**APPLICATION FOR ACCOMMODATION SALE PERMIT**

An Accommodation Sale Permit allows an individual or business to sell a private collection of wine or spirits to an individual or business. A permit may be issued to allow the sale of a private collection to a licensee, but may not be issued to a licensee to sell to a private individual or business which is not otherwise authorized under the license held by the seller. Both the seller and buyer must be located in Washington State. (RCW 66.20.010 (16))

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| **Seller Permit Processing Information** |
| * The application fee is $25 per sale. Make your check payable to WSLCB.
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| * The permit must be obtained by the seller at least 5 business days before the sale.
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| * Mail your completed and signed application and $25 check to the above WSLCB address.
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| * Allow 7-14 business days for processing. Your permit will be mailed or emailed to you.
 |
| * No later than 20 calendar days after the sale, the seller must complete, sign, and mail an LIQ1290 Accommodation Sale Inventory Report Form to the above WSLCB address.
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| * If you have any questions, please call General Accounting at 360-664-1677.
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| **Accommodation Sale Information** |
| Estimated Accommodation Sale Date |  |
|       |  |
| Estimated Quantity of Wine and/or Spirits To Be Sold (i.e., number of bottles and the size of the bottles) |
|       |

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| **Seller Contact Information** |
| Seller's Name |  |
|       |
| Seller's Mailing Address (Street or PO Box, City, State, Zip Code) | Phone: |
|       | (     ) -       -       |
| Seller's Email Address (If not provided, your permit will be mailed instead of emailed.) |  |
|       |

This form is continued on the back page.

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| **Buyer Contact Information** |
| Buyer's Name |  |
|       |
| Buyer's Mailing Address (Street or PO Box, City, State, Zip Code) | Phone: |
|       | (     ) -       -       |
| Is the Buyer a current WSLCB licensee? | [ ]  **Yes** [ ]  **No** |
| If the Buyer is a current WSLCB licensee, please include the information below: |  |
| License Number |  |
|       |
| UBI Number |  |
|       |
| Trade Name |  |
|       |

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 (seller)**:  |       |  | **Title:**  |       |
| **Signature (seller):** |  |  | **Date:** |       |