



TULALIP TAX & LICENSING DIVISION
 6406 Marine DR NW - Tulalip, WA 98271
 Office: 360.716.4209 - Fax: 360.716.0179
 TLD@TULALIPTRIBES-NSN.GOV

LIQ LIC No	BUS LIC No	APPLICABLE YEAR
OFFICIAL USE ONLY		
CHECK / MONEY ORDER #	RECEIPT NUMBER	

APPLICATION FOR TULALIP LICENSE

RETAIL BEER/WINE/LIQUOR - LIQUOR BY THE DRINK - GROWLERS ENDORSEMENT

A. License Type and Fees

Select each license/endorsement you would like to renew. If you wish to add new a license/endorsement type you must complete a separate form.

- | | | |
|---|--|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change Location | <input type="checkbox"/> Reorganization |
| <input type="checkbox"/> Re-open Canceled License | <input type="checkbox"/> Additional Location | <input type="checkbox"/> Change in Ownership |
| <input type="checkbox"/> Other (Identify): _____ | | |

Applications for new, change of location, additional location, and re-opening of a canceled license: Submittal must include a copy of establishment floor plans of the premises to be licensed, drawn one-fourth inch to one-foot scale. Plans must show doors, windows, interior walls, restrooms, stairways, dance floors, exits, arrangement of fixtures and furnishings, and identify restricted areas (employees only, no minors, etc) and areas alcohol will be prepared, served, and stored. Change in ownership, mergers, and reorganizations must include snapshots of the interior and exterior of the existing facility

Desired opening date at this location (new, add'l, and change loc only): _____

B. Business Information

Business Name _____ Phone Number _____

Owner/Contact Name (*Last, First*) _____ Fax or Alt Number _____

Business (Physical) Address _____ City _____ ST _____ Zip Code _____

Mailing Address (if different from above) _____ City _____ ST _____ Zip Code _____

C. Type of Organization:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Co |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (Identify): _____ |

**Corporations and LLCs skip to next page*

Name of Applicant/Authorized Agent _____ Title _____ WA ID/DL# _____

Address _____ Phone _____

Name of Applicant/Authorized Agent _____ Title _____ WA ID/DL# _____

Address _____ Phone _____

Corporation LLC

_____ Name of Partner, Member, or Corporate Officer	_____ Title	_____ % Percentage Owned
_____ Address		_____ Phone
_____ Name of Partner, Member, or Corporate Officer	_____ Title	_____ % Percentage Owned
_____ Address		_____ Phone
_____ Name of Partner, Member, or Corporate Officer	_____ Title	_____ % Percentage Owned
_____ Address		_____ Phone
_____ Name of Partner, Member or Corporate Officer	_____ Title	_____ % Percentage Owned
_____ Address		_____ Phone

D. Location & Property Information

1. WA UBI No.: _____ Federal ID No.: _____
2. Physical Address: _____
3. Is property leased or rented? _____ (If yes, provide below)
 - 2a. Owner/Landlord Name(s) _____ Phone _____ 2b.
 - Lease/Rental Start Date _____ Expires _____
4. Is Applicant the Owner of furniture, fixtures or equipment: _____ (If no, provide below)
 - 3a. Owner/Company Name(s) _____ Phone _____ 3b.
 - Mailing Address _____
5. Is Applicant the Owner of all coin-operated machines: _____ (If no, provide below)
 - 4a. Owner/Company _____ Phone _____
 - 4b. Mailing Address _____
6. Have you any interest, financial or otherwise, in any manufacturer or wholesaler of liquor?
7. Has any person, other than those named in the foregoing answers, any financial interest in your business? _____ If yes, explain: _____

8. Has any person, firm or organization loaned or advanced money or property for the acquisition or peration of you business? _____ If yes, explain: _____

9. Has any person, other than those named in the foregoing answers, any financial interest in your business? _____ If yes, explain: _____

10. Has any person other than the applicant to share in the profits or losses of your business? _____
If yes, explain: _____

11. Has any person, firm or organization loaned or advanced money or property for the acquisition or operation of your business? _____ If yes, explain: _____

12. What is your principal business at these premises? _____

13. What other business, if any, is conducted on these premises: _____

(a) By whom: _____

(b) What other business, if any do you conduct elsewhere? _____

13. What percent of your business is derived from the sale of liquor? _____ %

14. Give numbers on you federal, state or tribal wholesale and/or retail permits: _____

15. Has applicant been previously licensed by the Tulalip Liquor Commission? _____

Give latest year and location: _____ Has

license ever been denied? _____ Suspended? _____ Canceled? _____

16. Has this location been previously licensed? _____

17. What is your approximate business investment? _____

18. If applicant is an individual, answer the following questions (if married, answer each question for both husband and wife):

(a) Date of Birth: _____
Spouse 1 DOB Spouse 2 DOB

(b) Tulalip Tribal Enrollment number. If other other native, provide affiliation, and roll #, if any:

Spouse 1 TID# Spouse 2 TID# / Affiliation

(c) Have you resided on the Tulalip reservation for at least one-year prior to filing application? If no, provide previous address(es) below:

Spouse 1 YES NO

Spouse 1 Address History

Spouse 2 YES NO

Spouse 2 Address History

(d) Occupational history for the prior three years (attach additional sheets if necessary):

(e) Have you/your spouse ever been arrested, pleaded guilty, forfeited bond, entered into a plea agreement, or been convicted of any crime whatsoever in under any Tribal, Federal, or State laws, (including traffic violations involving intoxicating liquor)? _____ If yes, state nature of charge, date in what court and please pleaded guilty, forfeited or convicted, and penalty:

Spouse 1 Criminal History

Spouse 2 Criminal History

19. If applicant is a partnership, answer the following questions: (if any partner is married, answer each question for both husband and wife).

	<u>Name</u>	<u>Date of Birth</u>	<u>Soc.Sec #.</u>
(a) Who are the Partners:			
Husband	_____	_____	_____
Wife	_____	_____	_____
Husband	_____	_____	_____
Wife	_____	_____	_____
Husband	_____	_____	_____
Wife	_____	_____	_____

(b) When was partnership business started: _____

(c) Are all partners and spouses members of the Tulalip Tribes of WA.? _____

(d) Are all partners and spouses resided in this state at least one month prior to filing this application? If not, state particulars: _____

20. Has any partner or spouse been arrested, pleaded guilty, forfeited bond or been convicted or any crime whatsoever (Tribal ordinances, Federal or State laws, including any traffic violations involving intoxicating liquor)? _____. If so, state nature of charge, date, in what court and place pleaded guilty, forfeited or convicted, and penalty: _____

(Attach additional statement, if necessary, to describe in detail)

21. If business is to be conducted by a manager, answer the following questions:

(a) Name of Manager: _____ Date of Birth: _____

(b) Citizen of the United States? _____. If not, give citizenship: _____ Member of the Tulalip Tribes: _____. If not, give tribal affiliation: _____

(c) Has he resided in this state at least one month prior to filing this application? _____

(d) Has he been arrested, pleaded guilty, forfeited bond or been convicted of any crime whatsoever (Tribal ordinances, Federal or State laws, including any traffic violations involving intoxicating liquor)? _____. If so, state nature of charge, date, in what court and place pleaded guilty, forfeited or convicted, and penalty: _____

(Attach Additional Statements, if necessary, to describe in detail)

I, _____, declare, under the penalties of perjury and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or the duly authorized representative of the firm or corporation making this application and that the answers contained in said application, including any accompanying information, have been examined by me and that the matters and things set forth therein are true, correct and complete.

Applicant/Authorized Representative

Printed Name of Authorized Representative