

## Exhibit D CONTRACT INTAKE FORM

All potential consultants/entities seeking a Contract, Agreement, Memorandum of Understanding, etc., with the Washington State Liquor and Cannabis Board (WSLCB), must complete and return this form before a Contract or Agreement will be offered.

<b>1. CONTRACTOR'S NAME (AS LEGALLY REGISTERED WITH THE IRS):</b> <sup>4</sup>		<b>CONTRACTOR'S DBA (DOING BUSINESS AS) NAME:</b>	
<b>2. CONTRACTOR'S CONTACT INFORMATION:</b>			
<b>ADDRESS (NUMBER, STREET, AND APT/SUITE)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>CONTRACT MANAGER NAME</b> <sup>1</sup>	<b>CONTRACT MANAGER'S EMAIL ADDRESS</b>		
<b>CONTRACT MANAGER'S PHONE NUMBER</b>			
<b>CONTRACTOR'S SIGNATORY (IF DIFFERENT THAN CONTRACT MANAGER):</b> <sup>2</sup>			
<b>NAME</b>	<b>EMAIL ADDRESS</b>		
<b>ADDITIONAL INDIVIDUALS TO RECEIVE CONTRACT (IF DESIRED):</b> <sup>3</sup>			
<b>NAME(S)</b>	<b>EMAIL ADDRESS(ES)</b>	<b>ACTION REQUIRED (Sign, initial, or courtesy copy)</b>	
<b>3. BUSINESS INFORMATION:</b>			
<b>TAXPAYER IDENTIFICATION (TIN) NUMBER</b>			
For individuals, this is your Social Security Number (SSN). For other entities (corporations, etc.), this is your <a href="#">Employer Identification Number</a> (EIN).			
SSN: _____ <b>OR</b> EIN: _____			
<b>STATEWIDE VENDOR (SWV) NUMBER</b>			
Contractors are <b>required</b> to register as a Statewide Vendor in order to receive payment from the State. Visit the <a href="#">Office of Financial Management</a> for information or to register. To find your existing SWV#, visit OFM's <a href="#">Statewide Vendor Number lookup</a> .			
SWV: _____			
<b>How is your business organized?</b>			
Click to select _____			
If a Corporation, non-profit, attach a copy of 501(c) status.			
<b>Do you have a current Washington State business license?</b> <sup>4</sup>			
<input type="checkbox"/> Yes – Attach a copy or provide UBI#: _____			
<input type="checkbox"/> No – Visit the <a href="#">Department of Revenue</a> to review licensing requirements.			
<b>Is your business a small, <a href="#">women-</a>, <a href="#">minority-</a>, or <a href="#">veteran-owned</a> business as defined in <a href="#">Chapter 39.26.010 RCW</a>?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and submit the Business Enterprise Certification Form with this form. If not, visit the sites linked above for information about registration.			
<b>Have you had any contract to provide services terminated for default?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach a list of each terminated contract with an explanation of the situation.			

**4. WASHINGTON STATE EMPLOYMENT (ESDs, School Districts, and State Agencies check N/A):**

**Are you, or any of your business partners, directors, officers, managers, employees, or board members current or former (within the last 24 months) officers or employees of the State of Washington?**

Yes  No  N/A If yes:  Current or  Former

If you checked Yes, you may be required to seek guidance from the [Executive Ethics Board](#) before a contract is offered; you may be contacted for clarification about your current/former role.

**Are you, or any of your employees or subcontractors, a retiree who used the 2008 Early Retirement Factors (ERFs) to retire early and is under age 65?** This type of retiree, if under age 65, cannot work *in any capacity* for a DRS-covered employer and continue to receive a DRS benefit.

Yes  No

If you checked Yes, and are under age 65, you cannot work *in any capacity* for a DRS-covered employer and continue to receive a DRS benefit; you may be contacted for clarification about your answer and asked to complete additional documentation.

**5. I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify the Agency of any changes.**

**CONTRACTOR SIGNATURE**

**DATE**

**PRINTED NAME**

**TITLE**

<sup>1</sup> Contract Manager is the Contractor's person responsible for all communications and billings regarding the performance of the proposed Contract/Agreement. Depending on your organization's structure, this may or may not be the same person who will sign the Contract/Agreement. This is NOT the WSLCB Contract Manager or contact person.

<sup>2</sup> If the person signing the Contract/Agreement on behalf of the Contractor is different than the Contract Manager, both individuals will receive notices via DocuSign.

<sup>3</sup> You may list additional individuals to sign the Contract/Agreement and/or receive a courtesy copy via DocuSign. If including additional signatories, list them in order they should be received.

<sup>4</sup> For assistance finding your organization's legal name or UBI number, or if you would like more information about business license requirements, visit the [Department of Revenue](#).