



MASTER LICENSE SERVICE
 DEPARTMENT OF LICENSING
 P.O. BOX 9034
 OLYMPIA, WA 98507-9034
 Telephone (360)664-1400

CORPORATE INFORMATION

Must be filed with a Master Application (or upon request)

Type of license(s) requested – check all that apply: **Liquor** **Lottery** **Dealer/Manufacturer** (Vehicles)

CORPORATION INFORMATION Corporations must be registered with the Washington Secretary of State.

Name of Corporation		Telephone No. ()	
Corporate Mailing Address: <i>Street or Route</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
UBI No. <i>(If known)</i>	Date of Incorporation	State of Incorporation	

CORPORATE OFFICERS

Title	Name	Address/Telephone No.	Date of Birth	Social Security No.

STOCK INFORMATION

A) Total Amount of Stock Authorized to the Corporation	B) Total No. of Shares Issued or Pending Issuance
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STOCKHOLDERS List all stock issued or pending so we can determine each person's interest in the business.

Name	Address/Telephone No.	No. of Shares	% of Total	Date Issued <small>(state "pending" if not yet issued)</small>

Please attach additional sheets if necessary, in same format
The total "No. of Shares" must equal the amount in box "B" above.
The total of "% of Shares" must equal 100%

TOTALS	100%
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The undersigned hereby certifies to the Washington State Liquor Control Board, Lottery Commission, and/or Dealer and Manufacturer Services, that the above information is accurate and complete. Misrepresentation of this information is cause for denial of the license applied for.

 Name - please print

 Title

X _____
 Signature - must be corporate officer

 Date

Return White and Yellow Copy – Keep Pink Copy