



# Business License Application, Retail Marijuana

Submit this completed application form with the required application materials listed below, either in person during [customer service hours](#), or by mail to the address shown below. Incomplete applications will not be accepted.

Application check list:

- Copy of State of Washington Business License (UBI)
- Copy of WLCB retail marijuana license or retail license application accepted by the WLCB
- Copy of WLCB approved medical marijuana endorsement, if applicable
- Non-refundable application fee: \$1,000 or \$500 with an approved WA State medical marijuana endorsement

Select one:     New Application                       Renewal

Business Information			
BUSINESS NAME		PARCEL NUMBER (required)	
BUSINESS ADDRESS		CITY	STATE    ZIP CODE
BUSINESS MAILING ADDRESS      Same as above		CITY	STATE    ZIP CODE
TOTAL BUSINESS SQUARE FEET		SQUARE FEET OF MEDICAL PORTION, if any	
Applicant Information (name of person or entity proposing to operate the business)			
FULL NAME	PHONE NUMBER	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE    ZIP CODE
BIRTHDATE			

# Business License Application, Retail Marijuana, continued

Select one:      Sole Ownership (Applicant listed above)      Partnership      Corporation

CORPORATE OR PARTNERSHIP NAME		UBI NUMBER		
ADDRESS OF PRINCIPAL OFFICE		CITY	STATE	ZIP CODE

Partnerships or corporations: list all owners, partners or officers with a financial interest: (Attach an additional page if necessary)

FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE
FULL NAME		BIRTHDATE	EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE	ZIP CODE

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license application or license granted, that I am the applicant or authorized representative and that the answers and accompanying information contained herein have been examined by me and that the matters set forth are true, correct and complete. (Signature of sole proprietor, corporate officer of limited liability member)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_