

Primary Contact & Order Authorization Form

PHONE (307) 777-7233

FAX (307) 777-6255

6601 Campstool Road Cheyenne, Wyoming 82002-0110 Email completed forms to : dor-liq-compliance@wyo.gov

Owner/Officer 1	(Additional	Full Name contacts can be place	**M	Cor UST BE UN	NIQUE FO	il Address R EACH C	·
			**M	Cor	NIQUE FO	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
	Contact	Full Name		Cor	ntact Ema	il Address	
,							·
(CONTACTS NO	OT LISTED <u>V</u>	VILL NOT BE ALLOWE	D TO PLACE ORDE	ES AND WILL	BE DEMOVE	ED EDOM THE	
The following inc	lividuals a	re authorized to pl	ace orders and	have an o	nline order	ing accoun	nt:
<u>Authorized</u>	Contac	:ts (Per W.S. 12-2-	-303(a))				
NLD uses this info	ermation to e a delay in	contact the busines our response.	s for ordering an	d delivery qu	estions and	d contacting	a different
The person listed a Please ensure this	above will be contact pe	pe the primary contacted at the	ct person for the e business and h	account and as provided	will be allogation will be allogated a local phore	wed to place ne number.	e orders.
Email Address:				-			
Phone Number:)	-				
Name of Primary							
,							
Location City:	_						
	Name:						
D/B/A Business I							
License Holder N D/B/A Business N	lame:						

By signing this form, you are allowing the individuals listed to place orders and you will be responsible for all payments for such orders.