

**DEPARTMENT OF REVENUE**  
**LIQUOR DIVISION**  
 6601 Campstool Road  
 Cheyenne, WY 82002

Rec'd application: _____ Rec'd cash/check: _____ Reviewed by: _____
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## APPLICATION for Class "C" INDUSTRY REPRESENTATIVE LICENSE

**NAME OF EVENT:** \_\_\_\_\_

**EVENT DATE(S) (License Term):** From: \_\_\_\_/\_\_\_\_/\_\_\_\_ through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Personal Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

1. Are you 21 years of age or older? Yes \_\_\_\_ No \_\_\_\_
2. Are you domiciled in Wyoming? Yes \_\_\_\_ No \_\_\_\_
3. Do you presently hold any interest (directly or indirectly) in any type of retail liquor license or retail malt beverage permit within the State of Wyoming? Yes \_\_\_\_ No \_\_\_\_ If "Yes," please attach a full explanation.
4. Have you been convicted of a felony or a violation of federal or state statutes relating to sale or manufacture of alcoholic beverages in the ten (10) years preceding this application? Yes \_\_\_\_ No \_\_\_\_
5. Have you ever had a liquor or industry representative license denied, canceled, suspended or revoked? Yes \_\_\_\_ No \_\_\_\_ If "Yes," please attach a full explanation.
6. List below the company represented by your Class "A" Industry Representative sponsor. Describe your employment / contractual arrangement, i.e. salaried, commission, hourly, etc. Attach an additional sheet if necessary.

COMPANY NAME	COMPANY ADDRESS	EMPLOYMENT/CONTRACTUAL ARRANGEMENT

7. **REQUIRED:** Attach written verification from the Class "A" Industry Representative of the company indicated above.
8. I have read and understand the laws and rules of the State of Wyoming regarding the advertisement and promotion of alcoholic beverages and will abide by these laws and rules. I understand that violation of these laws and rules may constitute cause for denial, suspension or revocation of my license.

\_\_\_\_\_  
 Signature Date

**\$10.00 FEE IS DUE WITH APPLICATION FOR EACH EVENT**

**NOTE: Incomplete Applications may not be processed.**  
**Please allow ample time for application processing prior to your event.**