



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 **WWVWA will mail all applications together, with a check.**

- 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

**Business name** (*Manufacturer, Importer, Wholesaler or Vendor*)

**License No:**

**Business address** (*Street or Route, City, State, Zip Code*)

**Mailing address** (*if different from above*)

#### 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: April 13-14, 2025
Location of event ( <i>Street or Route, City, State, Zip Code</i> ) Spokane Convention Center, 334 W Spokane Falls Blvd, Spokane, WA 99201	
Hours liquor will be served: 4/13/25: 4-7 PM, 4/14/25: 10:30AM-1PM	
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:** \_\_\_\_\_