



MASTER LICENSE SERVICE
 DEPARTMENT OF
 LICENSING
 PO BOX 9034
 OLYMPIA, WA 98507-9034
 Telephone (360)664-1400

LIMITED LIABILITY COMPANY INFORMATION

Must be filed with a Master Application (or upon request)

Type of license(s) requested – check all that apply: **Liquor** **Lottery** **Dealer/Manufacturer** (Vehicles)

LLC INFORMATION LLC's must be registered with the Washington Secretary of State.

Name of LLC		Telephone No. ()	
LLC Mailing Address: <i>Street or Route</i>		<i>City</i> <i>State</i> <i>Zip Code</i>	
UBI No. (If known)	Date of Formation	State of Formation	

LLC MEMBERS/MANAGERS AND SPOUSES

Name	Address/Telephone No.	Date of Birth	Social Security No.	% or Units Owned
1st Member/Manager				
Spouse of Above				
2nd Member/Manager				
Spouse of Above				
3rd Member/Manager				
Spouse of Above				
4th Member/Manager				
Spouse of Above				

Please attach additional sheets if necessary, in same format

The undersigned hereby certifies to the Washington State Liquor Control Board, Lottery Commission, and/or Dealer and Manufacturer Services, that the above information is accurate and complete. Misrepresentation of this information is cause for denial of the license applied for.

 Name - please print

 Title

X

 Signature - must be LLC member or manager

 Date

Return White and Yellow Copy – Keep Pink Copy