



State of Washington  
 Business Licensing Service  
 PO Box 9034  
 Olympia, WA 98507-9034  
 Telephone 1-800-451-7985

**Limited Liability Company Information**  
*Must be filed with a Business License Application (or upon request)*

Type of license(s) requested. Check all that apply:     **Liquor**     **Lottery**

**A LLC information** LLCs must be registered with the Washington Secretary of State

Name of LLC		Telephone number (    )
LLC mailing address <i>Street or route, PO box, city, state, zip code</i>		
UBI number <i>If known</i>	Date of formation	State of formation

**B LLC members/managers and spouses**

Title	Name	Address/telephone number	Birthdate	Social Security number	% or units owned
<input type="checkbox"/> Member <input type="checkbox"/> Manager					
Spouse of above					
<input type="checkbox"/> Member <input type="checkbox"/> Manager					
Spouse of above					
<input type="checkbox"/> Member <input type="checkbox"/> Manager					
Spouse of above					
<input type="checkbox"/> Member <input type="checkbox"/> Manager					
Spouse of above					

*Please attach additional sheets if necessary, in same format*

**C Certification**

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

Print name of LLC member or manager	Title
Signature of LLC member or manager	Date

**X**