**APPLICATION FOR CLASS 8 PERMIT**

This application is submitted by a vendor who manufactures or sells a product which cannot be effectively presented to potential buyers without serving it with liquor or a manufacturer, importer or wholesaler who donates and/or serves liquor without charge to delegates and guests at a trade association of WSLCB licensees.

* The liquor must be served in a hospitality room or from a booth in a WSLCB approved supplier’s display room at the convention.
* Vendors of a product that cannot be presented without liquor must purchase the alcohol from a licensed Spirits Retailer, Craft Distillery, Distiller, Fruit and/or Wine Distillery, Winery or Brewery.
* All donated liquor is subject to normal state taxes.

([RCW 66.20.010](https://app.leg.wa.gov/RCW/default.aspx?cite=66.20.010)(8))

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| **Permit Processing Information** | |
|  | The one-time event fee is $25. Please make your check payable to WSLCB. |
|  | Prior to the event and the issuing of your permit, we must receive your completed application, payment, and the list\* of event attendees (\*submitted by the event coordinator). |
|  | Mail your payment and documents to the above address. . |
|  | Allow 10-15 business days for processing. Your permit will be mailed or emailed to you. |
|  | If you have questions, please call Customer Service at 360-664-1600 option 1 then option 2. |

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| **Applicant Information** | | |
| Business name (*Manufacturer, Importer ,Wholesaler or Vendor)* |  | License No: |
| Business address (*Street or Route, City, State, Zip Code)* | | |
| Mailing address *(if different from above)* | | |

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| **Event Coordinator Information** | | |
| Event Coordinator name and title: | | |
| E-mail address: |  | Phone:  (     )-     - |

This form is continued on the back page.

**APPLICATION FOR CLASS 8 PERMIT continued**

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| Business name: |  |  | License No: |  |

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| **Event Information** | | | | | | | |
| Type of event: | | | | |  | Date(s) of event: | |
| Location of event (*Street or Route, City, State, Zip Code)* | | | | | | | |
| Hours liquor will be served: | | | | | | | |
| Liquor will be served in: | | | | | | | |
|  | Hospitality room Room number(s): | | |  | | | |
|  | Booth in supplier’s display room Booth number(s): | | | | | | |
| Type of liquor to be served: | | Beer | Wine | | | | Spirituous Liquor |

I declare under the penalties of perjury that the answers contained in this application are true, correct and complete. The undersigned certifies it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any permit issued.

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| **Print Name:** |  |  | **Title:** |  |
| **Signature**: |  |  | **Date:** |  |