

STATE OF WYOMING LIQUOR DIVISION

6601 Campstool Road – Cheyenne, WY 82002-0110

APPLICATION FOR:

- NEW \$250.00
- RENEWAL \$250.00

APPLICATION FOR WHOLESALE MALT BEVERAGE LICENSE

W.S. 12-2-201

For period ___/___/___ to 9/20/20

LIQUOR DIVISION USE ONLY

Date Received: _____

Reviewed By: _____

PART I

(TO BE COMPLETED BY ALL APPLICANTS)

1) Applicant name and principal address:

(If an individual owner, give full name; if a partnership, give full name of each partner; if a corporation, give the name of the corporation or LLC.)

2) Trade name to be used in operation of business:

3) Address of premises covered by this application:

(Number and street, city, state, zip code.)

Phone ()

4) Address of any satellite warehouses:

(State whether malt beverages will be sold from satellite warehouses.)

5) Is the business a new enterprise:

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

YES NO

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

(If change in stock control, state name as shown in item 1 above.)

B. Date of change in ownership or stock control: _____

C. Date business to be acquired by applicant: _____

6) Does the applicant or any member of your partnership or any officer, director or stockholder of the corporation or LLC:

A. Hold any interest, directly or indirectly, in any liquor license or permit issued in the State of Wyoming? YES NO
(If yes, give details)

B. Have a criminal record equal to a felony conviction under Wyoming or Federal Law, or a conviction for a violation of Wyoming or Federal Law relating to the sale or manufacture of alcoholic or malt beverages? YES NO
(If yes, give details)

C. Been a resident of the State of Wyoming for at least one (1) year immediately preceding the date of this application? YES NO

7) 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.

PART II

(TO BE COMPLETED IF APPLICANT IS AN INDIVIDUAL PROPRIETOR OR A PARTNERSHIP)

8) Information relating to each partnership or individual applicant.

NAME	RESIDENCE ADDRESS	DATE OF BIRTH

PART III

(TO BE COMPLETED IF APPLICANT IS A CORPORATION OR LLC)

9) A. Date of incorporation: _____

B. Is the corporation or LLC qualified with the Secretary of State to transact business within the State of Wyoming? YES NO

10) List the full names and residence address of all the officers and directors and of all shareholders owning jointly or severally ten percent (10%) or more of the stock of the corporation or LLC

NAME	RESIDENCE ADDRESS	DATE OF BIRTH	% OF STOCK

11) 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

(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.)

VERIFICATION AND ACKNOWLEDGEMENT

(TO BE COMPLETED BY ALL APPLICANTS)

By submission of this application, the applicant hereby agrees that:

- a) All applicable state and federal laws will be adhered to;
- b) All applicable state excise taxes will be timely reported and paid;
- c) All liquor licensees and malt beverage permittees within the territory designated may purchase and have delivery services of all malt beverage brands declared in this application.
- d) Signature indicates that applicant has examined this application, including accompanying statement, and to the best of applicant's knowledge and belief, it is true, correct and complete.
- e) Requires all signatures for individual and partnership, requires at least 2 signatures for corporations or LLC

STATE OF WYOMING)
) SS.
COUNTY OF _____)

Before Me, _____, (specify) a Notary Public/Officer authorized to administer oaths in and for _____ County, State of Wyoming, personally appeared _____

(Printed name of Notary or other officer authorized to administer oaths)

(Insert Names)

and he/she being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

My commission expires: _____

Witness my hand and official seal:

(Notary public or other officer authorized to administer oaths)

Dated: _____

(Title)