

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.

<i>Applicants Legal 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>For corp or LLC. No of years in corp or LLC</i>	<i>For corp or LLC. % of Stock Held</i>	<i>Have you been Convicted of a Felony Violation?</i>	<i>Have you been Convicted of a Violation Relating to 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"/>
(If more information is required, complete in identical form, on a separate piece of paper and attach to this application.)							

By filing this application, I agree to operate in Wyoming under the requirements of **W.S.12-2-202** and all other applicable Wyoming laws and rules, and to file required sales tax reporting documents and taxes.

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.

VERIFICATION OF APPLICATION

(Requires signatures by **ALL** Individuals, **ALL** Partners, **ONE (1)** LLC Member, **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)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

Dated this _____ day of _____, 20_____.

Applicant

Applicant