



6601 Campstool Rd, Cheyenne, Wyoming 82002

Manufacturer/Rectifier or Importer License Application

License fee: \$250.00

Rec'd app: _____
 Rec'd cash/check: _____
 Reviewed by: _____
 Payment _____
 Processed: _____
 Control #: _____

LICENSING TERM:

From: _____ to _____

License #: _____

Type of License Importer Manufacturer Rectifier

Applicant: _____ D/B/A: _____

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

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

Business Phone: _____ Business Fax: _____

Contact Person: _____

List states in which you are or have previously been licensed as a manufacturer/rectifier or importer.

STATE	DATES

Is this business a new enterprise? YES NO

Have you submitted a copy of the Federal Basic Permit? YES NO

Have you registered with the Dept of Treasury,
Alcohol and Tobacco Tax and Trade Bureau? (TTB.GOV) YES NO

FILING AS (CHOOSE ONLY ONE)

INDIVIDUAL (SOLE PROPRIATOR)
 CORPORATION
 LLC
 LLP

Is the licensed premises: Owned Leased Rented

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

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.)

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.

<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>No of years in corp or LLC</i>	<i>% of Stock Held</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"/>

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

List all products which you propose to import, manufacture or rectify within the State of Wyoming.

Product	Brand Name	Description

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

Please note, any changes in product (addition or discontinuance), change or label, etc require written notification to the Wyoming Liquor Division.

VERIFICATION AND ACKNOWLEDGEMENT

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) 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.
- d) Requires all signatures for individual and partnership, 1 signature for an LLC and 2 signatures for corporations.

STATE OF WYOMING)
) SS.
 COUNTY OF _____)

Before Me, _____, (specify) a Notary Public/Officer authorized to administer oaths in
(Printed name of Notary or other officer authorized to administer oaths)
 and for _____ County, State of Wyoming, Personally appeared _____
(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. _____
 My commission expires: _____ 4. _____

 Witness my hand and official seal: Dated: _____
 (Notary public or other officer authorized to administer oaths)

 (Title)

Please mail \$250.00 check, application and a copy of your Federal Basic Permit to:

Wyoming Liquor Division
 Compliance
 6601 Campstool Rd.
 Cheyenne, WY 82002-0110