



Licensing and Regulation Division
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 Olympia WA 98504-3098
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 FAX: (360) 753-2710
 www.liq.wa.gov

License Number _____

Trade Name _____

UBI Number _____

Lease Information Affidavit

(RCW 66.24.010/WAC 314-12-035)

This affidavit is provided to the Washington State Liquor Control Board as replacement to a copy of the lease and/or the assignment, assumption and consent of lease for the below premises. Information on this document should directly reflect the information on the current lease/assignment`

Lease Information:

Trade Name _____

Lease is for (check one or both): Real property Personal property

Address of real property: _____

Name of landlord(s): _____

Name of tenant(s): _____
(LLC, partnership, corporation, etc.)

Monthly rent: \$ _____ Percentage (%) of profit to landlord _____

Lease expiration date: _____

I/We declare under penalty of perjury that all information provided on this form is true and complete to the best of my knowledge, and that at the time of signing the lease is valid. 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.

 Print name of landlord

 Print name of tenant

 Signature of landlord(s)
(If landlord representative is signing, attach a landlord authorization or power of attorney)

 Signature of tenant
(sole proprietor, officer, partner, LLC member)

 Date

 Date