|  |  |  |
| --- | --- | --- |
| logo | Licensing and Regulation  1025 Union Ave SE  PO Box 43098  Olympia WA 98504-3098  Phone: 360 664-1600  Fax: 360 753-2710  [www.lcb.wa.gov](http://www.lcb.wa.gov) |  |
|  |  | License Number |
|  |  |  |
|  |  | Trade Name |
|  |  |  |
|  |  | UBI Number |

# Lease Information Affidavit

(RCW [66-24-010](https://app.leg.wa.gov/RCW/default.aspx?cite=66.24.010); WAC [314-12-035](https://apps.leg.wa.gov/wac/default.aspx?cite=314-12-035))

This affidavit is provided to the Washington State Liquor and Cannabis Board as replacement to a copy of the lease and/or the assignment, assumption and consent of lease for the below premises. Information in this document should directly reflect the information in the current lease/assignment.

**Lease Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trade Name: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Lease is for (check one or both): | | | | | | |  | | Real property | | | | |  | | Personal property | |
|  | | | | | | | | | | | | | | | | | |
| Address of real property: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name of landlord(s): | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | |
| Name of tenant: Sole Proprietor, Corporation, LLC, partnership, etc. For example-Smith, LLC or Smith, Inc. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Monthly rent: | | $ | |  | | | |  | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Percentage (%) of profit to landlord above the monthly rent: | | | | | | | | | | | | | | | % | |  | |
|  | | | | | | | | | | | | | | | | | |
| Lease expiration date - if none, state ‘on-going’ or ‘no expiration date’: | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| I/We declare under penalty of perjury that all information provided on this form is true and complete to the best of my/our knowledge, and that at the time of signing, the lease is valid. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake are cause for denial of a license or revocation of any liquor licenses currently held. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
| **Name of Landlord(s)** | | | | | | | | |  | **Printed Name of Tenant** | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
| **Signature of Landlord(s)**  (If landlord representative is signing, attach a landlord authorization or power of attorney) | | | | | | | | | |  | **Signature of Tenant**  (Sole Proprietor, Corporate Officer/Shareholder, Partner, LLC Manager/Member) | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |
| **Date** | | | | | | | | | |  | **Date** | | | | | | |