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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 |

**WAREHOUSE REGISTRATION**

Retail liquor licensees with a warehouse facility where they intend to accept delivery of wine and/or spirits must register their warehouse facility(s) with the WSLCB.

The following records must be kept for three years by the licensee:

* Invoices and supporting documents for wine and/or spirits purchased, and
* Invoices showing incoming and outgoing wine and/or spirits (product transfers).

(WAC 314-02-104)

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| **Registration Processing Information** | |
|  | You are required to complete a separate registration form for each of your warehouse facilities. |
|  | The following documents must be attached to each warehouse facility registration form:   * Documentation confirming the licensee has a right to the warehouse property. For example, attach a copy of the deed, county assessor’s property tax statement or lease agreement, etc. * A sketch of the interior of the warehouse facility indicating the designated area where the licensee will store product. There must be a physical barrier separating product from different ownership entities.   ***Example****: If ABC Grocery and My Grocery are licensed under different ownership and both entities lease space in the same warehouse facility, the wine and/or spirits must be kept separate by a physical barrier. The location of this barrier must be clearly outlined on the sketch.*  *(WAC 314-02-104)* |
|  | Mail your registration form and required documents to the above address. |
|  | If you have questions, please call Customer Service at 360-664-1600. |

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| **Location of Your Warehouse Facility.** | | | | |
|  |  |  |  |  |
| Street Address |  | City |  | Zip Code |

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| **License Numbers That Will be Using the Above Warehouse (attach additional pages if necessary)** | | | | |
|  |  |  |  |  |
| License Number |  | License Number |  | License Number |
|  |  |  |  |  |
| Trade Name |  | Trade Name |  | Trade Name |
|  |  |  |  |  |
| UBI Number |  | UBI Number |  | UBI Number |

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| Certification: I certify by my signature below that I intend to receive wine and/or spirits at the warehouse location identified above. I further certify that I will continue to meet all requirements. |

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