



NOTICE OF LIQUOR 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>

TO: CITY CLERK OF LONGVIEW
RE: NEW APPLICATION

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

DATE: 8/09/17

UBI: 604-082-112-001-0001

License: 076235 - 1K County: 08

Tradename: BOONDOX LIQUOR PLUS

Loc Addr: 3798 OCEAN BEACH HWY
LONGVIEW WA 98632-4802

Mail Addr: 14300 SE 1ST ST STE 120
VANCOUVER WA 98684-3502

Phone No.: 360-232-8287 DARSHAN BRAR

APPLICANTS:

DS BRAR LIQUOR LLC

BRAR, DARSHAN SINGH
1963-05-01

BRAR, RANJIT KAUR
(Spouse) 1977-10-22

Privileges Applied For:

DIRECT SHIPMENT RECEIVER-IN/OUT WA
BEER/WINE SPECIALTY SHOP
BEER/WINE SPECIALTY SHOP GROWLERS
WINE RETAILER RESELLER-SPECIALTY
SLS SPIRITS RETAILER
KEG SALES

As required by RCW 66.24.010(8), the Liquor and Cannabis Board is notifying you that the above has applied for a liquor 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 CHRI desk at (360) 664-1724.**

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you approve of applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you approve of location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 314-09-010 for information about this process) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you disapprove, per RCW 66.24.010(8) 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