**APPLICATION FOR CLASS 1, 2 OR 6 PERMITS**

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| **Choose one of the following permits:** | | |
|  | **Class 1 Permit - $5 fee** | (RCW 66.20.010(1)) |
| The Class 1 Permit allows liquor to be purchased by a physician or dentist or any person in charge of an institution such as a hospital or sanitarium or a home devoted exclusively to the care of aged people. | |
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|  | **Class 2 Permit** (choose one of the following fees) | (RCW 66.20.010(2)) |
| **$5 fee to purchase 5 gallons or less** **or**  **$10 fee to purchase over 5 gallons** | |
|  | The Class 2 Permit allows liquor to be purchased by a person engaged in a mechanical or manufacturing business, or in scientific pursuits requiring alcohol. The use of alcohol for beverage purposes is prohibited. There is no fee for city, county, state or federal institutions or accredited education institutions. | |
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|  | **Class 6 Permit - $5 fee** | (RCW 66.20.010(6)) |
|  | The Class 6 Permit allows liquor to be purchased at retail by a person operating a drug store and who then sells the liquor on the prescription of a physician. | |

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| **Permit Processing Information** | |
|  | Please make your check payable to WSLCB. The Class 1, 2 and 6 Permits expire June 30th of each year. Renewal notices are mailed approximately 4-6 weeks before the expiration date. |
|  | Mail your completed application and check to the above address. |
|  | Allow 7-14 business days for processing. Your permit will be mailed to you. |
|  | If you have questions, please call Customer Service at 360-664-1600. |

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| **Applicant Information** | | | |
| Business name: | | | Phone:  (     ) -      - |
| UBI/EIN number (if applicable): | Type of business: | | |
| Business address (Street or Route, City, State, Zip Code): | | | |
| Mailing address (if different from above): | | | |
| Person representing business: | | E-mail address: | |
| How will the liquor be specifically used? | | | |
| What is the approximate amount of liquor required for the current fiscal year? | | | |

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:** |  |