

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

RECEIVED

APR 16 2015

City of Longview  
City Clerk

TO: MAYOR OF LONGVIEW

April 13, 2015

SPECIAL OCCASION #: 090043

YOUNG LIFE  
2588 OCEAN BEACH HWY  
LONGVIEW WA 98632

URGENT

DATE: APRIL 24, 2015

TIME: 6 PM TO 8 PM

PLACE: MCCLELLAND CENTER - 951 DELAWARE ST, LONGVIEW

CONTACT: JANELLE BECK 360-425-7892

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>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LAW ENFORCEMENT	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEALTH & SANITATION	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FIRE, BUILDING, ZONING	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER:	_____	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 COMMIONERS OR DESIGNEE

\* Less than 20 Days! Please Fax 360-753-2710