



6601 Campstool Road
Cheyenne, Wyoming 82002-0110

Alcoholic Liquors Retail Transfer Form

Date: ____/____/____

Time: _____ AM PM

Name of Retailer
Or Permittee: _____

(License holder making the purchase)

Wyoming State

Tax Resale Number: _____

Certificate on file

(Resale number required or certificate must be on file with establishment)

The above license holder is not on sales tax hold from the Department of Revenue under W.S. 12-2-306.

Quantity and Description of Alcohol Purchased:

Quantity	Product Purchased
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Purchases are limited to nine (9) liters per week per state statute.

Per Wyoming Statute, the license holder must retain this form for one (1) year after the date of sale.

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Purchaser's Name: _____

Purchaser's Signature: _____