

FORWARD WITH PAYMENT TO:  
**STATE OF WYOMING**  
**DEPARTMENT OF REVENUE**  
**LIQUOR DIVISION**  
 1520 EAST 5TH ST - CHEYENNE WY 82002-0110  
 PH: (307) 777-7233 FAX: (307) 777-6255

W.S. 12-2-201

**APPLICATION FOR:**  
 G NEW \$250.00  
 G RENEWAL \$250.00

**APPLICATION FOR WHOLESALE MALT  
 BEVERAGE LICENSE**

LIQUOR DIVISION USE ONLY
Date Received: _____
Reviewed By: _____
Date Approved: _____
Date License Issued: _____

For period \_\_\_\_\_ to \_\_\_\_\_

**PART I**

(TO BE COMPLETED BY ALL APPLICANTS)

- 1) Applicant name and principal address:  
(If an individual owner, give full name; if a partnership, give full name of each partner; if a corporation, give the name of the corporation or LLC.)  
 \_\_\_\_\_
  
- 2) Trade name to be used in operation of business:  
 \_\_\_\_\_
  
- 3) Address of premises covered by this application:  
(Number and street, city, county, state, zip code and phone number.)  
 \_\_\_\_\_
  
- 4) Address of any satellite warehouses:  
(State whether malt beverages will be sold from satellite warehouses.)  
 \_\_\_\_\_
  
- 5) Is the business a new enterprise: G YES G NO  
(If acquired from holder of Wyoming Wholesale Malt Beverage License and a basic permit under Federal Alcohol Administration Act, complete items A through C.)
  - A. Name and address of license holder from whom business acquired:  
(If change in stock control, state name as shown in item 1 above.)  
 \_\_\_\_\_
  - B. Date of change in ownership or stock control: \_\_\_\_\_
  - C. Date business to be acquired by applicant: \_\_\_\_\_
  
- 6) Does the applicant or any member of your partnership or any officer, director or stockholder of the corporation or LLC:
  - A. Hold any interest, directly or indirectly, in any liquor license or permit issued in the State of Wyoming? G YES G NO  
(If yes, give details)  
 \_\_\_\_\_
  - B. Have a criminal record equal to a felony conviction under Wyoming or Federal Law, or a conviction for a violation of Wyoming or Federal Law relating to the sale or manufacture of alcoholic or malt beverages? G YES G NO  
(If yes, give details)  
 \_\_\_\_\_
  - C. Been a resident of the State of Wyoming for at least one (1) year immediately preceding the date of this application? G YES G NO  
 \_\_\_\_\_
  
- 7) List names of brewers or legally authorized agents, distributors or importers of malt beverages who have designated a geographic territory within which you may sell their malt beverage products to qualified liquor licensees or permittees. (If additional space is required, complete on a separate piece of paper and attach).

BREWER/IMPORTER	BRANDS	TERRITORIAL COVERAGE	DATE OF CERTIFICATION

State law requires all malt beverage described above be available for purchase and delivery to all liquor licensees or malt beverage permittees within the territory designated.

