



WYOMING LIQUOR DIVISION
6601 Campstool Road
Cheyenne, Wyoming 82002-0110
Phone (307) 777-7233
Fax (307) 777-6255



MEMORANDUM

TO: All WLD Customers
FROM: Wyoming Liquor Division
SUBJECT: Account Authorization Form Instructions

The following instructions pertain to the account authorization form WLD-110AA.

1. Complete the top portion of the form. This section identifies your specific establishment.
2. Print the names of the employees who will be authorized to place orders on the left side of the form.
3. Each person must sign their name on the right side of the form next to their printed name.
4. If there is a change in employees listed on this form, a new form must be completed.
5. **Only the owner(s), authorized manager(s), member(s) of the LLC or officer(s) of the corporation or club holding the liquor license will be allowed to add or remove authorized personnel.**
6. Think of this as a signature card at a bank, only those individuals on file will be allowed to order. This requirement is a safeguard for you, the licensee.



ACCOUNT AUTHORIZATION ACCESS

WYOMING LIQUOR DIVISION

6601 Campstool Road

Cheyenne, Wyoming 82002-0110

PHONE (307) 777-7233 FAX (307) 777-6255

Customer #: _____

Date: ____/____/____

Licensee Name: _____
(Applicant)

D/B/A: _____
(Doing Business As)

Location City: _____

For questions related to this form contact: _____ ()

(EMPLOYEES NOT LISTED BELOW WILL NOT BE ALLOWED TO PLACE ORDERS)

1. _____
(Printed Name- Required)

(Signature- Required)

2. _____
(Printed Name- Required)

(Signature- Required)

3. _____
(Printed Name- Required)

(Signature- Required)

4. _____
(Printed Name- Required)

(Signature- Required)

5. _____
(Printed Name- Required)

(Signature- Required)

6. _____
(Printed Name- Required)

(Signature- Required)

7. _____
(Printed Name- Required)

(Signature- Required)

8. _____
(Printed Name- Required)

(Signature- Required)

(Manager/Owner/Officer Authorization Printed- Required)

(Manager/ Owner/Officer Authorization Signature- Required)

Changes to authorized employees can only be made by manager(s), owner(s) or officer(s) who are listed on the liquor license application.

WLD OFFICE USE ONLY:

ACCOUNTING: EPICOR: _____ DATE: ____/____/____ COMPLIANCE: DB / ELIQUOR: _____ DATE: ____/____/____