



**Washington State  
Liquor and Cannabis Board**

Licensing and Regulation  
PO Box 43085  
Olympia, WA 98504-3085  
Phone: 360-664-1600  
Fax: 360-753-2710  
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For Office Use Only
Date:
Check #:
Amount rec'd:
Rec'd by:
License #:

**APPLICATION FOR CLASS 1, 2 OR 6 PERMITS (sample)**

Choose one of the following permits	
<input type="checkbox"/> <b>Class 1 Permit - \$5 fee</b> (RCW 66.20.010(1)) The Class 1 Permit allows liquor to be purchased by a physician or dentist or any person in charge of an institution such as a hospital or sanitarium or a home devoted exclusively to the care of aged people.	
<input type="checkbox"/> <b>Class 2 Permit</b> (choose one of the following fees) (RCW 66.20.010(2)) <input type="checkbox"/> <b>\$5 fee to purchase 5 gallons or less</b> or <input type="checkbox"/> <b>\$10 fee to purchase over 5 gallons</b> The Class 2 Permit allows liquor to be purchased by a person engaged in a mechanical or manufacturing business, or in scientific pursuits requiring alcohol. The use of alcohol for beverage purposes is prohibited. There is no fee for city, county, state or federal institutions or accredited education institutions.	
<input type="checkbox"/> <b>Class 6 Permit - \$5 fee</b> (RCW 66.20.010(6)) The Class 6 Permit allows liquor to be purchased at retail by a person operating a drug store and who then sells the liquor on the prescription of a physician.	

Permit Processing Information
<ul style="list-style-type: none"> <li>• Please make your check payable to WSLCB. The Class 1, 2 and 6 Permits expire June 30<sup>th</sup> of each year. Renewal notices are mailed approximately 4-6 weeks before the expiration date.</li> <li>• Mail your completed application and check to the above address.</li> <li>• Allow 7-14 business days for processing. Your permit will be mailed to you.</li> <li>• If you have questions, please call Customer Service at 360-664-1600.</li> </ul>

Applicant Information	
Business name: _____	Phone: _____
Business address (Street or Route, City, State, Zip Code) _____	
Mailing address (if different from above): _____	
Person representing business _____	E-mail address _____
Type of business: _____	
How will the liquor be specifically used? _____	
What is the approximate amount of liquor required for the current fiscal year? _____	

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