

Master License Application Supplement

Second Hand Dealer

Pawnbroker

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

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 No		
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
Type of License	Business Name	Date Issued	Current Status

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.

E-SIGNATURES ARE NOT ACCEPTED

Signature	Date
Printed Name	Place Signed

For office use only

Amount Received: _____ Check No.: _____ Date Received: _____ Receipt # _____