**APPLICATION FOR CLASS 9 PERMIT**

This application is submitted by a manufacturer, importer or wholesaler who donates liquor for a reception, breakfast, luncheon or dinner to delegates and guests at a trade association of WSLCB licensees.

* The liquor may only be consumed during the event.
* 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)(9))

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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: Licensing and Regulation, PO Box 43085, Olympia, WA 98504-3085. Allow 10-15 days for processing. |
|  | Allow 10-15 days for processing. Your permit will be mailed or emailed to you. |
|  | If you have questions, 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/title: | |  | | | |
|  | | | | | | |
|  | E-mail address: |  | |  | Phone: | (     )-     - |

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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: | | |  | | | | | |
|  | 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:** |  |