

# Master License Application Supplement

Second Hand Dealer

Adult Entertainment

Gambling

Bathhouse

## SECTION A – Business Information

Please complete all information

Business Name		WA State UBI # (1-800-647-7706)		
Business Location Address (Street/Suite# - Physical Location Only)				
City		State	Zip	Business Phone
Mailing Address	City	State	Zip	Business Fax:
Email Address		Liquor/Gambling Lic. #		
Number of persons employed in Federal Way		Full Time	Part Time	Hours of Operation

## SECTION B – Description of Business

Describe in detail the principal products sold or services you provide in Federal Way

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## SECTION C- Personal Statement – Attach additional pages if necessary.

Last Name		First Name		
Home Address – Street City State Zip		Home Phone		
Place of Birth	Date of Birth	Driver License #/ State		
Alien registration visa/work permit#	Port of Entry	US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		
Spouse's Name	Date of Marriage	Place of Marriage	Military Service and Dates	
Sex	Race	Height	Weight	Eye Color

## Section D - Residence Information – List all places of residence for the last 10 years, current residence first. Attach additional pages if necessary.

Dates from-to	Street Address – City State Zip
Dates from-to	Street Address – City State Zip
Dates from-to	Street Address – City State Zip
Dates from-to	Street Address – City State Zip

**Section E- Employment History - List employment, self-employment, military service, unemployment and school attendance for the last 10 years.**

Dates from-to	Employer - Title	Address
Dates from-to	Employer - Title	Address
Dates from-to	Employer - Title	Address
Dates from-to	Employer - Title	Address

**Section E – Criminal History – Have you ever (as a juvenile or adult)**

1. Forfeited bail or paid a fine over \$25.00
2. Been arrested?
3. Been charged with a crime?
4. Been convicted?
5. Been jailed? Been placed on probation?

**\*\*You must answer “YES” if any of the above have occurred, even if charges were dismissed\*\***

YES                       NO

**Explain each charge fully below**

Charge	Date Charged	City	County/ State	Disposition/ Date
Charge	Date Charged	City	County/ State	Disposition/ Date
Charge	Date Charged	City	County/ State	Disposition/ Date

**Section F – Licenses List any and all business licenses you have held in any City or State**

Type of License	Business Name	Date Issued	Current Status
Type of License	Business Name	Date Issued	Current Status
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**Certification**

I certify under penalty of perjury that all answers and statements 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	Date
Printed Name	Place Signed

**For office use only**

**Amount Received:** \_\_\_\_\_ **Check No.:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_