



NOTICE OF MARIJUANA LICENSE APPLICATION

WASHINGTON STATE LIQUOR AND CANNABIS BOARD

License Division - 3000 Pacific, P.O. Box 43075

Olympia, WA 98504-3075

Customer Service: (360) 664-1600

Fax: (360) 753-2710

Website: <http://lcb.wa.gov>

RETURN TO: localauthority@sp.lcb.wa.gov

DATE: 5/29/18

TO: MAYOR OF LONGVIEW

RE: CHANGE OF CORPORATE OFFICERS/STOCKHOLDERS APPLICATION

UBI: 603-571-921-001-0001

APPLICANTS:

License: 421789 - 1K County: 08

TRIANGLE CONSULTING, LLC

Tradename: MAIN STREET MARIJUANA LONGVIEW

Loc Addr: 945 WASHINGTON WAY STE 121
LONGVIEW, WA 98632-4059

HAMIDE, ADAM KHALIL

1984-03-07

HAMIDE, DAMLA MUGE

(Spouse) 1985-09-18

HAMIDE, RAMSEY KHALIL

1978-07-17

LAPIZCO GARCIA, DANYA

(Spouse) 1992-06-19

KELLER, JASON SCOTT

1984-06-27

Mail Addr: 1701 BROADWAY ST #172
VANCOUVER, WA 98663-3436

Phone No: 206-552-0020 ADAM HAMIDE

Privileges Applied For:

MARIJUANA RETAILER

MEDICAL MARIJUANA ENDORSEMENT

As required by RCW 69.50.331(7) the Liquor and Cannabis Board is notifying you that the above has applied for a marijuana license. You have 20 days from the date of this notice to give your input on this application. If we do not receive this notice back within 20 days, we will assume you have no objection to the issuance of the license. If you need additional time to respond, you must submit a written request for an extension of up to 20 days, with the reason(s) you need more time. If you **need information on SSN, contact our Marijuana CHRI desk at (360) 664-1704.**

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you approve of applicant? | ☐ | ☐ |
| 2. Do you approve of location? | ☐ | ☐ |
| 3. If you disapprove and the Board contemplates issuing a license, do you wish to request an adjudicative hearing before final action is taken?
(See WAC 314-55-160 for information about this process) | ☐ | ☐ |
| 4. If you disapprove, per RCW 69.50.331(7)(c) you MUST attach a letter to the Board detailing the reason(s) for the objection and a statement of all facts on which your objection(s) are based. | | |

DATE

SIGNATURE OF MAYOR,CITY MANAGER,COUNTY COMMISSIONERS OR DESIGNEE