



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

OFFICIAL USE ONLY

LIQUOR LIC No	BUSINESS LIC No	APPLICABLE YEAR
CHECK / MONEY ORDER #		RECEIPT NUMBER

APPLICATION FOR TULALIP LICENSE

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

A. Owner Information

Owner/Contact Name (Last, First) _____ Phone Number _____

Owner/Contact Name (Last, First) _____ Phone Number _____

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

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

B. 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.

- Liquor By The Drink \$100
- Retail Beer \$30
- Retail Wine \$30
- Retail Liquor \$30
- Growler Endorsement \$15* Select all that appl Beer Wine Cider
*Per endorsement type

C. Business Information

- Sole Proprietor Partnership - Husband & Wife Other (Identify):
- Corporation, Partnership, LLP, LLC Tribal Government

Corporations, Partnerships, LLPs, and LLCs: Attach list of the names and contact information of all corporate officers, partners, and majority shareholders

Business Name _____ Phone Number _____

Applicant Name _____ Fax or Alt Number _____

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

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

D. Ownership & Interests

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

D. Location & Property Information

1. WA UBI No.: _____ Federal ID No.: _____
2. Is property leased or rented? NO (skip to 3) YES
 a. Owner/Landlord Name(s) _____ Phone _____
 b. Lease/Rental Start Date _____ Expires _____
3. Is Applicant the Owner of furniture, fixtures or equipment? NO (skip to 4) YES
 a. Owner/Company Name(s) _____ Phone _____
 b. Mailing Address _____
4. Do you intend to place coin operated machines at this location? NO (skip to 5) YES
 a. Type(s) of machines: _____
 b. Is Applicant the Owner of all coin-operated machines? NO YES (skip to 5)
 c. Owner/Company (attach sheet if necessary): _____ Phone: _____
 d. Mailing Address _____
5. Do any partners, shareholders, or managers have any interest, financial or otherwise, in any manufacturer or wholesaler of liquor?
 a. If yes, explain: _____

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

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

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

9. Is any person other than the applicant to share in the profits of your business?
 a. If yes, explain: _____

10. Has any person, firm, or organization loaned or advanced money or property for the acquisition or operation of your business?

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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