



APPLICATION INSTRUCTIONS
FOR EXEMPTION FROM COLLECTING ADMISSION TAX AT
LIVE MUSIC VENUES

General: The person filling out the Application must be a registered owner of the business.

Customer Number: Please enter the Customer Number which can be found on the business license of the establishment for which you are applying for Admission Tax Exemption.

Liquor License Number: Please refer to your Washington State, Liquor Control Board, Notice of Approval Notification Liquor License Number.

Application Date: Please enter the date when the Application will be delivered/sent to the City of Seattle

1. **Legal Ownership:** Please provide the name of the legal entity as follows:

- **Sole Proprietor:** list last name, then first name and middle initial;
- **Corporation:** list the corporate name as filed with the State of Washington (not the shareholder's names);
- **Partnership:** list the partners' last names only;
- **LLC - (Limited Liability Company):** list the name as filed with the State (not the owner's names).

2. **Name of Venue/Nightclub:** Please provide the trade name of the venue as used currently on all publicity materials (including web site) and signage boarding and as entered on your liquor license. Please also include (if applicable) the previous name that the venue traded under.

3. **Address of Venue:** Please provide the U.S. Postal Service approved physical address of the venue.

4. **Name of Venue Owner:** Please only use the full name(s) of the person(s) who are listed on the Washington State, Liquor Control Board Approved Notification for the venue. If the venue is equally co-owned by a number of people in the form of a corporation, please provide all full names.

5. **Person Completing this Application Must be Venue Owner:** The legal owner of the venue must initial this box

6. **Primary Contact Person:** Please provide the name and role of the person(s) that you wish, as owner of the venue, to be the point of contact for day-to-day communication with the City of Seattle

7. **Contact Phone Numbers**: Please provide telephone numbers for the person identified in item 5.
8. **Contact Email Address**: Please provide the email address for the person identified in item 5.
9. **Home Address/Physical Alternative Address**: Please provide full address details for the venue owner identified in item 3.
10. **Names of the Persons with a Legal Interest in the Business**: Please provide the full names of all persons identified on the Washington State Liquor Control Board, Approved Application Notification with full names of all subsequent legal owners.
11. **Sworn Statement**: The legal owner of the venue must initial each box certifying the criteria for exemption have been met. If the legal owner is a person other than an individual, then an authorized individual must initial each box, and sign the application. For a corporation, an authorized individual must be a corporate officer, for a partnership, it must be a Partner with the authority to sign on behalf of the partnership. This may be completed prior to obtaining the Notary Public Seal to begin the application process. HOWEVER, the application will not be approved until the fully executed and notarized original is received by DEA. There will be a 20 day review period.
12. **MAIL ORIGINAL completed application and required documentation to:**

Attn: Brenda Strickland
City of Seattle – Regulatory Services & Operations
PO Box 34214
Seattle, WA 98124-4214