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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** |
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| **Trade Name** |

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| **ALTERATION REQUEST FORM – Beer/Wine or Spirits/Beer/Wine Restaurant** | | | | | | | | |
| Please complete this form to request physical alterations (changes) to your liquor-licensed premise. This form cannot be used to request a change to your license type. To change the type of liquor license you have, you must file a [Business License Application](https://dor.wa.gov/open-business/apply-business-license).  **Email this completed form, photos and floor plans to:** [**liquoralterations@lcb.wa.gov**](mailto:liquoralterations@lcb.wa.gov)**.**  **Floor Plan Requirements**:   1. Plans must be drawn to scale. 2. Include a north arrow indicator. 3. Label all areas (including dimensions) according to their use; e.g., dining, lounge, gaming, kitchen (include layout/equipment), restrooms, entry, dance floor, etc. 4. Location of doors, windows, walls, etc. 5. Location of alcohol taps, displays and storage areas. 6. Label and describe in detail all demarcations that separate dedicated dining areas from areas classified as off-limits to minors (see WAC [314-02-025](https://apps.leg.wa.gov/wac/default.aspx?cite=314-02-025) for demarcation options). 7. Show the location of all public entrances (must designate access point such as: alley, parking lot, and street – including specific street names). 8. Show furniture (tables, chairs, booths, bar, service bars, pool tables, dart boards, etc.). 9. Outside service area must include furniture. Outside seating must be an enclosed area that is contiguous to (touching) the licensed business, or located on the same property or parcel of land as the licensed business. Barriers must be at least 42” high and openings into the area cannot exceed a total of 10’ per side.   **Outside Seating Requirements**  1.Must provide proof of exclusive leasehold rights for new areas:   * Proof of ownership if the licensee owns the property. * Landlord approval if the area is on private property not owned by licensee. * City approval if this is a public sidewalk or right-of-way.   2. Interior access to the licensed premise is not required if there is either:   * An unobstructed direct line of sight from inside the licensed premises to the outdoor service area, or; * A MAST-certified employee present in the area at all times patrons are present (in addition to the required attendant, wait staff, or dedicated server).   **Photo Requirements:**   1. Must include close-up photo (+/- 5 feet away) and medium-range photo (+/- 15 feet away). 2. Bar/lounge:  * Back of the bar (showing taps, sink, work area, etc.). * Front of the bar (include stools/seats if seating at bar). * Picture(s) of the taps. * Entry points into the areas classified as off-limits to minors (bar area/lounge). * Demarcations separating dedicated dining from areas classified as off-limits to minors (bar area/lounge). * Please submit a distance shot to show how the demarcation separates the off-limits area along with a close up shot with a measuring device (tape measure) to show how the demarcation meets size requirements (i.e. 6’ wide, no more than 10’ apart, etc.).  1. Game areas 2. Outside service areas/sidewalk café:  * Barriers must be at least 42 inches high. * View from inside showing overall view of entire outside seating/service area. * View from the outside service area showing overall view of the licensed business. * Openings/entrances into outside service area. | | | | | | | | |
| **Licensee information: (to be filled out by licensee)** | | | | | | | | |
| Licensee Name | |  | | | | | | |
| Trade Name | |  | | | | | | |
| Liquor License Number | |  | UBI # | |  | | | |
| Address |  | |  | | | | | , |
|  | Street and Suite/Room/Unit # | | City | | | | | State, Zip |
| **Point of Contact:** | | | | | | | | |
| Contact Person | |  | | | | Phone No. | (   )    - | |
| Email Address | |  | | | | | | |
| **Alteration Description:**  (attach additional sheets of paper if needed) | | | | | | | | |
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| Signature (Licensee or Authorized Representative) | | | | Date | | | | |