|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Licensing and Regulation  PO Box 43085  Olympia WA 98504-3085  Phone (360) 664-1600  Fax: (360) 753-2710 | For Office Use Only | | | |
| Reception No.: | | |  |
| Date: | /  / | | |
| Amount Rec’d: | | | $ |
| Initials: | |  | |

**Local Wine Industry Association Event Notification**

|  |  |
| --- | --- |
|  | Please submit this completed application along with applicable attachments to specialoccasions@lcb.wa.gov. |
|  | **Questions? Please call Customer Service at (360) 664-1600** |

A Local Wine Industry Association License allows licensees to hold events for promotional or marketing purposes, and serve purchased or donated wine at those events. Licensees must **submit this notification to WSLCB at least 45 days in advance** of any event or marketing program where they will serve wine. Local Wine Industry Association License holders are limited to 12 events per calendar year.

1. **Organization Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Association’s Name: (as it appears on your tax documents) | |  | | | | | | | | | | | |
|  | | |  | |  | | |  |  |  |  |  |  |
| Association’s Mailing Address | | | |  | | City |  | | State |  | Zip Code |  | County |
| Wine Industry Association Liquor License #: | | | | | | | | | | | | | |
| Association Contact Name:  (must be at least 21 yrs old) |  | | | | | | | | | | | | |
| Email\*: | | | | | | | | | | | | | |
| \*Approval for your event will be emailed to this address. | | | | | | | | | | | | | |
| Phone: (    )     - | | | | | | | | | | | | | |

1. **Event Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Event: | |  | | | | | | | | | | | | | |
| Name of premises where event will be held: | | | | |  | | | | | | | | | | |
| If this is a liquor licensed premises, please provide the license number: | | | | | | | | | |  | | | | | |
| Address: |  | | | | | | | | | | | | | | |
| City: |  | | | State: | |  | | County: |  | | | | | Zip Code: |  |
| Inside City Limits? Yes No | | | On Tribal land? Yes No | | | | | | | | | On Port Authority land? Yes No | | | |
| Estimated total number of people attending the event: | | | | | | |  | | | | | | | | |
| Estimated total number of people under 21 years of age attending the event:  (including staff and volunteers) | | | | | | | | | | |  | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Date(s) alcohol will be sold |  | Time(s) alcohol will START being sold | | | |  | Time(s) alcohol will STOP being sold\* | | | | | /   / |  |  | A.M. |  | P.M. |  |  | A.M. |  | P.M. | | /   / |  |  | A.M. |  | P.M. |  |  | A.M. |  | P.M. | | /   / |  |  | A.M. |  | P.M. |  |  | A.M. |  | P.M. | | /   / |  |  | A.M. |  | P.M. |  |  | A.M. |  | P.M. |   \*Alcohol may not be consumed after 2:00 AM | | | | | | | | | | | | | | | |
| Do you intend to auction or sell wine for off-premises consumption? | | | | | | | | | | | | | Yes  No | | |

1. **Outdoor Alcohol Service**

|  |
| --- |
| Will alcohol be served outdoors?  Yes  No – If No, proceed to Section 4.  **If yes, please attach a site map** for the outdoor event with this application clearly indicating alcohol service areas. When alcohol is served outdoors, it must be served in an enclosed area. [Click](https://lcb.wa.gov/publications/licensing/forms/Instructions/Site-Map-Requirements-for-Outdoor-Events.docx) here for site map examples and tutorial. |

1. **Venues Requiring Authorization**

|  |  |  |
| --- | --- | --- |
| If an event is held at a domestic winery or additional location premises, the domestic winery and the local wine industry association licensee must each separately account for the sales of its wine.  Is the event being held on a liquor licensed premises?  Yes  No  If yes, please attach authorization from an appropriate official or manager from the venue, or have the official sign the below authorization: | | |
| I am an official or manager of the venue and I authorize the sale of wine at this event. | | |
|  |  |  |
| Name | Title | Phone Number |
|  | |  |
| Signature | | Date |

1. **Donations and Participating Wineries**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you receiving donated alcohol from a winery or certificate of approval holders?  Note: Only certified 501(c) (3) and (6) organizations registered by the IRS may receive donated product from a winery or certificate of approval holder. | | | Yes  No |
| If yes, from who? |  | | |
| List the names of wineries who will be participating in your event: | |  | |
|  | | | |
| **Participating Wineries**  All licensees participating in an event or marketing program conducted under a Local Wine Industry Association license are jointly responsible for any violation or enforcement issues arising out of the event or marketing program unless it can be demonstrated that the violation or enforcement issue was due to one or more licensee's specific conduct or action, in which case the violation or enforcement issue applies only to those identified licensees. | | | |

**I certify that all of the information provided is true and correct.**

|  |  |  |
| --- | --- | --- |
| X |  | |
| Signature of nonprofit organization member | | Date |
|  | |  |
| Print Name | | Title |

|  |  |
| --- | --- |
| Remember to attach: | |
|  | A site map, if you are serving alcohol outdoors |
|  | Authorization from an official or manager, if the venue of your event is a liquor licensed premises |