



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"/>
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				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"/>
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						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"/>

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