**Entity Business Structure**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **Entity Information** | | | | | | | | |
| Name of Entity | | | | | | Telephone number | | | |
| Entity mailing address *Street or route, PO box, city, state, zip code* | | | | | | | | | |
| Entity Type | | Date of formation | | | | State of formation | | | |
| **B** | **Individuals making up Entity Business Structure/Title** | | | | | | | | |
| **Name** | | | **Date of Birth** | **Title** | | | | **%** | |
|  | | |  |  | | | |  | |
| Spouse of above | | |  |
|  | | |  |  | | | |  | |
| Spouse of above | | |  |
|  | | |  |  | | | |  | |
| Spouse of above | | |  |
|  | | |  |  | | | |  | |
| Spouse of above | | |  |
|  | | |  |  | | | |  | |
| Spouse of above | | |  |
|  | | |  |
| Spouse of above | | |  |
| ***Additional sheets utilizing the same format may be attached if necessary.***  **The total of “% of shares” must equal 100%.** | | | | | | | **Total** | |  |
|  | | | | | | | | | |
| **C** | **Certification** | | | | | | | | |
| **The undersigned hereby certifies to the Washington State Liquor Control Board that the above information is accurate and complete. Misrepresentation of this information is cause for denial of the license applied for.** | | | | | | | | | |
| Print name | | | | | Title | | | | |
| Signature  **X** | | | | | Date | | | | |

**Continuation Sheet Attached?**  **YES**  **NO**