



6601 Campstool Road
Cheyenne, Wyoming 82002-0110

Wholesale Malt Beverage License Application

License fee: \$250.00

Date Rec'd	/ /		
Amount Rec'd	\$		
Cash <input type="checkbox"/>	Receipt #:		
Check <input type="checkbox"/>	Ck #:		
Processed by:			
Payment Processed:		/ /	
Control Number:			

LICENSING TERM:

From: _____ to 9/20/2019

License #: _____

Applicant: _____ D/B/A: _____

Premise Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Contact Person: _____

Address of any satellite warehouses: _____

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL (SOLE PROPRIATOR)
 CORPORATION
 LLC
 LLP

1. Is the licensed premises:
 Owned
 Leased
 Rented

(A) If the premises is leased, please provide a copy of the lease.

2. Is this business a new enterprise? YES NO

(If acquired from holder of Wyoming Wholesale Malt Beverage License and a basic permit under Federal Alcohol Administration Act, complete items A through C.)

(A) Name and address of license holder from whom business acquired:

(B) Date of change in ownership or stock control: _____

(C) Date business to be acquired by applicant: _____

3. Does applicant, either directly or indirectly, have actual or legal control over any other corporation or LLC, or is the business actually or legally controlled by any other corporation or LLC, whether such control is effected through stock ownership or in any other manner? YES NO

(A) If yes, state the extent and manner of such control, the nature of the business, and the name and address of such corporation(s) or LLC(s) together with the names and addresses of the officers and directors of each such corporation or LLC.

4. List names of brewers or legally authorized agents, distributors or importers of malt beverages who have designated a geographic territory within which you may sell their malt beverage products to qualified liquor licensees or permittees. (If additional space is required, complete on a separate piece of paper and attach).

Please attach a completed Territorial Coverage form for each brewer / importer.

BREWER/IMPORTER	BRANDS	TERRITORIAL COVERAGE	DATE OF CERTIFICATION

State law requires all malt beverage described above be available for purchase and delivery to all liquor licensees or malt beverage permittees within the territory designated.

5. **If applicant is an Individual(s) or Partnership:** State the name, date of birth and residence of the applicant and of each applicant or partner, if the application is made by more than one individual or partnership.

<i>True and Correct Name</i>	<i>Date of Birth</i>	DO NOT LIST PO BOXES <i>Residence Address, Street, City, State & Zip</i>	<i>Residence Phone Number</i>	<i>Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other State in the last year?</i>	<i>Do you hold any interest, directly or indirectly, in any liquor license or permit issued in the State of Wyoming?</i>	<i>Have you been Convicted of a Violation Relating to the sale or manufacture of Alcoholic Liquor or Malt Beverages?</i>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)

6. **If the applicant is a Corporation, Limited Liability Company, Limited Liability Partnership or Limited Partnership:** State the name, date of birth and residence of each stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation, limited liability company, limited liability partnership, or limited partnership, **and** every officer, **and** every director.

