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| 2015-logo-BW-logo-600w | Licensing and Regulation  1025 Union Ave SE  PO Box 43098  Olympia WA 98504-3098  Phone: 360-664-1600 |  |

**Application for a Cannabis License Receiver**

This application is to qualify for a cannabis license receiver with the Washington State Liquor and Cannabis Board (WSLCB). Please review [WAC 314-55-137](https://apps.leg.wa.gov/wac/default.aspx?cite=314-55-137) and [Chapter 7.60 RCW](http://app.leg.wa.gov/RCW/default.aspx?cite=7.60) for requirements to act within a receiver role for a licensed cannabis business.

To qualify for a cannabis receiver, submit a completed application with the following forms/documents:

* Personal Criminal History Form ([click link to download](http://bls.dor.wa.gov/forms/700301.pdf)).
* Copy of Driver’s License (or other ID reflecting residency for six months).
* Fingerprint Card: Submission may be done prior to or after application submission.
* Additional documents may be requested during the application process.
* Address all Documents to: **WSLCB, ATTN: Licensing - Receiverships**

For more information, please visit [lcb.wa.gov](http://www.lcb.wa.gov). If you have any questions, please contact the Licensing Division at 360-664-1600.

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| Name of Receiver: (Entity, Partnership, or Sole Proprietor)  Click here to enter text. | | | | | |
| If an Entity, list the individual(s) that will be actively involved with the management of the receivership:  Click here to enter text. | | | | | |
| Mailing Address: *(Street, City, State, Zip)*  Click here to enter text. | | | | | |
| Primary Contact:  Click here to enter text. | | | Telephone Number:  Click here to enter text. | | |
| Email Address:  Click here to enter text. | | | | | |
| Would you like to be placed on the Pre-Approved Receiver List? Yes  No | | | | | |
| **License Disclosure**  **Please list all other Cannabis Licenses you are currently involved with as a receiver or true party of interest.**  **Include:**  Sole Proprietor, Spouse, Partner, LLC Member, LLC Manager, Corporate Officer, Stockholder, Financier, Receiver, and True Parties of Interest**.**  True Party of Interest, [WAC 314-55-035](https://apps.leg.wa.gov/wac/default.aspx?cite=314-55-035)   |  |  |  |  | | --- | --- | --- | --- | | **License Number** | **UBI #** | **Trade Name** | **Association to the license** | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |   As the receiver, I acknowledge and attest to the following: | | | | | |
| * No person serving as a receiver of a licensed cannabis producer or licensed cannabis processor shall have a financial interest in, or simultaneously serve as a receiver for, a licensed cannabis retailer. * No person shall serve as a receiver for, or be a true party of interest in, more than five cannabis retail licenses or more than three cannabis producer, processor, or producer/processor licenses at the same time. * I hereby authorize investigation of my criminal history, residency, financial records, and other sources as necessary for qualifying as a receiver. | | | | | |
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| Signature (Receiver) |  | Printed Name/Title | |  | Date |

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| **Fingerprint Instructions:**  **The following instructions will guide you through the process of scheduling your appointment with Fieldprint to have your fingerprints taken:** |
| 1. Log onto the [www.fieldprintwashington.com](http://www.fieldprintwashington.com) website to schedule your appointment. 2. Click “Schedule An Appointment”. 3. You will create a secure username/password and enter the Fieldprint scheduling system. 4. **“Reason”** - This page will have an area where you can enter your Fieldprint Code.  You can type in the code manually, or “copy” and “paste” it from this document.   **Fieldprint Code:** **FPWALiquorControl1**   1. **“Personal Information” and “Demographics”** – This is where you will provide your contact and demographic info. The information requested on the scheduling site is the information required by WSP/FBI in order to process the criminal search. This is the same information required to be completed by the representative on “the old” ink hard cards. 2. **“Additional Information”** - For tracking purposes, the WSLCB has requested that Fieldprint collect your LCB-assigned Cannabis license number.  It is the six-digit number that is associated with your application. 3. Next, you will be prompted to enter the required information to find a local Fieldprint facility and schedule an appointment. Instructions, directions, maps, and photos will all be provided directly online. 4. You will make the payment for the Fieldprint Scheduling Fee and Background Check Fee online.  You may use either a credit card or an electronic check.   If you have any issues or questions, you may contact the Fieldprint customer service team at (877) 614-4364 or at [CustomerService@fieldprint.com](mailto:CustomerService@fieldprint.com). You may also select the “Contact Us” link on the Fieldprint website. |