



**STATE OF WASHINGTON  
BUSINESS LICENSING SERVICE**

PO Box 9034  
Olympia, WA 98507-9034  
Telephone: 1-800-451-7985

LICENSE NUMBER \_\_\_\_\_

UBI NUMBER \_\_\_\_\_

**Personal/Criminal History Statement**

**(For Liquor, Lottery, Gambling and Cigarette/Tobacco Wholesaler/Retailer Licenses )**

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

Type of License(s) you are applying for: (You must provide a copy of this form to each of the agencies you checked below.)

LIQUOR     LOTTERY     GAMBLING     CIGARETTE/TOBACCO Wholesaler/Retailer

BUSINESS NAME: (DBA or trade name)				
BUSINESS LOCATION ADDRESS: Street or Route	City	County	State or Country	Zip Code

**I AM A:**     SOLE PROPRIETOR     CORPORATE OFFICER     STOCKHOLDER     FINANCIER     LLC MEMBER/MGR     SPOUSE  
 (Check all that apply)     PARTNER    Title: \_\_\_\_\_ 10% or more     MANAGER     OTHER: \_\_\_\_\_

NAME: (Last, First, Middle)		Maiden	SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS: (Street or PO Box)		City	County	
State or Country:	Zip Code:	HOME PHONE:	WORK/CELL PHONE:	
HOW LONG LIVING AT HOME ADDRESS ABOVE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:
BIRTHDATE: (Month, Day and Year)	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, give alien registration/entry visa/work permit number(s):		PORT OF ENTRY:	DATE OF ENTRY: (Month, Day and Year)
SPOUSE'S NAME: (Last, First, Middle)		Maiden	DATE OF MARRIAGE: (Month, Day and Year)	

**LICENSE HISTORY**

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

**CRIMINAL HISTORY STATEMENT**

**Have you EVER:**    1. Been arrested or cited?    3. Been convicted?    5. Been placed on probation?     YES     NO  
 2. Been charged with a crime?    4. Been Jailed?    6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed**. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

**CERTIFICATION**

I certify under penalty of perjury that all answers and statements on page 1 and 2 are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE: <b>X</b>		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)
SIGNATURE: <b>X</b>		
PRINT NAME:	DATE SIGNED:	PLACE SIGNED: (City, County and State)

*If applying for gambling license, elected chief executive officer or employer must also sign this form.*

**Continue on to the backside of this form.**

# Personal/Criminal History Statement (Page 2)

LICENSE NUMBER \_\_\_\_\_

UBI NUMBER \_\_\_\_\_

Page 2 to be completed by applicants applying for Liquor, Gambling, Cigarette and Tobacco wholesaler/retailer Licenses.

## ADDITIONAL PERSONAL HISTORY

PLACE OF BIRTH: <i>City</i>	County	State or Country		
OTHER NAMES USED:		PREVIOUS SOCIAL SECURITY NUMBER:		
PLACE OF MARRIAGE: <i>City</i>	County	State or Country	Zip Code	
MILITARY SERVICE: <i>(Branch and dates of service)</i>	COUNTRY OF MILITARY SERVICE:	TYPE OF DISCHARGE:		
E-MAIL ADDRESS:		FAX NUMBER:		

## EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code
Dates From - To:	TITLE:	SUPERVISOR:		
EMPLOYER/SCHOOL:				
ADDRESS: <i>(Street or Route)</i>	City	County	State or Country	Zip Code

## RESIDENCE INFORMATION

You must list all places of residence for the **last 10 consecutive years** (include foreign residences). List current residence first. **If more space is needed, attach additional sheets in same format.**

Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:
Dates From - To:	STREET ADDRESS:			
	CITY:	COUNTY:	STATE or COUNTRY:	ZIP CODE:

**APPLICANT: YOU MUST MAKE COPIES FOR EACH OF THE AGENCIES YOU HAVE CHECKED ON PAGE 1 OF THIS FORM**

**LIQUOR CONTROL BOARD**  
PO BOX 43098  
OLYMPIA WA 98504-3098

**LOTTERY COMMISSION**  
PO BOX 43027  
OLYMPIA WA 98504-3027

**GAMBLING COMMISSION**  
PO BOX 42400  
OLYMPIA WA 98504-2400

**CIGARETTE/TOBACCO**  
PO BOX 43098  
OLYMPIA WA 98504-3098