

MAILING ADDRESS CHANGE FORM

WYOMING LIQUOR DIVISION

6601 Campstool Road

Cheyenne, Wyoming 82002-0110

PHONE (307) 777-7231 FAX (307) 777-6255



Customer #: _____

Date: ____/____/____

Licensee Name: _____
(Applicant)

DBA: _____
(Doing Business As/Trade Name)

Mailing Address: _____
(Street Number/PO Box)

City: _____

State: _____

Zip: _____

Address changes can only be made by owner(s) or officer(s) who are listed on the liquor license application.

(Owner/Officer Authorization Printed- Required)	(Owner/Officer Authorization Signature- Required)

WLD OFFICE USE ONLY:			
ACCOUNTING: EPICOR : _____	DATE: ____/____/____	ACCOUNTING:FAXSERVE: _____	DATE: ____/____/____
ACCOUNTING: EMAIL: _____	DATE: ____/____/____	COMPLIANCE: DB / ELIQUOR: _____	DATE: ____/____/____