

RETAIL LICENSEE BRIEFING		
Applicant Name:	License Number:	
Trade Name:	Type of License:	
Trade Ivaille.	Type of License.	
Instructions:		
1. Using the information linked to on the	last page of the licensee brie	efing.
determine which Washington State Lie		
closest to you.	·	
2. Fill out the Retail Licensee Briefing for	rm to include the following:	
 a. Applicant Name; (corporation, the license. 	LLC name, or sole proprieto	or applying for
	you will be using for the busi	ness)
b. Trade name; (operating name you will be using for the business)c. License number; (six digit number followed by single digit and letter)		
d. Type of license you are applying	, ,	,
etc.)		
3. Sign and date the acknowledgement for	rm. (we will except an email	signature)
a) E-Mail the completed form to	EnfCustomerService@liq.	wa.gov
b) Or mail the form to : WSLCB	Enforcement	
3000 Pacific AVE SE		
Olympia	WA 98504-3094	
If you have any questions regarding the in call our customer service line at 360-664-9		briefing, please
I hereby acknowledge and attest that I h	ave reviewed the licensing	a hriefing and
understand the information it contains. I u		
business in compliance with Washingto		-
particularly those prohibiting the sale an	_	-
intoxicated and/or persons under the age of I	21.	
		
Signature	Print Name	Date