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| Licensing and Regulation Division  PO Box 43098, Olympia WA 98504-3098  [ExpandedAlcoholServices@lcb.wa.gov](mailto:ExpandedAlcoholServices@lcb.wa.gov)  [www.lcb.wa.gov](http://www.lcb.wa.gov) |  |
| **Unique Business Identifier (UBI)** |
|  |
| **Local Jurisdiction**  (City, Town, County, or Port Authority) |

**Expanded Alcohol Service Participating Licensee Joint Operating Plan**

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| 1. **Identify the licensees by license number participating in the jurisdiction areas approved for expanded alcohol service. A site plan detailing the designated areas below must be included with your submission.** | | | |
| 1. **Outline the physical barriers surrounding the shared alcohol service areas, including the type, height, and permanence.** | | | |
| 1. **Describe all security measures in place to mitigate risks to public safety and the sale or consumption of alcohol by persons under 21 years of age.** | | | |
| 1. **What is the distance apart for openings into and out of the alcohol service area that participating licensees have? If no maximum distance is specified, a default limit of 10-foot openings will apply.** | | | |
| 1. **Submission Acknowledgments** (check the boxes to acknowledge):   I am authorized to submit this joint licensee request.  Participating licensees will adhere to the barrier and signage requirements at all times of operation.  All participating licensees assume responsibility for any violation or enforcement issues unless it can be demonstrated that the violation or enforcement issue was due to one or more licensees' specific conduct or action, in which case the violation or enforcement applies only to those identified licensees.  I declare under penalty of perjury that the foregoing is true and correct. | | | |
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| **Print Name** |  | **Licensee Representative** |
| **Signature** |  | **Date** |