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|  | Licensing and Regulation  PO Box 3724  Seattle, WA 98124-3724  Phone: 360-664-1600  Fax: 360-664-4054  [www.lcb.wa.gov](http://www.lcb.wa.gov) | **For Office Use Only** |
| Date: |
| Check No.: |
| Amount rec’d: |
| Rec’d by: |

**Application for Renewal of Agent’s License**

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| **Application Processing Information** | |
|  | The annual application fee is $25 for each agent. Licenses expire June 30th each year. |
|  | Please make your check payable to WSLCB and mail it to the above address. |
|  | Please allow 14 business days for processing. |
|  | *This form is used only for renewing an agent’s license. A person applying for a new agent license must use the Application for Agent form available on the WSLCB website.* |
|  | If you have questions or need assistance, call (360) 664-1600. |

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| **To be Completed by the Applicant Company** | | |
| Full Legal Name of Company or Corporation Represented by Agent(s) | | Company License No. |
| Company Address (Street or Route, City, State, Zip Code) | | Telephone No.  (     ) -     - |
| Authorized Signature | Printed Name: | |
| E-mail address | | |

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| **Please Print or Type List in Alphabetical Order by Agent’s Last Name** | | | |
| **Name of Agent** | **Business Address of Agent** | | **Telephone No.** |
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| **Please Print or Type List in Alphabetical Order by Agent’s Last Name** | | | |
| **Name of Agent** | | **Business Address of Agent** | **Telephone No.** |
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