



Owner/business entity name
UBI number

Marijuana License Addendum

This form **can only be submitted with** a Business License Application from the Business Licensing Service.
Failure to answer all questions may result in a delay of your application.

1. Mark the license type you are requesting (**application fees are non-refundable**):

<input type="checkbox"/> Marijuana Producer Tier 1 (Plant Canopy 0-2000 sq.ft)	\$250	<input type="checkbox"/> Marijuana Processor	\$250
<input type="checkbox"/> Marijuana Producer Tier 2 (Plant Canopy 2001-10,000 sq.ft)	\$250	<input type="checkbox"/> Marijuana Retailer	\$250
<input type="checkbox"/> Marijuana Producer Tier 3 (Plant Canopy 10,001-30,000 sq.ft)	\$250		

PLEASE NOTE: Neither a licensed marijuana producer nor a licensed marijuana processor shall have a direct or indirect financial interest in a licensed marijuana retailer.

2. List the parcel number for the property where your business will be located: _____

3. Are you taking over a business that has a current WSLCB marijuana license?..... YES NO
If yes, list the current licensee's marijuana license number: _____

4. Is this business location on tribal lands?..... YES NO
If yes, name of tribe: _____

5. Is this business location on federal lands?..... YES NO
If yes, name of federal entity: _____

6. Is this business location on port authority lands?..... YES NO
If yes, name of port authority: _____

7. Is this business location within 1000 feet of the perimeter of the grounds of any of the following entities:

Elementary or secondary school?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Playground?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recreation center or facility?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child care center?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Public park?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Public transit center?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Library?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Game arcade?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. Are all applicants and their employees over 21 years of age?..... YES NO

9. Have all applicants resided in the state of Washington for at least three months?..... YES NO

10. I understand that The Board will require applicants to complete a personal/criminal history form and submit fingerprints to an approved vendor as part of the investigation process: YES NO

11. Primary contact person for questions regarding this application: _____
 Phone number: _____
 E-mail address: _____
 Secondary contact person for questions regarding this application: _____
 Phone number: _____
 E-mail address: _____

General Application Questions? Please call customer service at 1-800-451-7985

For regulatory information contact the Liquor Control Board: