Washington State
Liquor and Cannabis Board

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

TO: CITY CLERK OF LONGVIEW

DATE: 5/05/16

RE: ASSUMPTION
From ARS-FRESNO LLC
Dba SHELL-501

APPLICANTS:

ONE STOP SHOP INC

KIM, JONG H
1961-10-29

License: 080165 - 1K County: 08
UBI: 603-606-970-001-0001
Tradename: TRIANGLE SHELL
Loc Addr: 1155 WASHINGTON WAY
LONGVIEW WA 98632

Mail Addr: 15825 13TH AVE W
LYNNWOOD WA 98087-6506

Phone No.: 425-640-7101 YOUNG OH

Privileges Applied For:
GROCERY STORE - BEER/WINE

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?	☐	☐
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 314-09-010 for information about this process)	☐	☐

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