

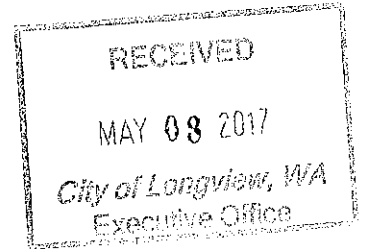
WASHINGTON STATE LIQUOR AND CANNABIS BOARD - License Services  
3000 Pacific Ave SE - P O Box 43075  
Olympia WA 98504-3075

TO: MAYOR OF LONGVIEW

MAY 5, 2017

SPECIAL OCCASION #: 092830

LIFE WORKS  
906 NEW YORK ST  
LONGVIEW WA 98632



DATE: SEPTEMBER 16, 2017

TIME: 6 PM TO 9 PM

PLACE: LIFE WORKS- 906 NEW YORK ST, LONGVIEW

CONTACT: WENDY KEEGAN (DOB 6.12.69) 360-577-9093

SPECIAL OCCASION LICENSES

- \* ☐ Licenses to sell beer on a specified date for consumption at a specific place.
- \* ☐ License to sell wine on a specific date for consumption at a specific place.
- \* ☐ Beer/Wine/Spirits in unopened bottle or package in limited quantity for **off** premise consumption.
- \* ☐ Spirituous liquor by the individual glass for consumption at a specific place.

If return of this notice is not received in this office within 20 days from the above date, we will assume you have no objections to the issuance of the license. If additional time is required please advise.

- |                                                                                                                        |                              |                             |
|------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Do you approve of applicant?                                                                                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you approve of location?                                                                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. If you disapprove and the Board contemplates issuing a license, do you want a hearing before final action is taken? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

OPTIONAL CHECK LIST

EXPLANATION

|                        |                          |                              |                             |
|------------------------|--------------------------|------------------------------|-----------------------------|
| LAW ENFORCEMENT        | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HEALTH & SANITATION    | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| FIRE, BUILDING, ZONING | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| OTHER:                 | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have indicated disapproval of the applicant, location or both, please submit a statement of all facts upon which such objections are based.

DATE SIGNATURE OF MAYOR, CITY MANAGER, COUNTY COMMISSIONERS OR DESIGNEE