The lease term expiration date is: _____ / _____ / _____; or, Does not expire / Automatically Renews.
Note: The lease term **MUST** continue at least through the term of the liquor license or permit.

(ii) The lease term information is located on page(s) _____ paragraph(s) _____.

(iii) **Sales** provision for alcoholic or malt beverages: located, on page(s) _____ paragraph(s) _____.
Note: The lease **MUST** contain a provision specifically allowing the **SALE OF ALCOHOLIC or MALT BEVERAGES.**

(c) The lease is current and on file with the Licensing Authority. YES NO

(i) If NO to (c), attach a copy of the current lease agreement and complete 1.(b), (i) through (iii)

ALL APPLICANTS MUST COMPLETE QUESTIONS 2- 3

2. LIQUOR BUSINESS CONTROL: W.S. 12-4-601(b)

- (a) To operate the liquor business, has the business or license/permit been assigned, leased, transferred or contracted with any other person (entity) to operate and assert total or partial control of the license or permit or the licensed building? YES NO
- (b) If the answer was **YES to 2(a)** above, attach a written explanation and copies of any documents in connection there within.

3. INTEREST IN LICENSE OR PERMIT: W.S. 12-5-401, 12-5-402, 12-5-403

Does any alcohol manufacturer, brewer, rectifier, wholesaler, or through a subsidiary affiliate, officer, director or member of any such firm:

- (a) Hold any interest in the license/permit applied for? YES NO
- (b) Furnish by way of loan or any other money or financial assistance for purposes hereof in the business? YES NO
- (c) Furnish, give, rent or loan any equipment, fixtures, interior decorations or signs other than standard brewery or manufacturer's signs? YES NO
- (d) **If the answer was YES to any of the above questions**, attach a written explanation and copies of any documents in connection there within.

QUESTIONS 4-16 AND SIGNATURE PAGE: COMPLETED BY THE APPLICANT AS APPLICABLE

4. RETAIL LIQUOR LICENSE-COMMERCIAL SERVICE AIRPORTS ONLY: W.S. 12-4-201(m)

- (a) Will food and beverage services be contracted or subcontracted? YES NO
- (i) **If YES to (a)**, The contract or subcontract is current and on file with the Licensing Authority. YES NO
- (ii) **If NO to (a) (i)**, attach a copy of the current contract or subcontract.

5. BAR AND GRILL LICENSE OR RESTAURANT LIQUOR LICENSE ONLY: 12-4-413(a) / W.S. 12-4-407(a)

Is a copy of the valid food service permit or the approved permit application attached? YES NO

6. RESTAURANT LIQUOR LICENSE: W.S. 12-4-407(a) / W.S. 12-4-408

- | | | | |
|---|------------------------|----------|----------|
| (a) Gross sales figures and percentages of income derived from: | (Line 1) Liquor Sales: | \$ _____ | (_____%) |
| | (Line 2) Food Sales: | \$ _____ | (_____%) |
| (Line 1 + Line 2 must = Line 3) | (Line 3) Gross Sales: | \$ _____ | (_____%) |

7. BAR AND GRILL LICENSE LIQUOR LICENSE: W.S. 12-4-413(a) / W.S. 12-4-413(h),(j),(k)

- | | | | |
|---|-------------------------------|----------|----------|
| (a) Gross sales figures and percentages of income derived from: | (Line 1) Liquor Sales: | \$ _____ | (_____%) |
| | (Line 2) Food Sales: | \$ _____ | (_____%) |
| | (Line 3) Entertainment Sales: | \$ _____ | (_____%) |
| (Line 1 + Line 2 + Line 3 must = Line 4) | (Line 4) Gross Sales: | \$ _____ | (_____%) |

8. RESORT LIQUOR LICENSE: W.S. 12-4-401 through W.S. 12-4-405

Does the resort complex:

- (a) Have an actual valuation of at least one million dollars, or have committed or expended not less than one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) YES NO
- (b) Include a restaurant and a convention facility; a convention facility that will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) YES NO
- (c) Include motel, hotel or privately owned condominium, town house or home accommodations approved for short term occupancy with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) YES NO
- (d) If no on question (c), have a ski resort facility open to the general public in which has been committed or expended not less than 10 million dollars (\$10,000,000.00) on the facility? W.S. 12-4-401(b)(iv) YES NO
- (e) Will food and beverage services be contracted or subcontracted? W.S. 12-4-403(b) YES NO
- (i) **If YES to (e)**, The contract or subcontract is current and on file with the Licensing Authority. YES NO
- (ii) **If NO to (e) (i)**, attach a copy of the current contract or subcontract.

9. RESORT HOTEL LIQUOR LICENSE: W.S. 12-4-416 / W.S. 12-4-403 through W.S. 12-4-405

Does the resort hotel:

- (a) Have an actual valuation of at least five million dollars, or have committed or expended at least five million dollars (\$5,000,000.00) on the complex, including the value of the land? W.S. 12-4-416(b)(i) YES NO
- (b) Include a full-service restaurant? W.S. 12-4-416(b)(ii) YES NO
- (c) Include not less than twenty (20) sleeping rooms for short-term occupancy? W.S. 12-4-416(b)(iii) YES NO
- (d) Provide dining services to guest rooms for not less than twelve (12) hours each day? W.S. 12-4-416(b)(iv) YES NO
- (e) Provide facilities to accommodate business meetings for not less than fifty (50) participants? W.S. 12-4-416(b)(v) YES NO
- (f) Will food and beverage services be contracted or subcontracted? W.S. 12-4-403(b) YES NO
- (i) **If YES to (f), The contract or subcontract is current and on file with the Licensing Authority.** YES NO
- (ii) **If NO to (f) (i), attach a copy of the current contract or subcontract.**

10. MICROBREWERY PERMIT:

WHOLESALE DISTRIBUTION: W.S. 12-2-201(a)

- (a) Will or does the microbrewery at this location self-distribute its products or distribute through a licensed wholesaler? YES NO
- If YES to (a); contact the Wyoming Liquor Division for further information.**

PRODUCTION REQUIREMENTS: W.S. 12-1-101(a)(xix)

- (b) **Malt Beverage Production**
Minimum barrel production required for the current license term: **50.00**
- (i) Barrels produced to date for the current license term: _____
- (ii) Variance: _____
- (c) Will the microbrewery at this location have produced at least 50 barrels (1,550 gallons) but less than 50,000 barrels (1,550,000 gallons) by the end of the current license term as required by law? YES NO
- (i) **If NO to (c), attach a written explanation.**

11. LIMITED RETAIL (CLUB) LIQUOR LICENSE: FRATERNAL CLUBS W.S. 12-1-101(a)(iii)(B)

- (a) Has the fraternal organization been actively operating in at least thirty-six (36) states? YES NO
- (b) Has the fraternal organization been actively in existence for at least twenty (20) years? YES NO

12. LIMITED RETAIL (CLUB) LIQUOR LICENSE: VETERANS CLUBS W.S. 12-1-101(a)(iii)(A)

- (a) Does the Veteran's organization hold a charter by the Congress of the United States? YES NO
- (b) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? YES NO

13. LIMITED RETAIL (CLUB) LIQUOR LICENSE: GOLF CLUBS W.S. 12-1-101(a)(iii)(D) / W.S. 12-4-301(e)

- (a) Does the golf club have more than fifty (50) bona fide members? YES NO
- (b) Does the Applicant, maintain, or operate a bona fide golf course together with a clubhouse? YES NO
- (c) **Is the Applicant a Political Subdivision** of the state that owns, maintains, or operates this golf course? YES NO
- (i) Will food and beverage services be contracted or subcontracted? W.S. 12-4-301(e) YES NO
- (ii) **If YES to (c) (i), The contract or subcontract is current and on file with the Licensing Authority.** YES NO
- (iii) **If NO to (c) (ii), attach a copy of the current contract or subcontract.**

14. LIMITED RETAIL (CLUB) LIQUOR LICENSE: SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E) / W.S. 12-4-301(b)

- (a) Does the club have more than one hundred (100) bona fide members who are residents of the county in which the club is located? YES NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state? YES NO
- (c) Is the club qualified as a tax-exempt organization under the Internal Revenue Service? YES NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year? YES NO
- (e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues? YES NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club? YES NO
- (g) Is a true copy of the club bylaws on file with the Licensing Authority? YES NO
- (i) **If NO to (g), attach a copy of the current club bylaws.**
- (h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License? YES NO

15. For Applicants Filing As: Individual, General Partnership, Political Subdivision, Organization or Other: W.S. 12-4-102(a)(ii) & (iii)

Each individual, partner or officer (as applicable) listed below must complete all of the information below.

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

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state in the last year?	Have you been convicted within the previous 10 years of:	
					Any Felony under Wyoming law?	Any Violation under Wyoming law relating to the sale or manufacture of Alcoholic Liquor or Malt Beverages?
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

16. For Applicants Filing As: Corporation (INC), Limited Company (LC), Limited Liability Company (LLC), Limited Liability Partnership (LLLP) or Limited Partnership (LP): W.S. 12-4-102(a)(iv) & (v)

(a) Is the Applicant Registered and Active with the Wyoming Secretary of State as required per W.S. 12-4-103(a)(x) or as otherwise required by Wyoming state laws? YES NO NOT APPLICABLE

List below: Each Officer, Director, stockholder, legal entity or member holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock or ownership of the corporation, limited liability company, limited liability partnership, or limited partnership.

Each Officer, Director or LLC member listed below must complete all of the information below.

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

True and Correct Name	Date of Birth	Residence Address No. & Street City, State & Zip <i>DO NOT LIST PO BOXES</i>	Residence Phone Number	No. of Years in Corp or LLC	% of Corporate Stock or Ownership Held	Have you been convicted within the previous 10 years of:	
						Any Felony under Wyoming law?	Any Violation under Wyoming law relating to the sale or manufacture to Alcoholic Liquor or Malt Beverages?
James Burgess				3	6%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Jeffrey Burgess				3	6%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Brett Burgess				3	15%	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUIRED ATTACHMENTS:

- A copy of any new or updated lease agreement(s) if not currently on file with the Licensing Authority. W.S. 12-4-103(a)(iii)
- Bar & Grill and Restaurant liquor license Applicants: Attach a copy of the current Food Service Permit or the approved permit application for the Applicant and for the licensed building location. 12-4-413(a) / W.S. 12-4-407(a)
- If food and beverage services will be contracted or subcontracted attach a copy of the contract or lease agreement if the agreement on file with the Licensing Authority is not current. W.S. 12-4-201(m) / W.S. 12-4-301(e) / W.S. 12-4-403(b)

OATH OR VERIFICATION W.S. 12-4-102(b)

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 ONE (1) Officer or Director, or Member of an Organization or Association.

Any individual who signs the application must also be listed on Question 15 or Question 16 as applicable or additional documentation must be provided confirming legal authority to sign the application on behalf of the Applicant.

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~~ Utah)
COUNTY OF Iron) SS.

Signed and sworn to before me on this 29 day of January, 2026 that the facts alleged in the foregoing instrument are true by the following:

1)	<u>[Signature]</u> (Signature)	<u>James Burgess</u> (Printed Name)	<u>Member</u> Title
2)	_____ (Signature)	_____ (Printed Name)	_____ Title
3)	_____ (Signature)	_____ (Printed Name)	_____ Title
4)	_____ (Signature)	_____ (Printed Name)	_____ Title
5)	_____ (Signature)	_____ (Printed Name)	_____ Title

Witness my hand and official seal:

Melissa Gray
Signature of Notary Public

My commission expires: 2/5/29

(SEAL)



ANNUAL ALCOHOL SERVER TRAINING REPORT

Alcohol Server Training is Required for: LMC 5.09.060.G. Each licensee and all managers, supervisory personnel, and all persons who will be selling, serving or managing the sale of alcoholic beverages employed at the licensed premises shall complete an alcohol server training program certified by the Wyoming liquor division within 90 days of employment. Licensees shall maintain, upon the premises, a current list of applicable employees/participants with their date of hire/service, dates of orientation training and successful completion of the division's approved training program including any required continuing training. The list shall be available for inspection by the City Clerk or City Manager's designee within a reasonable time period. Upon application for liquor license or renewal of a liquor license, a license holder shall submit an annual report to the city clerk on completion orientation training or of an alcohol server training program by the licensee or persons who will be selling, serving or managing the sale of alcoholic beverages.

Name	Position in the company (Owner, Manager, Supervisor, or Server)	Alcohol Server Training or Orientation (Note which kind of training completed.)
Kiki Poirier	Manager	Tips
Cheyenne Christian	Supervisor	Tips
Cassandra Howard	Server	Tips
Nick Rober	Server	Tips
Chris Weber	Server	Tips
Tawny Hughes	Server	Tips

I attest that the above information is true and complete for Holiday Inn Laramie
(Business Name)

 (Signature of Owner/Manager)

2-5-25
(Date)



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Cheyenne Christian

is awarded this certificate for

TIPS Wyoming On-Premise Alcohol Server Training

Hours
4.00

Completion Date
12/09/2025

Expiration Date
12/08/2028

Certificate #
WY-ON-000040234913

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUTHERE)

(CUTHERE)



Issued: 12/09/2025
Certificate #: WY-ON-000040234913

Cheyenne Christian
204 North 30th Street, Laramie, WY, USA
Laramie WY 82072

CERTIFIED

Expires: 12/08/2028



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature



CERTIFICATE OF COMPLETION

This certifies that

Cassandra Howard

is awarded this certificate for

TIPS Wyoming On-Premise Alcohol Server Training



Hours
4.00



Completion Date
09/11/2024



Expiration Date
09/11/2027



Certificate #
WY-ON-000034733166

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 09/11/2024
Certificate #: WY-ON-000034733166

Cassandra Howard
304 S. 2nd Street Apt B
Laramie WY 82070

CERTIFIED

Expires: 09/11/2027



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



CERTIFICATE OF COMPLETION

This certifies that

Tawny R Hughes

is awarded this certificate for

TIPS Wyoming On-Premise Alcohol Server Training



Hours
4.00



Completion Date
05/05/2025



Expiration Date
05/04/2028



Certificate #
WY-ON-000037374307

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 05/05/2025
Certificate #: WY-ON-000037374307

Tawny R Hughes
427 Lewis St
Laramie WY 82072

CERTIFIED

Expires: 05/04/2028



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



CERTIFICATE OF COMPLETION

This certifies that

Kiki Poirier

is awarded this certificate for

TIPS Wyoming On-Premise Alcohol Server Training



Hours
4.00



Completion Date
02/09/2026



Expiration Date
02/08/2029



Certificate #
WY-ON-000040787539

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 02/09/2026
Certificate #: WY-ON-000040787539

Kiki Poirier
204 South 30th Street, Laramie, WY, USA
Laramie WY 82076

CERTIFIED

Expires: 02/08/2029



Phone: 800-438-8477
www.gettips.com

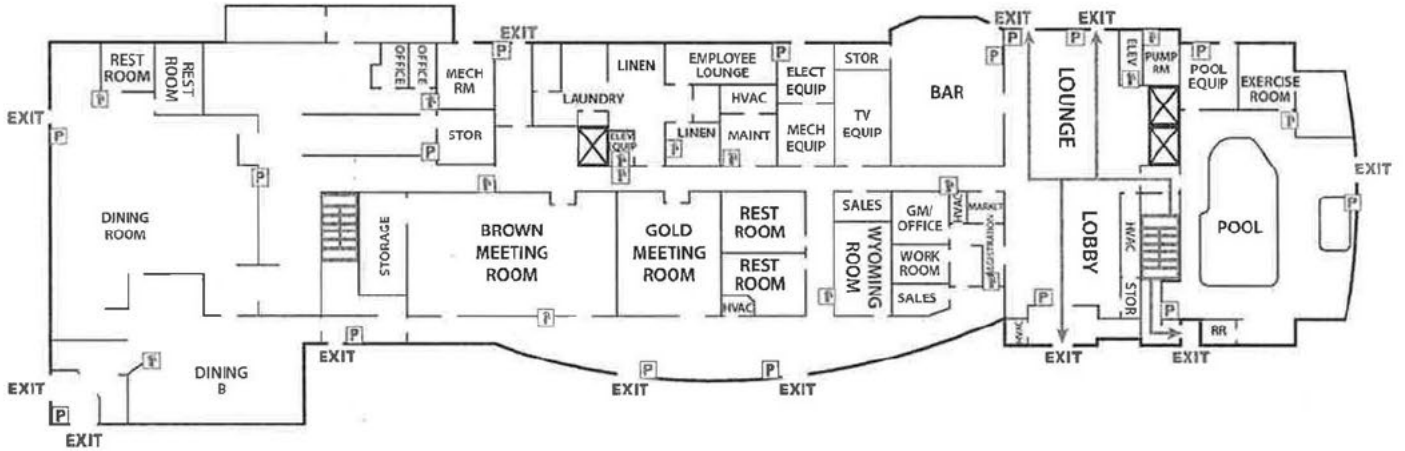
This card was issued for successful completion of the TIPS program.

Signature _____

MAP REVIEW: - FLOOR 1

PLEASE REVIEW AND RETURN
THE PROOFING PROCESS **CANNOT CONTINUE** WITHOUT CORRECT MAPS

THESE MAPS ARE FOR FLOOR PLAN REVIEWING PURPOSES ONLY.
ACTUAL MAPS DISPLAYED ON EVACUATION SIGNAGE MAY CHANGE PER ROOM IN ACCORDANCE WITH YOUR LOCAL FIRE CODES.



Job# 21-062510
Date: 08.29.25
Part:
Qty:
PID: 60-005963
Sales: A. Estrada
Artist: K. Kennedy
Item#

CUSTOMER APPROVAL

Name _____ Date _____

Approved
Reproof

* Production begins upon receipt of your signed proof(s)
* Custom Production Times:
15 working days for items such as Easels, Phone Plates, Decals.
20 - 25 working days for all Directional & Evacuation Sign Projects.

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PROOF REVIEW

PROOF REVIEW

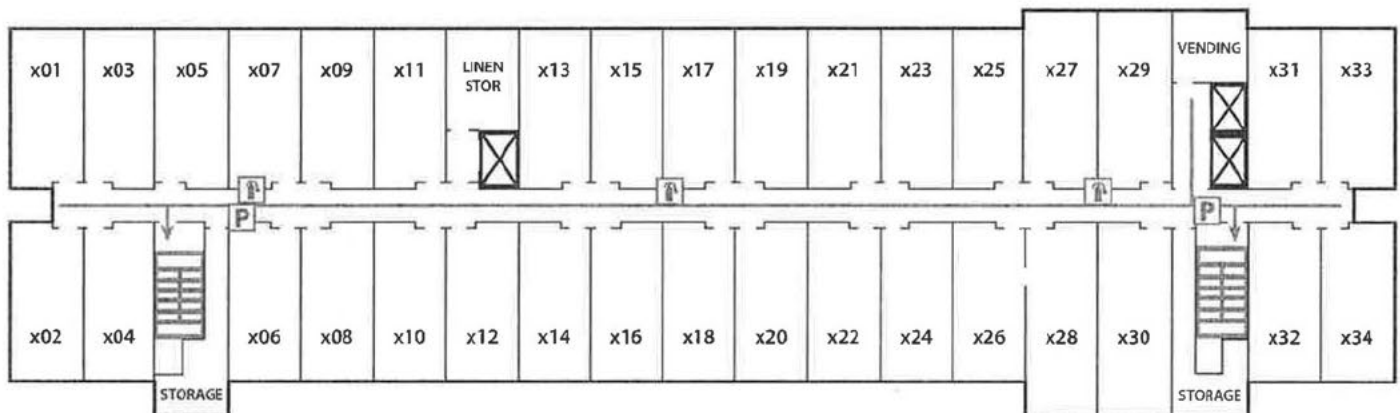
2604 Constellation Way Prescott, AZ
 P: (800)742-5507 F:(818)957-0035



MAP REVIEW - FLOORS 2-3

PLEASE REVIEW AND RETURN
 THE PROOFING PROCESS **CANNOT CONTINUE** WITHOUT CORRECT MAPS

THESE MAPS ARE FOR FLOOR PLAN REVIEWING PURPOSES ONLY.
 ACTUAL MAPS DISPLAYED ON EVACUATION SIGNAGE MAY CHANGE PER ROOM IN ACCORDANCE WITH YOUR LOCAL FIRE CODES.



Job# 21-062510
 Date: 08.29.25
 Part:
 Qty:
 PID: 60-005963
 Sales: A. Estrada
 Artist: K. Kennedy
 Item#

CUSTOMER APPROVAL

Name _____ Date _____

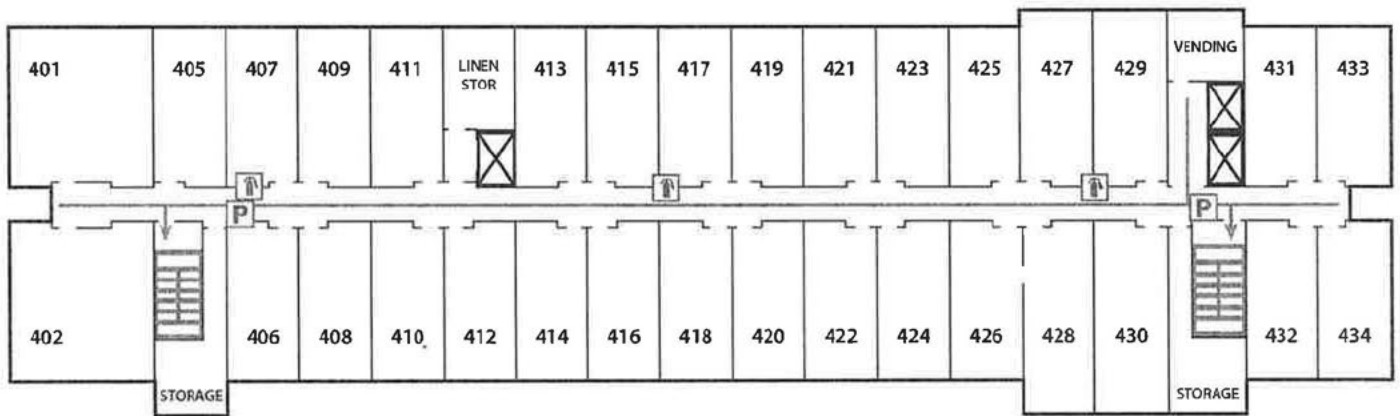
- Approved * Production begins upon receipt of your signed proof(s)
 * Custom Production Times:
 Reproof 15 working days for items such as Easels, Phone Plates, Decals.
 20 - 25 working days for all Directional & Evacuation Sign Projects.



MAP REVIEW - FLOOR 4

PLEASE REVIEW AND RETURN
 THE PROOFING PROCESS **CANNOT CONTINUE** WITHOUT CORRECT MAPS

THESE MAPS ARE FOR FLOOR PLAN REVIEWING PURPOSES ONLY.
 ACTUAL MAPS DISPLAYED ON EVACUATION SIGNAGE MAY CHANGE PER ROOM IN ACCORDANCE WITH YOUR LOCAL FIRE CODES.



Job# 21-062510
 Date: 08.29.25
 Part:
 Qty:
 PID: 60-005963
 Sales: A. Estrada
 Artist: K. Kennedy
 Item#

CUSTOMER APPROVAL

Name _____ Date _____

Approved
 Reproof

* Production begins upon receipt of your signed proof(s)
 * Custom Production Times:
 15 working days for items such as Easels, Phone Plates, Decals.
 20 - 25 working days for all Directional & Evacuation Sign Projects.

It is your responsibility to check with your District Supervisor to check for availability.

