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| 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 |

**ADDED ACTIVITIES FOR DISTILLERIES, BREWERIES AND WINERIES**

|  |  |
| --- | --- |
| **Added Activities Processing Information** | |
|  | Please answer all the sections of this form that apply to you. Incomplete forms cannot be processed |
|  | Submit this form with any additional required documents to the above address. |
|  | If you have questions, please call Customer Service at 360-664-1600. |

|  |  |
| --- | --- |
| **Do you want any of the following activities?** | |
|  | If you answer **Yes** to any of the activities below, answer all of the questions that apply to your business. |
|  | If you answer **No** to all of the activities, your signature and date is all that is required. |

|  |  |
| --- | --- |
| **DISTILLERIES, BREWERIES AND WINERIES** | |
| Delivery of Alcohol | **Yes**  **No** |
| Internet Sales | **Yes**  **No** |
|  | |
| If you checked Yes for Internet Sales, will you be using a third party internet provider? | **Yes**  **No** |
| Please list the name of the third party internet provider: |  |

|  |
| --- |
| **Where will the sale of your products (including alcohol) take place?** |
|  |

|  |
| --- |
| **How do you plan to deliver the product?** |
|  |

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| --- |
| **How will you be certain only people 21 or older make the purchase and receive the delivery?** |
|  |

I certify under penalty of perjury under Washington State law that the foregoing is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name: |  |  | Date: |  |
| Signature: |  |  | Phone: | (     )–(     )-(     ) |
| Print Title: |  |  | E-mail |  |
|  | (for example, sole proprietor, corporate officer,  partner, LLC manager or member.) | | | |