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# CITY OF KENMORE, WA

## Marijuana Business License Application

18120 68<sup>th</sup> Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

Staff use Area	License Number: _____	
	Application Date: _____	
	Expiration Date: _____	
	Received By: _____	
		Date Stamp

**1****Business Information:**Business Registration Type: ☐ New ☒ Renewal

Business Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Business Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Universal Business Identifier (UBI): \_\_\_\_\_

Will flammable or hazardous materials be stored on site? ☐ Yes ☐ No

If yes, what materials and quantities? \_\_\_\_\_

Business Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Association ☐ Non-Profit☐ Individual Ownership ☐ Other: \_\_\_\_\_**If a partnership**, what type? ☐ General ☐ Limited

Legal name of partnership: \_\_\_\_\_

Name and address of any registered agent for service of process: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

**If a corporation or limited liability company**, specify the following:

Legal name of corporation limited liability company: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Place of Incorporation: \_\_\_\_\_

Name and address of any registered agent for service of process: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**If a sole proprietorship or individual ownership**, please specify the following:

	Name: _____ Address: _____ City, St, Zip: _____ _____ Phone: _____ _____		
<b>2</b>	<b>Property Information:</b>		
	Property Parcel Number: _____		
	Legal Description: _____		
	Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent or Lease		
	Property Owner Name: _____		
	Address: _____		City, St, Zip: _____
	Phone: _____		E-mail Address: _____
	Property Owner Name: _____		
	Address: _____		City, St, Zip: _____
	Phone _____		E-mail Address: _____
	If more than two property owners provide separate list of all owners.		
<b>3</b>	<b>Applicant Information:</b>		
	Applicant Name: _____		
	Legal Description: _____		
	Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent or Lease		
<b>4</b>	<b>Loans and Leases</b>		
	Are there any loans, leases, secured transactions and/or repayments related to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the terms associated to each agreement.		
<b>5</b>	<b>Submittal Requirements</b>		
	Appl.	Staff	# of Copies
	<input type="checkbox"/>	<input type="checkbox"/>	Marijuana business license from Liquor and Cannabis Board 1
	<input type="checkbox"/>	<input type="checkbox"/>	Personal/criminal history form of applicants* 1
	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprints of applicants* 1
	<input type="checkbox"/>	<input type="checkbox"/>	Results of Liquor Control Board criminal history check of applicants* 1
	<input type="checkbox"/>	<input type="checkbox"/>	Insurance listing City of Kenmore as additional insured 1
	<input type="checkbox"/>	<input type="checkbox"/>	Operating plan submitted to the Liquor and Cannabis Board 1
	<input type="checkbox"/>	<input type="checkbox"/>	Two-inch by two-inch color photographs of the applicant and applicant control persons taken within six months of the date of application showing only the full face 1
	<small>*An applicant is considered any party of interest of the business and includes all business partners and their spouses</small>		
<b>6</b>	<b>Applicant Signature and Date:</b>		
	I affirm the information above is true and accurate and authorize the City, its officers, employees, and agents to seek information to confirm any information and documents in this application.		