

3. Complete the following information for ALL partners: (Continued)

b. **Partner:**

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |_____|-|_____|-|_____|

Mailing Address: |_____

|_____ City |_____| State |_____| Zip

|_____ County Date Acquired: |_____|-|_____|-|_____|

Signature: _____ Date: |_____|-|_____|-|_____|

c. **Partner:**

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |_____|-|_____|-|_____|

Mailing Address: |_____

|_____ City |_____| State |_____| Zip

|_____ County Date Acquired: |_____|-|_____|-|_____|

Signature: _____ Date: |_____|-|_____|-|_____|

d. **Partner:**

Last Name: |_____

First Name: |_____ MI: |__|

Social Security #: |_____|-|_____|-|_____| Birthdate: |_____|-|_____|-|_____|

Mailing Address: |_____

|_____ City |_____| State |_____| Zip

|_____ County Date Acquired: |_____|-|_____|-|_____|

Signature: _____ Date: |_____|-|_____|-|_____|

NOTE: In addition to the above, please submit in the format shown, a list of all other members of this Partnership.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.