



For Office Use Only
Date:
Check No.:
Amount rec'd:
Rec'd by:

## 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\(8\)](#))

### WINERIES - COMPLETE SECTIONS WITH YELLOW HIGHLIGHTS

**Permit Processing Information** This fee is already included in your participation fee - No action needed.

- 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.

Applicant Information	
<b>Business name</b> ( <i>Manufacturer, Importer, Wholesaler or Vendor</i> )	<b>License No:</b>
<b>Business address</b> ( <i>Street or Route, City, State, Zip Code</i> )	
<b>Mailing address</b> ( <i>if different from above</i> )	

Event Coordinator Information	
Event Coordinator name and title: Tracy Parmer, Development Director	
E-mail address: tracy@wallawallawine.com	Phone: (509) 526-3117

This form is continued on the back page.

**APPLICATION FOR CLASS 8 PERMIT continued**

**Business name:** \_\_\_\_\_

**License No.:** \_\_\_\_\_

Event Information	
Type of event: Wine Tasting	Date(s) of event: February 2-3, 2025
Location of event ( <i>Street or Route, City, State, Zip Code</i> ) Meydenbauer Center, 1100 NE 6th St, Bellevue, WA 98004	
Hours liquor will be served: 2/2/25: 4-7 PM, 2/3/25: 10:30AM-1:30PM	
Liquor will be served in: <input type="checkbox"/> Hospitality room      Room number(s): _____ <input checked="" type="checkbox"/> Booth in supplier's display room      Booth number(s): _____	
Type of liquor to be served: <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> 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.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_