

NEW ☐
RENEWAL ☐

DEPARTMENT OF REVENUE

LIQUOR DIVISION

6601 Campstool Road
Cheyenne, WY 82002

Rec'd application: _____

Rec'd cash/check: _____

Reviewed by: _____

APPLICATION for Class "B" INDUSTRY REPRESENTATIVE LICENSE**LICENSE TERM:** _____ **through** _____

Applicant _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Business Name _____

Home Phone: _____ Business Phone: _____

E-Mail Address: _____ Fax Number: _____

1. Are you 18 years of age or older? Yes _____ No _____
2. Are you domiciled in Wyoming? Yes _____ No _____
3. (a) Do you presently hold any interest (directly or indirectly) in any type of retail liquor license or retail malt beverage permit within the State of Wyoming? Yes _____ No _____ (b) If "Yes," please attach a full explanation.
4. (a) Have you been convicted of a felony or a violation of federal or state statutes relating to sale or manufacture of alcoholic beverages in the ten (10) years preceding this application? Yes _____ No _____
5. Have you ever had a liquor or industry representative license denied, canceled, suspended or revoked? Yes _____ No _____ If "Yes," please attach a full explanation.
6. (a) List below the company represented by your Class "A" Industry Representative sponsor.

COMPANY

ADDRESS

EMPLOYMENT/CONTRACTUAL
ARRANGEMENT

(b) Please attach written verification from the Class "A" Industry Representative of the company indicated above.

7. I have read and understand the laws and rules of the State of Wyoming regarding the advertisement and promotion of alcoholic beverages and will abide by these laws and rules. I understand that violation of these laws and rules may constitute cause for denial, suspension or revocation of my license.

Signature_____
Date**\$50.00 FEE IS DUE WITH APPLICATION****LICENSE RENEWABLE ANNUALLY 45 DAYS PRIOR TO EXPIRATION DATE OF JUNE 30TH**