

① URGENT

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

① URGENT

TO: MAYOR OF LONGVIEW

April 1, 2014

SPECIAL OCCASION #: 359498

LONGVIEW PIONEER LIONS CLUB  
PO BOX 1102  
LONGVIEW WA 98632

DATE: APRIL 12, 2014

TIME: 4 PM TO 9 PM

PLACE: ST ROSE PARISH EVENT CENTER - 701 26<sup>TH</sup> AVE, LONGVIEW

CONTACT: GREGORY SWANSON 360-431-8888

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

|                        | <u>EXPLANATION</u> |
|------------------------|--------------------|
| LAW ENFORCEMENT        | _____              |
| HEALTH & SANITATION    | _____              |
| FIRE, BUILDING, ZONING | _____              |
| OTHER:                 | _____              |

|                              |                             |
|------------------------------|-----------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <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.

RECEIVED

APR 07 2014

DATE SIGNATURE OF MAYOR, CITY MANAGER, COUNTY COMMIONERS OR DESIGNEE City of Longview  
City Clerk

\*less than 20 days! Please Fax: 360-753-2710.