



6601 Campstool Road
Cheyenne, Wyoming 82002-0110

BEER KEG REGISTRATION TAG ORDER FORM

Date of Request: ____/____/____

WLD Customer Number: _____

Phone Number: _____

Owner / Applicant: _____

D/B/A: _____

Mailing Address: _____

City: _____ WY, Zip Code: _____

Total Tags Requested: _____

(Signature of Licensee Representative)

(Printed Name of Licensee Representative)

Please make copies of this form for your convenience.

***Please allow for up to thirty (30) days to process your request.**

Please mail or fax your request:

Address:	6601 Campstool Rd. Cheyenne WY 82002-0110
Fax:	(307) 777-6255

WLD Office Use Only

Beginning Tag Number: _____

Ending Tag Number: _____

Total Tags Issued: _____

Agent: _____

Date: ____/____/____