## 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

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

## W.S. 12-2-201 APPLICATION FOR WHOLESALE MALT BEVERAGE LICENSE

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

BEVERAGE LICENSE

		For period	to	Date Approve Date License	d: Issued:		
		(TC	PART I D BE COMPLETED BY ALL APPLICAL	NTS)			
1)	Applicant name and prin (If an individual owner, give full name		of each partner; if a corporation, give the name of th	e corporation or LLC.)			
2)	2) Trade name to be used in operation of business:						
3)	3) Address of premises covered by this application: (Number and street, city, county, state, zip code and phone number.)						
4)	Address of any satellite v (State whether malt beverages will be						
5)	Is the business a new en		e and a basic permit under Federal Alcohol Adminis	tration Act. complete items A through C.)	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 t	to be acquired by appli	cant:				
6)			nership or any officer, director or s , in any liquor license or permit iss				
			ny conviction under Wyoming or F ale or manufacture of alcoholic or		a violation of G YES G NO		
	C. Been a residen	t of the State of Wyom	ing for at least one (1) year immed	liately preceding the date of thi	s application? G YES G NO		
ter		ay sell their malt bever	ents, distributors or importers of mage products to qualified liquor lice and attach).				
	BREWER/IMPORTER	BRANDS	TERRITORIAL COVERAGE	DATE OF CERTIFI	CATION		

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.

## **PART II**

NAME	nation relating to each partnership or individual applicant.  NAME RESIDENCE ADDRESS		DATE OF BIRTH	
INAIVIL	RESIDENCE ADDITES		DATE OF BIRTH	
	PART III BE COMPLETED IF APPLICANT IS A CORPORATION	ON OR LLC)		
9) A. Date of incorporation:				
B. Is the corporation or LLC quality	ualified with the Secretary of State to transact b			
10) List the full names and residence ad	dress of all the officers and directors and of all s		S G NO v or severally ten	
percent (10%) or more of the stock of the	corporation or LLC			
NAME	RESIDENCE ADDRESS	DATE OF BIRTH	% OF STOCK	
44) Dana amiliaant aithar directly ar indi	l rectly, have actual or legal control over any othe	r corporation and I C. on it	the business	
	ich control, the nature of the business, and the resses of the officers and directors of each such	name and address of such	S G NO n corporation(s) or	
\ By submission of this application, the app	/ERIFICATION AND ACKNOWLEDGEMENT (TO BE COMPLETED BY ALL APPLICANTS) blicant hereby agrees that:			
c) All liquor licensees and mal of all malt beverage brands d) Signature indicates that app applicant's knowledge and	eral laws will be adhered to; axes will be timely reported and paid; t beverage permitees within the territory designated declared in this application. Dilicant has examined this application, including a belief, it is true, correct and complete. Individual and partnership, requires at least 2 signates.	accompanying statement,	and to the best of	
STATE OF WYOMING )				
STATE OF WYOMING ) SS. COUNTY OF)				
COUNTY OF				
Before Me,	thorized to administer oaths) , (specify) a Notary Publi	c/Officer authorized to adı	minister oaths in and	
(Printed name of Notary or other officer au	thorized to administer oaths)			
and he/she hains first duly swarp by	of Wyoming, personally appearedupon his oath, says that the facts alleged in the	(Insert Names)	truo	
and he/she being litst duly sworn by me	upon nis vain, says mai me racis alleged in the	ioregoing instrument are t	uue.	
(Seal)	1			
	2.			
My commission expires:	3 4.			
Witness my hand and official seal:				
vinioss my nana ana omolai seal.	Dated:			
(Notary public or other officer authorized t				

(Title)