|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Licensing and Regulation  PO Box 3724  Seattle, WA 98124-3724  (360) 664-1600  [www.lcb.wa.gov](http://www.lcb.wa.gov) |  | For Office Use Only | |
| Date |  |
| Check No. |  |
| Amount Rec’d |  |
| Rec’d By |  |

**Application for Duplicate Liquor License**

Complete this application if:

You hold a **Spirits, Beer, and Wine Restaurant license** in a facility with multiple buildings, and you

wish to sell liquor from additional sites located on the same property; or

You are an **Interstate Common Carrier licensee** who wishes to sell liquor on additional planes, trains, or vessels under the control of the same licensee.

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| **Please call the Liquor and Cannabis Board’s customer service desk if you have any questions, at (360) 664-1600** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Information** | |  | | |  | | | |  | | |  | | |
|  | | | | |  | |  | | | |  | | |  | |
| Current Liquor License Number | | | | |  | | |  | Type of License | | |  | | | |
|  | | | | |  | |  | | | |  | | |  | |
| Name of Licensee | |  | | | | | |  | Contact Phone No. | | | | | |  |
|  | | | | |  | |  | | | |  | | |  | |
| Business Mailing Address | | | |  | | | | | | | | | | | |
|  | | | *Street Address/Route/PO Box City State Zip Code* | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **License Information** | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **1.** | Type of license currently held: | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  |  | | Airport terminal | | | |  | | | | | | | | | | | | | | | | | | | 1/4 of annual license fee each | | | | |
|  |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
|  |  | | Publicly owned civic center | | | | | | | |  | | | | | | | | | | | | | | | | | | $10 each | |
|  |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
|  |  | | Privately owned facility open to the public | | | | | | | | | |  | | | | | | | | | | | | | | | | $20 each | |
|  |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
|  |  | | Common carrier | | | |  | | | | | | | | | | | | | | | | | | | | | | | $5 each |
|  |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| **2****.** | Number of duplicates | | | | | | |  | x | | | **\***Fee each $ | | | |  | | | = | | Total amount due $ | | | | | |  | | | | |
|  |  | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| *Please make check payable to the Washington State Liquor and Cannabis Board (WSLCB).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | List additional locations for which duplicate licenses are requested. For Restaurant licenses, list additional room/building names or numbers. For Common Carrier licenses, list names and/or numbers of additional planes, trains or vessels. Please attach additional sheets if more space is needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Licensee Signature | | | |  | | | | | | | | | | | | |  | | | Date | | |  | | | | | | | |