##  **BUSINESS INTEREST FINANCIAL AFFIDAVIT**

This affidavit is made in connection with the following application

for an alcoholic beverage license or change of interest in current license.

Corporate or LLC Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sole Proprietor / Trade Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stockholder\_\_\_\_\_ % Partner\_\_\_\_\_\_ % Proprietor\_\_\_\_\_%

Licensee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stockholder\_\_\_\_\_ % Partner\_\_\_\_\_\_ % Proprietor\_\_\_\_\_%

Licensee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stockholder\_\_\_\_\_ % Partner\_\_\_\_\_\_ % Proprietor\_\_\_\_\_%

Licensee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stockholder\_\_\_\_\_ % Partner\_\_\_\_\_\_ % Proprietor\_\_\_\_\_%

Licensee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stockholder\_\_\_\_\_ % Partner\_\_\_\_\_\_ % Proprietor\_\_\_\_\_%

Total Percentage must equal 100% = \_\_\_\_\_\_\_\_\_\_\_\_%

### **I UNDERSTAND THAT FALSIFICATION OF THE INFORMATION ON THIS FORM MAY**

**CONSTITUTE GROUNDS FOR DENIAL OR REVOCATION OF THE LICENSE.**

I hereby authorize the Washington County Liquor Board, or any of its Officers, to examine my bank accounts or any bank accounts established in connection with this business, and to examine and secure copies on any business records or documents established in connection with the business including, but not limited to, those on file with my bookkeeper or with the above named bank(s). I have also read all the above and declare under penalty of perjury that each and every statement is true and correct.

Signature of Licensee’s Printed Name of Licensee

Signature of Licensee’s Printed Name of Licensee

Signature of Licensee’s Printed Name of Licensee

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS CERTIFIES, That on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, before me, a notary public of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Write Printed Name from ID online below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appeared before me and I the Notary Public acknowledged the execution of the aforegoing statement to be voluntary and true act.

Witness my hand and official seal.

 My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL DOCUMENTS MUST BE NOTARIZED BEFORE BRINGING THEM IN.**

**Separate copies of this page can be made for Licensee’s signatures to be Notarized.**