

For Office Use Only	
Date:	_____
Check No.	_____
Amount Rec'd	_____
Rec'd By	_____

Application for Agent's License \$25 Fee

Agent's Licenses Expire June 30th

To Be Completed by Applicant Company

Full Legal Name of Company or Corporation Represented by Agent		License No. of Company
Address (City, State, Zip Code)	E-mail address	Telephone No.

To Be Completed by Agent

Agent's Name (First, Middle, Last) <i>Please print</i>	Date of Birth	
Agent's Business Address (if different from applicant company)		Telephone No. ()

Do you hold any other job or engage in any other employment with or without pay? yes no

If yes, please explain:

Do you have any financial interest of any nature whatsoever in any business involved in the retail sale of beer, wine, or spirituous liquor (including lessor or landlord interests in building; or being a holder of a note, mortgage contract, or other forms of obligations or credit arrangements)? yes no

If yes, please explain.

To Be Completed by Applicant Company and Agent

In making this application we agree, if application is approved, to abide by the provisions of the Washington State liquor laws and regulations, with particular reference to RCW 66.24.310, WAC 314-44-005, and WAC 314-12-140. We understand a misrepresentation of fact shall be deemed a lack of good faith and shall constitute good and sufficient cause for disapproval, revocation, or suspension of the license.

Agent's Signature _____	Date _____
Company Authorized Signature _____	Date _____

If you have any questions or need assistance, please call (360) 664-1600 Select option 2