



Licensing and Regulation Division  
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## Application for Special Occasion License for a Not for Profit Society or Organization

A Special Occasion License allows a not for profit society or organization to sell spirits, beer, and wine by the individual serving for on-premises consumption at a specified event. A Special Occasion Licensee may, with prior Board approval, sell beer and wine in original, unopened containers for off-premises consumption.

**Fee is \$60.00 per day**, per location. Make check payable to WSLCB. Mail application, with check to WSLCB, PO Box 43098, Olympia WA 98504-3098. Special Occasion license holders are limited to 12 single-day events per calendar year (exception for agricultural fairs). **Applications must be filed at least 45 days before the event.**

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

1. Name of Society or Organization \_\_\_\_\_
2. Street Address of Organization \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_
3. Is the applicant a registered nonprofit society/organization?  Yes  No UBI/Tax ID No. \_\_\_\_\_  
**If no, attach affidavit of non-profit status with signature of person responsible for the event.**
4. Name of contact person (must be at least 21 years of age):  
 \_\_\_\_\_ ( )  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Area Code \_\_\_\_\_ Phone No. \_\_\_\_\_
- 5a. Has the applicant organization previously held a special occasion license?  Yes  No
- 5b. If yes, when? \_\_\_\_\_ License No. \_\_\_\_\_
6. Name of Event \_\_\_\_\_
7. Location where function will be held (building, hall, room, etc.): \_\_\_\_\_
8. Event Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Inside City Limits  Yes  No
9. Is event being held on church or school property, a military facility, or liquor licensed premises?  Yes  No  
 If yes, appropriate official must sign below to authorize the sale of liquor at the event location.  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_
10. Total number of persons to attend event \_\_\_\_\_ Total number of persons under 21 years of age to attend event \_\_\_\_\_
11. Monies from event will be distributed as follows: \_\_\_\_\_
12. Are you receiving anything other than advertising services, dispensing equipment, or product from a manufacturer, distributor, or agent?  Yes  No Do any officers, directors, and/or stockholders of organization have an interest in any manufacturer, importer or distributor of alcohol?  Yes  No
13. Mail license to: \_\_\_\_\_  
 Name \_\_\_\_\_ Mailing Address/Street/PO Box, City, State Zip Code \_\_\_\_\_
14. Fax Number \_\_\_\_\_ ( ) \_\_\_\_\_  
 Area Code \_\_\_\_\_ Phone No. \_\_\_\_\_
15. Are you requesting permission for sale of beer/wine for off-premises consumption?  Yes  No

Date(s) of Event	Hours: From	To	Type of Event	
	a.m.	a.m.	<input type="checkbox"/> Music	<input type="checkbox"/> Auction
	p.m.	p.m.	<input type="checkbox"/> Community Celebration	<input type="checkbox"/> Outdoor Event
	a.m.	a.m.	<input type="checkbox"/> Other _____	
	p.m.	p.m.		