



# OUT-OF-STATE WINE SHIPPER LICENSE APPLICATION

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

6601 Campstool Rd., Cheyenne, Wyoming 82002-0110

License term: \_\_\_/\_\_\_/\_\_\_ to June 30, \_\_\_

Applicant: \_\_\_\_\_ D/B/A: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Company Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

**FILING AS (CHOOSE ONLY ONE)**

- SOLE PROPRIETOR    
 PARTNERSHIP    
 CORPORATION    
 LLC    
 LLP

If a corporation, LLC or LLP 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, LLC or LLP. Use back of form if additional space is needed.

| NAME | RESIDENCE ADDRESS | DATE OF BIRTH | % OF STOCK |
|------|-------------------|---------------|------------|
|      |                   |               |            |
|      |                   |               |            |
|      |                   |               |            |
|      |                   |               |            |

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-2-204** and all other applicable Wyoming laws and rules, and to file required monthly tax reporting documents and taxes. If no shipments occur for any given month, the monthly tax report is still required. I understand that violation of these laws and rules may constitute cause for denial, suspension or revocation of my license.

**State statute requires a copy of your state's liquor license. The application can not be processed without the current license.**

By signing this application, I acknowledge for \_\_\_\_\_ (Business Name) that all of the information provided is true and correct, and that I agree to meet the Wyoming operating conditions specified above. This application must be signed by an owner, partner, corporate officer or LLC/LLP member.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Mail completed application, copy of liquor license and a check for **\$50.00** made out to:

Wyoming Liquor Division  
Attn: Licensing  
6601Campstool Road  
Cheyenne, WY 82002-0110