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| Licensing and Regulation DivisionPO 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:** |