UL.		=			
	:	TULALIP LIQUOR REGULAT BEER/WINE APPLICATIO			
A.	<u>This is a:</u>				
New Account Reopen Additional		Merger Reorganization Change in Ownership	Federal Identification NO.:		
	Location	Other (Identify)		Opening D	ate on Res.:
B.	Type of Organization:				
	_ Sole Proprietorship _ Partnership _ Other (specify)	Corporation			
C. (Last	<u>Name of Proprietor, Part</u> Name First)	nership, or Corporation:			
(Last		nership, or Corporation:	Social	Security Nur	nber
(Last Busir	Name First)		Social ST.	Security Nur	nber Telephone #
(Last Busir Maili	Name First) ness Name	No.) City			Telephone #
(Last Busir Maili	Name First) ness Name ng Address (street or Route ness Location (street or Rout Operated By	No.) City	ST.	Zip Code	Telephone #
(Last Busir Maili	Name First) ness Name ng Address (street or Route ness Location (street or Rout	No.) City	ST.	Zip Code	Telephone #
(Last Busir Maili Busir	Name First) ness Name ng Address (street or Route ness Location (street or Rout Operated By	No.) City e No.) City	ST.	Zip Code Zip Code	Telephone #
(Last Busir Maili Busir Name Corpo	Name First)  ness Name  ng Address (street or Route  ness Location (street or Rout  Operated By Husband & Wife  e of Partner or	No.) City e No.) City Name of Spouse	ST. Social	Zip Code Zip Code Security No.	Telephone #         Telephone #         Address
(Last Busir Maili Busir Name Corpe Telep	Name First)  ness Name  ng Address (street or Route  ness Location (street or Rout  Operated By  Husband & Wife  e of Partner or orate Officer	No.) City e No.) City Name of Spouse	ST. Social	Zip Code Zip Code Security No. Residence	Telephone #         Telephone #         Address         nber
(Last Busir Maili Busir Name Corpo Telep	Name First)  ness Name  ng Address (street or Route  ness Location (street or Rout  Operated By  Husband & Wife  e of Partner or orate Officer  ohone Number e of Partner or	No.) City e No.) City Name of Spouse Title	ST. Social Social	Zip Code Zip Code Security No. Residence Security Nur	Telephone #         Telephone #         Address         nber         Address

## D. Liquor Licenses:

## Name of Proprietor, Partnership, or Corporation (Last Name First)

Furnish to your enforcement officer drawings or sketches, in duplicate, of the floor plans of the premises to be licensed, drawn one-fourth inch to one-foot scale. This should show doors, windows, interior walls, restrooms, stairways, dance floors, and arrangement of furnishings. If the building or business presently exists, include snapshots of the interior and exterior of the facility to be licensed.

1.		(Zip Code) (Zip Code)				
2.	Owner of building: _	Name	Address			
3.	Landlord:Nan	ne	Address			
4.	Lease: Date	Expires	Rental			
5.	Owner of furniture, fixtures or equipment:	Name	Address			
6.	Owner of all coin- operated machines:	Name	Address			
7.	If i	, financial or otherwise, in any manufac married, is either spouse employed by a Has any manufacturer or wholesal	cturer or wholesaler of liquor? my manufacturer or wholesaler of			
8.	Holder of contract or encumbrance on furniture, fixtures, or equipment:					
	Name	Address	Amount			
9.	Is any person other the	an the applicant to share in the profits o	r losses of you business?			
	Name		Address			
10.	Has any person, other than those named in the foregoing answers, any financial interest in your business?					
	Name	Address				
11.		or organization loaned or advanced moness?				

(Attach Additional Statement if Necessary)

2.	(a) What is your principal business at these premises?				
	What other business, if any, is conducted on these premises:				
	By whom:				
	(b) What other business, if any do you conduct elsewhere?				
	What percent of your business is derived from the sale of liquor?%				
	Give numbers on you federal, state or tribal wholesale and/or retail permits:				
	Has applicant been previously licensed by the Tulalip Liquor Commission?				
	Give latest year and location:				
	Has license ever been denied?    Suspended?    Canceled?				
	Has this location been previously licensed?				
	What is your approximate business investment?				
	If applicant is an individual, answer the following questions <u>(if married, answer each question for both husband and wife)</u> :				
	(a) Date of Birth: Wife				
	Soc. Sec. No Wife				
	(b) Member of the Tulalip Tribes? If no, give affiliation.				
	Husband Wife				
	(c) Have you resided on the Tulalip reservation for at least one-year prior to filing application?				
	(d) Give occupation for at least three years:				
	(e) Have you ever been arrested, pleaded guilty, or 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 please pleaded guilty, forfeited or convicted, and penalty:				
	Husband				
	Wife				

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

		Name		Date of Birth		<u>Soc.Sec.</u> <u>Number</u>		
	(a) Who are	the Partners:						
	Husband Wife							
	Husband Wife							
	Husband Wife							
	(b) When wa	as partnership business	s started:					
	(c) Are all p	(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:						
	e whatsoever involving int	r spouse been arrested, (Tribal ordinances, Feo oxicating liquor)? ce pleaded guilty, forfe	deral or S	tate laws, includin If so, stat	g any traffi e nature of	ic violations charge, date, in what		
	(Attach addit	ional statement, if nec	essary, to	describe in detail)	)			
20.	(NOTE: Cor	s a <u>corporation</u> , answer poration must be regis ribes of Washington:						
	(a) When we	ere you incorporated:			Where:			
	(b) Officers:	<u>Name</u>		Date of Birth	<u>So</u>	<u>ocial Security</u> <u>Number</u>		

(d) Has any officer 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)

21. If business is to be conducted by a <u>manager</u>, 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 - Partner - President - Secretary

Date