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| --- |
| **UBI**  |
| logo | Licensing and Regulation1025 Union Avenue SE, PO Box 43098Olympia WA 98504-3098Phone – (360) 664-1600, option 1 then 2Fax – (360) 753-2710 |

**Liquor Control Board Addendum**

**Non-Retail & Interstate Common Carrier Licenses**

*Mail this form along with your Business License Application to:*

*Department of Revenue, Business Licensing Service, PO Box 9034, Olympia WA 98507-9034.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Questions? Please call the Liquor and Cannabis Board’s customer service desk at (360) 664-1600  |
|  |

|  |  |  |
| --- | --- | --- |
| 1. | Do you have any interest, financial or otherwise, in any Washington State liquor retailer? | [ ]  YES [ ]  NO |
|  |
| 2. | Do you hold any notes, mortgages, or other forms of obligation against any Washington State retail licensee? | [ ]  YES [ ]  NO |
|  |
| 3. | If married, are you or your spouse employed by any liquor retailer? | [ ]  YES [ ]  NO |
|  |
| 4. | Are you assuming a business that has a current liquor license? | [ ]  YES [ ]  NO |
|  |  | If yes, list the current license number and type: |       |
|  |
| 5. | Are you closing your business and moving to a new location? | [ ]  YES [ ]  NO |
|  |
| 6. | Contact person for questions regarding the application: |       |
|  | Mailing address: |       |
|  | Business Phone: | (    )    -     | Home Phone: | (    )    -     |
|  |
| 7. | Is this premise located on: |
|  | Tribal lands? | [ ]  YES [ ]  NO |
|  |  | If yes, name of tribe: |       |
|  |
|  | Federal lands? | [ ]  YES [ ]  NO |
|  |  | If yes, name of federal entity: |       |
|  |
|  | Port authority lands? | [ ]  YES [ ]  NO |
|  |  | If yes, name of port authority: |       |
|  |
|  | Automotive track? | [ ]  YES [ ]  NO |
|  |  | If yes, name of track: |       |
|  |
|  | Fairground property? | [ ]  YES [ ]  NO |
|  |  | If yes, name of fair authority: |       |
|  |

(Continued on next page)

**Liquor Control Board Addendum**

**Non-Retail & Interstate Common Carrier Licenses** (continued)

|  |  |
| --- | --- |
| 8. | List all liquor operating business names (**not** brand names). Attach a separate sheet if needed.  |
|  | 1. |       |  | 6. |       |  |
|  | 2. |       |  | 7. |       |  |
|  | 3. |       |  | 8. |       |  |
|  | 4. |       |  | 9. |       |  |
|  | 5. |       |  | 10. |       |  |
|  |

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| --- |
| **FOR INTERSTATE COMMON CARRIER LICENSEES:** |
| 9. | A. | Number of duplicate common carrier licenses requested: |       |  |
|  |
|  | B. | Name(s) to appear on duplicate licenses (if different than name on original license): |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |