|  |  |  |
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|  | 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 |
|  |
| UBI Number |
|  |
| Trade Name |

# Non-Retail Tied-House Participation Statement

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| --- | --- |
| **Non-Retail Tied - House Processing Information** | |
|  | The Tied-House law allows licensees to conduct business in all three tiers: manufacturer, distributor/importer, and retailer. (RCW 66.28.290) |
|  | **Non-Retail** is any winery, brewery, distillery, distributor, importer or manufacturer.  **Retail** is any grocery store, restaurant, tavern, nightclub, etc. |
|  | This form identifies any other liquor-licensed entity/entities in which you have a financial interest. |
|  | Please complete and sign this form. Incomplete forms cannot be processed. Submit this form to your licensing investigator at the above address. |
|  | If you have questions please contact your licensing investigator |

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| Please indicate below if you have a direct or indirect financial interest in any Washington retail liquor business (grocery store, restaurant, tavern, nightclub, etc.) that sells liquor directly to consumers (other than in your tasting room)? | | | | |
|  | | | | |
|  |  |  |  | **Yes** (If “Yes,” please complete page two) |
|  |  |  |  |  |
|  |  |  |  | **No** (If “No,” please sign just page 1 and return this form) |

By signing this form, I acknowledge my understanding of the above and any violation of this statement is cause for denial of a license, or revocation of any liquor licenses currently held.

Note: It is lawful for an industry member to have direct or indirect financial interest in another industry member or a retailer under a different entity, unless the interest has resulted in (or is more likely than not to result in) undue influence over the retailer or industry member, or has an adverse impact on public health and safety.

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

Continue to page 2 only if you have answered “Yes” to question 1 above.

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| License Number |
|  |
| UBI Number |
|  |
| Trade Name |

**List of Retail Business Interests**

* Retail is any grocery store, restaurant, tavern, nightclub, etc.

Complete a section for each retail business in which you (or a corporation, limited liability company (LLC) or partnership) are a member and in which you have any financial interest:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trade Name of Business #1: | |  | | | | | | |
| What is your percentage of ownership? | | | | % | |  | Liquor License Number: |  |
| UBI No: |  | |  | | | | | |
| Entity Name (corporation, LLC, partnership etc.): | | | | |  | | | |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trade Name of Business #2: | |  | | | | | | |
| What is your percentage of ownership? | | | | % | |  | Liquor License Number: |  |
| UBI No: |  | |  | | | | | |
| Entity Name (corporation, LLC, partnership etc.): | | | | |  | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trade Name of Business #3: | |  | | | | | | |
| What is your percentage of ownership? | | | | % | |  | Liquor License Number |  |
| UBI No: |  | |  | | | | | |
| Entity Name (corporation, LLC, partnership etc.): | | | | |  | | | |
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| --- | --- | --- | --- | --- |
| Print Name: |  |  | Date: |  |
| Signature: |  |  | Phone: | (     )–(     )-(     ) |
| Print Title: |  |  | E-mail |  |
|  | (EG; sole proprietor, corporate officer, partner, LLC manager or member.) | | | |

Please use additional blank sheets if needed.