



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.**

<b>WLD OFFICE USE ONLY:</b>	
ACCOUNTING: EPICOR: _____	DATE: ____/____/____
COMPLIANCE: DB / ELIQUOR: _____	DATE: ____/____/____