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|  | Licensing and Regulation  3000 Pacific Ave SE  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: | |  | |

**Application for Special Occasion License for a Nonprofit Society or Organization**

A Special Occasion License allows a nonprofit society or organization to sell spirits, beer, and wine by the individual serving for on-premises consumption at a specified event. You may request to sell spirits, beer and wine in original, unopened containers for off-premises consumption in combination with this privilege. All profits from the sale of alcohol must be returned to the non-profit organization.

**Note: It is against the law to allow a third party (i.e.: promoter) to run an event on your behalf in exchange for a percentage of the profits. Allowing a third party to collect part of the proceeds or take a cut of the proceeds could prevent your nonprofit from obtaining future Special Occasion Licenses. Misrepresentation of Facts could be cause for denial. RCW 66.24.010**

**Applications must be submitted at least 45 days before the event**. The Liquor and Cannabis Board may not be able to process your application in time for your event if you do not apply at least 45 days before the event.

The fee for each Special Occasion licenseis **$60.00 per day**, **per location**. Please make checks payable to WSLCB. The organization must have the license in hand before it can purchase spirits, beer or wine for resale. Special Occasion License holders are limited to 12 single-day events per calendar year.

Mail your completed application and check to: WSLCB

PO Box 43085

Olympia, WA 98504-3085

**Please call (360) 664-1600 if you have any questions.**

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| 1. | Society or Organization’s Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  | |  | | | |  | |  | | | | | | | | | | |  | |  | |
|  | Organization’s Street Address | | | | | | | | | | | | | | | |  | | City | | | | | | | | | | | | | |  | | State | | | |  | | Zip Code | | | | | | | | | | |  | | County | |
| 3. | Organization’s 9-digit UBI #: | | | | | | | | |  | | | | | | | | | | | | | | | | **or** Tax ID#: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 4. | Nonprofit Contact (must be at least 21 yrs old): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | Title: | | | | | |  | | | | | | | | | | |
|  | Date of Birth:    /   / | | | | | | | | | | |  | Email: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Phone No. (    )     - | | | | | | | | | | |  | | Driver’s License #: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Has this organization previously held a special occasion license? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | License #: | | | | | | |  | | | | | |
| 6. | Name of Event: | | | | |  | | | | | | | | | | | | Event Website address: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 7. | Name of premises (building, hall, room, etc) where function will be held: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Event is being held:  Indoors  Outdoors (**Outdoor events must be held in an enclosed area. Please submit a site map for the outdoor event with this application clearly indicating alcohol service areas.**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Are you requesting minors be allowed in the outdoor alcohol restricted area? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | If yes, you must complete the [addendum](https://lcb.wa.gov/sites/default/files/publications/licensing/forms/LIQ-1314-Special-Occasion-License-Addendum3.doc). | | | | | | | | | | | | | | | | | |
| 9. | Event Location address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | City: | | | |  | | | | | | | |
|  | State |  | |  | | | County: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Inside City Limits :  Yes  No | | | | | | | | | | | | | | |
| 10. | Is event being held on church or school property, a military facility, or a liquor licensed premises?  Yes  No  If yes, the appropriate official from the church, school, military facility or liquor licensed premises must authorize the  sale of liquor at the event location. Please provide the name and signature of the person authorized to sign on behalf  of the church, school, military facility or liquor licensed premises. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | |  | | | /    / | | | |
|  | Print or type the name of the authorized person: | | | | | | | | | | | | | | | | | | | | | | |  | | | | Title | | | | | | | | | | | | | | | | | | | |  | | | Date | | | |
|  | X | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | |
|  | Signature of authorized person | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | |
| 11. | Total number of people attending the event: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Total number of people **under 21 years of age** attending the event: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Enter  Event Date(s) |  | Enter  Beginning Time(s) |  | Enter  Ending Time(s) | | /   / |  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Type of Event: | Music | | Auction | Outdoor Event | Community Celebration | |  | Other: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Are you requesting permission to auction or sell spirits, beer/wine for off-premises consumption?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | Are any wineries, breweries, or distilleries participating in your event?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | If yes, name of participating winery, brewery or distillery: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Only certified 501 (c) 3 and 501 (c) 6 organizations registered by the IRS may receive donated product from a winery, brewery or distillery. Please include a copy of your 501 (c) 3 or 6 document with this application.**  Allnonprofit organizations are able to receive dispensing equipment, advertising services paid to a third party, reasonable booth fees, and/or product purchased from a winery, brewery, distillery, distributor, or retailer. Wineries, breweries, distilleries and distributors **cannot donate money or sponsor a Special Occasion licensee**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | Are you receiving donated product, money or goods from a winery, brewery, distillery, distributor or retailer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | If yes, please describe: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | Monies from event will be distributed as follows: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | Mail license to: | | | | *Name:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | *Mailing Address /Street/ PO Box* | | | | | | | | | | | | | | | | | | | |  | | | | *City* | | | | | | | | | | | | | | | | | | | |  | *State* | | | |  | | | *Zip Code* | |
|  | *Phone No.* | | (    )      - | | | | | | | | |  | *Fax No. (**)* *-* | | | | | | | | | | | | | | | | |  | | | | *Email:* | | | | | | | | | | | | | | | | | | | | |

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

|  |  |  |
| --- | --- | --- |
| X |  |  |
| Signature of nonprofit organization member |  | Date |
| Title: | Phone No.: | (    ) -      - |

For more information click[*Special Occasion License - FAQ*](http://www.liq.wa.gov/enforcement/special-occasion-license-faq)or go to[*www.liq.wa.gov/licensing/special-occasion-licenses*](http://www.liq.wa.gov/licensing/special-occasion-licenses)*.*