



Licensing and Regulation Division
 PO Box 43098
 Olympia WA 98504-3098
 Phone: (360) 664-1600
 FAX: (360) 753-2710
www.liq.wa.gov

 License Number

 Trade Name

 UBI Number

Franchise Affidavit (RCW 66.24.010)

This affidavit is in lieu of providing a copy of the franchise agreement to the Washington State Liquor Control Board for the below premises:

Trade name: _____ Liquor license No. _____

UBI No. _____

Address of real/personal property: _____

Name of franchiser: _____

Name of franchisee: _____

Date franchise begins: _____ Date franchise expires: _____

No. of times franchise can be renewed: _____ Term of each renewal: _____

Fees: Franchise: \$ _____ Royalty: \$ _____ Training: \$ _____

Other fees: \$ _____

Premises use: _____

Can franchise be assigned? _____ With or without franchiser's written consent? _____

 Signature of franchiser Date

I declare under penalty of perjury that all information provided on this form is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake are cause for denial of a license or revocation of any liquor licenses currently held.

 Signature of Applicant (Sole Proprietor, Partner, Officer, LLC Member/Manager) Date