A. L. Smint		Chartered			Date Rec'd / /				
Wgurer	> $ >$	Tra	Transportation			Amount Rec'd \$			
( <u>Liģuor Div</u>		1	-	Cash Recpt #:					
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		Ā	pplicati	ion	Processed by: Payment Proc				
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6601 Campstool Roa Cheyenne, Wyoming		10							
			ENSING TE	ERM:					
			to						
		License	#:						
Type of Business	s: 🗌 R	ailroad 🗌 Bus		e 🗌		(Other)			
Type of License	Applied f			ual (Fee \$250.00) ual (Fee \$250.00)		(Fee \$25.00) (Fee \$25.00)			
Applicant:									
Business Name	(DBA):								
Email Address:									
Company Locat		City:		State:	Zip:				
Mailing Address:			City:		State:	Zip:			
Vehicle License	Plate:								
		ove information corre			, Please updat	te.			
FILING AS (CHO	DOSE ON	LY ONE)							
INDIVIDUAL		ARTNERSHIP	ORPORATIO	N 🗌 LLC		.P			
		nership filers must be her state in the last twe		•	0	•			
Applicants Legal Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street, City, State & Zip	Residence Phone Number	Have you been a DOMICILED residen at least 1 year and n claimed residence in other statein the last y	at for been bot Convicted any Felony	of a Violation Relating to Alcoholic Liquor			
				YES D NO	YES NO	YES   NO			
				YES	YES				
				NO 🗌	NO				
(If more informa	ntion is re	equired, complete in i		· • •	iece of paper	and attach to this			
			application.)						

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.

Applicants Legal Name	Date of Birth	DO NOT LIST PO BOXES Residence Address, Street,	Residence Phone Number	For corp or LLC. No of	For corp or LLC.	Have you been	Have you been Convicted of a					
	Dum	City, State & Zip	1 uniber	years in corp	% of Stock	Convicted of a	Violation Relating					
		Cuy, Suuc & Exp		or LLC	Held	Felony	to Alcoholic Liquor					
						Violation?	or Malt Beverages?					
						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.)												

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 office 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