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| Licensing and Regulation Division  PO Box 43098, Olympia WA 98504-3098  Phone: (360) 664-1600 Fax: (360) 753-2710  [lcb.wa.gov](http://www.lcb.wa.gov) | | | | | | | |  | | | | | | | | | |
| **License Number** | | | | | | | | | |
|  | | | | | | | | | |
| **UBI Number** | | | | | | | | | |
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| **Trade Name** | | | | | | | | | |
| **ADDED ACTIVITIES FOR DISTILLERIES, BREWERIES AND WINERIES**   * *Please answer all questions below.* * *Questions? Contact your assigned licensing specialist or call Customer Service at (360) 664-1600.* | | | | | | | | | | | | | | | | | |
| **STEP 1: Please indicate which of the following added activities you will have for this location.** | | | | | | | | | | | | | | | | | |
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| 1. **Axe Throwing**   [WAC 314-03-060](https://app.leg.wa.gov/WAC/default.aspx?cite=314-03-060)  *Allows axe throwing at the liquor licensed premises with the approval of a safety operating plan.* | | | | | | | | | | | **Yes** | | **No** | | | | |
| If **Yes**, you must submit a [**Safety Operating Plan**](https://lcb.wa.gov/sites/default/files/publications/licensing/forms/LIQ-1499-Safety-Operating-Plan-Axe-Throwing.docx.docx) along with all its required documents. You can find this form on our website: [lcb.wa.gov](https://lcb.wa.gov/). Click on Licensing Services, Forms/Applications, Applications/Added Activities – Safety Operating Plan. | | | | | | | | | | | | | | | | | |
| 1. **Delivery to Consumers**   *You will be held accountable for all deliveries of liquor made on your behalf.* | | | | | | | | | | | | | | | | | |
| **Beer Delivery** – Brewery | | | | | | | | | **Yes** | | | | | **No** | | | |
| **Spirits Delivery** – Distillery | | | | | | | | | **Yes** | | | | | **No** | | | |
| **Wine Delivery** – Winery | | | | | | | | | **Yes** | | | | | **No** | | | |
| If **Yes**, how will product be delivered to your customer? *(Check all that apply.)* | | | | | | | | | | | | | | | | | |
|  | | **Employee** | **FedEx** | **UPS** | **3rd Party/Other** | | | | | | |  | | | | | |
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| If **3rd Party/Other**, what specific service(s) will you be using?  *A copy of the service provider(s) contract(s) must be submitted with this application.* | | | | | | | | | | | | | | | | | |
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| If **Yes**, how will you verify the buyer and recipient are over 21? | | | | | | | | | | | | | | | | | |
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| 1. **Internet Sales to Consumers and Payment Portals** | | | | | | | | | | | | | | | | | |
| **Internet Sales**  *(Provides development, management, and support of internet-based sales for a fee.)* | | | | | | | | | | **Yes** | | | | | **No** | | |
| If **Yes**, list the specific service(s) you will be using.  *A copy of the service provider(s) contract(s) must be submitted with this application.* | | | | | | | | | | | | | | | | | |
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| **Payment Portal**  *(Enables and supports payment systems or payment-related services for a fee.)*  ***NOTE: Only required if box for Internet Sales is checked “Yes.”*** | | | | | | | | | | **Yes** | | | | | **No** | | |
| If **Yes**, list the specific payment processing portal(s) you will be using.  *A copy of the service provider(s) contract(s) must be submitted with this application.* | | | | | | | | | | | | | | | | | |
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| 1. **Outside Service Area**   [WAC 314-03-200](https://apps.leg.wa.gov/wac/default.aspx?cite=314-03-200)  *Your business entity must own or have exclusive leasehold rights to the area, there must be an interior access to the licensed premises, and it must be enclosed with 42” tall compliant barriers.* | | | | | | | | | | | **Yes** | | | | | **No** | |
| 1. **Sales Outside of Washington** | | | | | | | | | | | **Yes** | | | | | **No** | |
| 1. **Self-dispensing Wine Machine** – Winery   [WAC 314-12-085](https://apps.leg.wa.gov/wac/default.aspx?cite=314-12-085)  *Allows the use of self-dispensing wine machines.*  *A copy of the system provider contract must be submitted with this application.* | | | | | | | | | | | **Yes** | | | | | **No** | |
| 1. **Self-service Beer Taps** – Brewery   [WAC 314-12-085](https://apps.leg.wa.gov/wac/default.aspx?cite=314-12-085)  *Allows the use of self-service beer taps.*  *A copy of the system provider contract must be submitted with this application.* | | | | | | | | | | | **Yes** | | | | | **No** | |
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| **STEP 2: Certification** | | | | | | | | | | | | | | | | | |
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| I declare under penalty of perjury that all answers contained in this application are true, correct, and complete. The undersigned certifies it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any permit issued. | | | | | | | | | | | | | | | | | |
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| **Print Name:** | | | | | |  | **Print Title:** | | | | | | | | | | |
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| **Signature:** | | | | | |  | **Date:** | | | | | | | | | | |