WLD-33 (1/20)					
Wisoming_	Wholesale	Date Rec'd / /			
	Malt Beverage	Amount Rec'd \$			
(<u>LIQUOR DIVISION</u>) Department of Revenue	License	Cash Cash Recpt #:			
Department of Revenue					
	Application	Processed by: Payment Processed: / /			
6601 Campstool Road Cheyenne, Wyoming 82002-0110	License fee: \$250.00	Control Number:			
	LICENSING TERM:				
From	n: to 9/20/				
Licen	se #:				
Applicant:					
Premise Address:		State: Zip:			
Mailing Address:	City:	State: Zip:			
Business Phone:	Business Fax:				
Contact Person:					
Address of any satellite warehouses					
E	ILING AS (CHOOSE ONLY ON	'E)			
INDIVIDUAL (SOLE PROPRIATOR)		LLC 🗌 LLP			
1. Is the licensed premises:	: Owned Leased Rented				
(A) If the premises is leased, please provide a copy of the lease.					
 2. Is this business a new enterprise? YES NO (If acquired from holder of Wyoming Wholesale Malt Beverage License and a basic permit under Federal Alcohol Administration Act, complete items A through C.) (A) Name and address of license holder from whom business acquired: 					
(B) Date of change in ownership or	stock control:				
(C) Date business to be acquired b	y applicant:				
3. Does applicant, either directly or indirectly, have actual or legal control over any other corporation or LLC, or is the business actually or legally controlled by any other corporation or LLC, whether such control is effected through stock ownership or in any other manner? YES NO					
		e business, and the name and address as of the officers and directors of each			

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4. List names of brewers or legally authorized agents, distributors or importers of malt beverages who have designated a geographic territory within which you may sell their malt beverage products to qualified liquor licensees or permitees. (If additional space is required, complete on a separate piece of paper and attach).

Please attach a completed Territorial Coverage form for each brewer / importer.

BREWER/IMPORTER	BRANDS	TERRITORIAL COVERAGE	DATE OF CERTIFICATION

State law requires all malt beverage described above be available for purchase and delivery to all liquor licensees or malt beverage permittees within the territory designated.

5. 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other State in the last year?	Do you hold any interest, directly or indirectly, in any liquor license or permit issued in the State of Wyoming?	Have you been Convicted of a Violation Relating to the sale or manufacture of Alcoholic Liquor or Malt Beverages?
				YES NO	YES NO	YES NO
				YES	YES	YES
				NO 🗌	NO 🗌	NO 🗌
				YES	YES	YES
				NO 🗌	NO 🗌	NO
				YES	YES 🗌	YES
				NO	NO 🗌	NO 🗌
				YES	YES	YES
				NO 🗌	NO 🗌	NO 🗌
				YES	YES	YES
				NO 🗌	NO 🗍	NO 🗌

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)

6. 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.

True and Correct Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	No of years in corp or LLC	% of Stock Held	Do you hold any interest, directly or indirectly, in any liquor license or permit issued in the State of Wyoming?	Have you been Convicted of a Violation Relating to the sale or manufacture of Alcoholic Liquor or Malt Beverages?
						YES	YES
						NO	NO
						YES	YES
						NO	NO
						YES	YES
						NO	NO 🗌
						YES	YES
						NO 🗌	NO 🗌
						YES 📋	YES 🔟
						NO	NO
						YES	YES
						NO 🗌	NO 🗌
						YES	YES
						NO 🗌	NO 🗌
-						YES	YES
						NO 🗍	NO 🗍

(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)

VERIFICATION AND ACKNOWLEDGEMENT

By submission of this application, the applicant hereby agrees that:

- a) All applicable state and federal laws will be adhered to;
- b) All applicable state excise taxes will be timely reported and paid;
- c) All liquor licensees and malt beverage permitees within the territory designated may purchase and have delivery services of all malt beverage brands declared in this application.
- d) Signature indicates that applicant has examined this application, including accompanying statement, and to the best of applicant's knowledge and belief, it is true, correct and complete.
- e) (Requires signatures by ALL Individuals, ALL Partners, ONE (1) LLC Member, or TWO (2) Corporate Officers or Directors except that if all the stock of the corporation is owned by ONE (1) individual then that individual may sign and verify the application upon his oath, or TWO (2) Club Officers.) W.S. 12-4-102(b)

STATE OF WYOMING) SS.

COUNTY OF)
00011101)

Before Me,	(specify) a Notary Public/Officer authorized to administer oaths in
(Printed n	ame of Notary or other officer authorized to administer oaths)
and for	County, State of Wyoming, Personally appeared
	(Insert Names)

and he/she being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)

1. _____ 2. _____ 3. _____

My commission expires: _____

4.

Witness my hand and official seal:

Dated:_____

(Notary public or other officer authorized to administer oaths)

Please mail \$250.00 check, application and a copy of your Federal Basic Permit to:

> Wyoming Liquor Division Compliance 6601 Campstool Rd. Cheyenne, WY 82002-0110

(Title)