



Washington State Liquor Control Board

PO Box 43098
Phone: (360) 664-1600
FAX (360) 753-2710

License No. _____

Trade Name _____

UBI No. _____

SOURCE OF FUNDS and CERTIFICATION FOR PERSON OR ENTITY LOANING, GIFTING, OR INVESTING MONEY

NAME OF BUSINESS AND PERSON TO WHICH MONEY IS BEING LOANED, GIFTED OR INVESTED::	_____
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Your Name/Entity Name

Last	First	Middle
DOB:		DAY PHONE ()
Mailing Address: <i>Street/Route/PO Box</i>	City	County
	State or Country	Zip Code

State where ALL the money you are gifting, loaning or investing is coming from. (Additional information may be written on a separate sheet of paper and submitted with this form. Follow the form set-up below, sign and date.)

1. SAVINGS/CHECKING/INVESTMENT ACCOUNTS:

Bank/Institution Name _____	Account # _____	\$ _____
Bank/Institution Name _____	Account # _____	\$ _____
Bank/Institution Name _____	Account # _____	\$ _____
Total		\$ _____

2. LOANS FROM BANKS/MORTGAGE COMPANIES/CREDIT CARDS, ETC.:

Bank/Institution Name _____	Account # _____	\$ _____
Bank/Institution Name _____	Account # _____	\$ _____
Bank/Institution Name _____	Account # _____	\$ _____
Total		\$ _____

3. CASH YOU BORROWED, GIFTED, OR WERE LOANED FROM A PERSONAL SOURCE:

Name _____	Relationship _____	\$ _____
Name _____	Relationship _____	\$ _____
Name _____	Relationship _____	\$ _____
Total		\$ _____

TOTAL \$ _____



Does the money you have gifted, loaned or invested give you a percentage or part ownership in the business? Yes If yes, what percent? ___% No

CERTIFICATION	I certify under penalty of perjury that all answers and statements are true, correct and complete. I hereby authorize investigation of my financial records and other sources as necessary for licensing.
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Print Name _____ Signature _____

Location signed _____ Date signed _____