Wyomin		NEW		Date Rec'd	/	/
LIQUOR DI	VISION	<b>OUT-OF-STAT</b>	Έ	Amount Rec'd	\$	
Department of H	Revenue	WINE SHIPPE	R	Check #		
		LICENSE		Processed by:		
5601 Campstool R Cheyenne, Wyomi		APPLICATION		Payment Processed: / /		
cheyenne, wyonn	15 02002			Control Numbe		
		LICENSE FEE: \$50.0	0	LICENSE#	<u>+:</u>	
	LICENSE TERM:	/t	hrou	gh June 30,	20	
pplicant:						
0/B/A:						
Contact Person:			Con	tact Phone:		
Company Location	n:					
Mailing Address:						
Business Phone:		Business Fax:				
-Mail Address:		Website:	_			
	Is the above inform	nation correct? Yes	No 1	lf No, Please up	date.	
FILING AS (CH	OOSE ONLY ONE)					
			ΓΙΟΝ			)
shareholders ow		mes and residence address of a percent (10%) or more of the				
	NAME	RESIDENCE ADDRES	S	DATE OF	BIRTH	% OF STOCK

## 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	I that I agree to meet the Wyoming opera	ating conditions specified
above. This application must be signed by an owner,	partner, corporate officer or LLC/LLP me	ember.
Signature:	Title: Da	ate: / /

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