**ACCOMMODATION SALE INVENTORY REPORT FORM**

An Accommodation Sale Permit allows an individual or business in Washington State to sell a private collection of wine or spirits to an individual or business in Washington State, and must be requested on LIQ1289 Application Accommodation Sale Permit at least 5 business days before the sale. No later than 20 calendar days after the sale, the seller must complete, sign, and mail this form to the Washington State Liquor and Cannabis Board. (RCW 66.20.010 (16))

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| --- |
| **Inventory Report Form Processing Information** |
| * Complete LIQ1289 Application for Accommodation Sale Permit and obtain an accommodation sale permit.
 |
| * The permit must be obtained at least 5 business days before the sale.
 |
| * The seller must mail your completed and signed Accommodation Sale Inventory Report Form to the above WSLCB address no later than 20 calendar days after the sale.
 |
| * If you have any questions, please call General Accounting at 360-664-1677.
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| **Accommodation Sale Information** |
| Accommodation Sale Permit Number |  |
|       |  |
| Date of Accommodation Sale |  |
|       |  |

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| --- |
| **Seller Information** |
| Seller's Name |  |
|       |
| Seller's Mailing Address (Street or PO Box, City, State, Zip Code) | Phone: |
|       | (     ) -       -       |

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| **Buyer Information** |
| Buyer's Name |  |
|       |
| Buyer's Mailing Address (Street or PO Box, City, State, Zip Code) | Phone: |
|       | (     ) -       -       |

This form is continued on the back page.

**ACCOMMODATION SALE INVENTORY FORM** continued

**Inventory of Products Sold:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Description of Product****(i.e. wine or spirits, brand name, bottle size, etc.)** | **Price Per Item** | **Total Cost** |
|       |       |       |       |
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|       |       | **Grand Total** |       |

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

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