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| Licensing and Regulation Division  PO Box 43098, Olympia WA 98504-3098  Phone: (360) 664-1600 Fax: (360) 753-2710  [lcb.wa.gov](http://www.lcb.wa.gov) |  |
| **License Number** |
|  |
| **UBI Number** |
|  |
| **Trade Name** |

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| **LETTER OF INTENT**   * *Submit this form, along with any additional required documentation to the address listed above.* * *Questions? Contact your assigned licensing specialist or call Customer Service at (360) 664-1600.* |

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| **STEP 1: Please answer all questions below:** | | | | |
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| 1. Opening Date: | | | | |
| 1. Business Hours: | | | | |
| 1. Describe the intent/focus of your business, i.e.: business model/plan, any unique characteristics, target customer, activities, entertainment, etc. | | | | |
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| **STEP 2: Certification** | | | | |
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| I declare under penalty of perjury that all answers contained in this application are true, correct, and complete. I understand that a misrepresentation of fact is cause for rejection of this application or revocation of any permit issued. | | | | |
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|  | |  |  | |
| **Print Name:** | |  | **Print Title:** | |
|  | |  |  | |
| **Signature:** | |  | **Date:** | |