

Complete form and email to:
info@odinwineco.com



TYPE OF BUSINESS (Circle One)

- Corporation
- LLC
- LLP
- Sole Proprietorship
- Partnership
- Other (Explain)

Full Legal Business Name _____

Agent/As listed on license _____

DBA/Trade Name as listed on license _____

Delivery Address _____ City _____

Zip Code _____ Business Phone # _____ Cell # _____

Email Address _____

LOCATION OF LIQUOR LICENSEE

County _____ City of/Village of/Township of _____

License # _____ Expiration _____ Lic. Type _____

Restaurant/On Premise

Liquor Store/Off Premise

PREFERRED DELIVERY DAY *We will make all efforts to deliver on your preferred day*

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

PREFERRED DELIVERY TIME (Example: AM Between 8-11 or PM 12-4)

Special Delivery Instructions: