

**WYOMING LIQUOR DIVISION**

1520 East 5<sup>th</sup> ST

Cheyenne, Wyoming 82002-0110

FAX(307) 777-6255

DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WLD CUSTOMER NO: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ FAX PHONE: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
(Applicant Name) (Doing Business As)

PREMISE ADDRESS: \_\_\_\_\_  
(Street/Rural Route) (City) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(Street/Rural Route/PO Box) (City) (State) (Zip)

**AUTHORIZATION TO PLACE LIQUOR ORDERS (ANYONE NOT LISTED BELOW WILL NOT BE ALLOWED TO PLACE ORDERS)**

1. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

2. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

3. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

4. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

5. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

\_\_\_\_\_  
**(OWNER AUTHORIZATION - Printed Name)**

\_\_\_\_\_  
**(OWNER AUTHORIZATION - Signature)**

In order to keep our records current, please fill in the following information:

DATE: \_\_\_\_\_

WLD CUSTOMER NO: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ FAX PHONE: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_ D/B/A: \_\_\_\_\_  
(Applicant Name) (Doing Business As)

PREMISE ADDRESS: \_\_\_\_\_  
(Street/Rural Route) (City) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(Street/Rural Route/PO Box) (City) (State) (Zip)

E-MAIL ADDRESS: \_\_\_\_\_

**AUTHORIZATION OF MANAGER**

I AUTHORIZE \_\_\_\_\_ (Manager Printed Name) \_\_\_\_\_ (Manager Signature)

TO ACT ON MY BEHALF ON ACTIONS INDICATED BELOW:

\_\_\_\_\_ ADD AND REMOVE PERSONNEL AUTHORIZED TO PLACE LIQUOR ORDERS.

\_\_\_\_\_ REQUEST SALES INFORMATION FROM LIQUOR DIVISION, INCLUDING DOLLAR PURCHASES.

NOTE: A new form is required if there is a change of manager. Please notify us immediately in writing if current manager is no longer authorized.

\_\_\_\_\_  
**(OWNER AUTHORIZATION - Printed Name)**

\_\_\_\_\_  
**(OWNER AUTHORIZATION - Signature)**