**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:** |  |