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| logo | Licensing and Regulation1025 Union Ave SEPO Box 43098 Olympia WA 98504-3098Phone: 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**

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| **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. |

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| **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.  |

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| **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:  |  |

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

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| **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.

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