

# Wyoming Department of Revenue

## Liquor Division

### **JUST CAN'T WAIT ITEMS**

Items that are unique, make up a new category, or are fast breaking items of known brands that become available outside a normal listing window. These items are handled like a regular listed item after they are received in the Wyoming Liquor Division warehouse. Industry representatives may request consideration at any time

#### **FOR CONSIDERATION, THE INDUSTRY REP MUST:**

- Submit a standard quotation and specification form completed by vendor.
- Submit a new listing request profile sheet.
- Submit Licensee Interest Form.

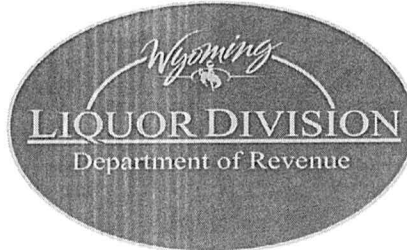
#### **UPON APPROVAL WLD WILL:**

- Notify industry rep
- Place order with the vendor
- Enter DA info if applicable
- Publish product info in next quarterly Wholesale Price Book

All listed items, including a Just Can't Wait item, must have broker representation

PLEASE COMPLETE AND SEND TO:  
STATE OF WYOMING  
DEPARTMENT OF REVENUE  
LIQUOR DIVISION  
6601 Campstool Road  
Cheyenne WY 82002-0110  
PH: (307) 777-6451 FAX: (307) 777-5872  
Website <http://eliquor.wyoming.gov>

**NEW PRODUCT LISTING PROCESS FOR PRODUCTS THAT "JUST CAN'T WAIT"**



**INTERIM NEW PRODUCT LISTING  
LICENSEE INTEREST FORM**

**Licensee Interest**

Product Requested: \_\_\_\_\_

Size Requested: \_\_\_\_\_

Licensee Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

I would like to purchase this new product from the Wyoming Liquor Division. I am interested in providing this product to my customers routinely.

My initial order would be: \_\_\_\_\_  
(cases)

I expect to order \_\_\_\_\_ per month.  
(cases)

Name: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Licensed Industry Representative Signature)

# STANDARD QUOTATION & SPECIFICATION FORM

VENDOR OF RECORD:

STATE CODE:

1. STATE:	2. DATE SUBMITTED:
3. BRAND NAME:	4. EFFECTIVE DATE:
5. STATE STOCK: <input type="checkbox"/>	6. BAILMENT: <input type="checkbox"/>
7. SPECIAL PURCHASE ORDER PLAN: <input type="checkbox"/>	
8. TYPE:	9. CLASS:
10. FORMULA:	
11. AGE/VINTAGE:	12. PROOF/ALCOHOL:
13. DOMESTIC:	
14. IMPORTED:	
15. DISTILLED/PROD.BY:	14a INBOND: <input type="checkbox"/> YES <input type="checkbox"/> NO
16. ADDRESS:	
17. BOTTLED BY:	
18. ADDRESS:	
19. SOLD UNDER ANY OTHER LABEL: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROOF: AGE: EXPLAIN:

20. SHIP POINT:	21. FOB POINT:	22. FRT. PER CWT:
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## REASON FOR CHANGE:

23. <input type="checkbox"/> AGE/VINTAGE/PROOF CHANGE	26. <input type="checkbox"/> CASE COST CHANGE	29. <input type="checkbox"/> PALLET/TIER/WEIGHT CHANGE
24. <input type="checkbox"/> SIZE CHANGE	27. <input type="checkbox"/> VENDOR CHANGE	30. <input type="checkbox"/> PACK CHANGE
25. <input type="checkbox"/> SCC/UPC CHANGE	28. <input type="checkbox"/> NEW ITEM	31. <input type="checkbox"/> OTHER (Explain on Line 54)

	OTHER	3 LITER/ 4 LITER	1.75 LT/ 1.5 LT	LITER	750 ML	375 ML/ 500 ML	200 ML/ 187 ML	50 ML/ 100 ML
32. UNIT PACK								
33. OUNCES PER BOTTLE								
34. BOTTLES / SLEEVE								
35. VENDOR # - UPC(CO. - 6 DIGIT)								
- UPC (BRAND - 6 DIGIT)								
36. 2ND VENDOR # - UPC (CO. - 6 DIGIT)								
- UPC (BRAND - 6 DIGIT)								
37. SHIP. CONT. CODE - SCC (first 8 digits)								
SHIP. CONT. CODE - SCC (last 6 digits)								
38. STATE CODE								
39. CASES / PALLET & CASES / LAYER								
40. CASE WEIGHT (LBS)								
41. NET COST FOB SHIP POINT								
42. U.S. FREIGHT								
43. OCEAN FREIGHT								
44. MARINE INSURANCE								
45. OTHER CHARGES / BAILMENT								
46. DISCOUNT OR INSERT NET								
47. TOTAL INVOICE COST								
48. CASE DIMENSIONS (L/W/H) (INCHES)								
49. BOTTLE DIMENSIONS (D/W/H)								
50. LAST/PREVIOUS QUOTED COST								
51. DATE LAST/PREVIOUS QUOTE								
52. CASE COST INCREASE/DECREASE								
53. COST PER SELLING UNIT								

54. REMARKS: (INDICATE MI ADA)

55. Is this a product for which you want a limited listing period. ☐ YES ☐ NO If yes the listing ends / /

56. TERMS (NET/DISC.):

57. REPRESENTATIVE FOR THE STATE	58. WE CERTIFY THAT THE FOREGOING IS CORRECT
NAME:	SUPPLIER:
ADDRESS:	STATE LIC/PERMIT NO:
	FED. ID. NO.:
LIC NO:	ADDRESS:
TELEPHONE:	TELEPHONE: FAX:
FAX:	BY:
	TITLE:

STATE USE