



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

TO: MAYOR OF LONGVIEW

DATE: 2/05/16

RE: NEW APPLICATION

UBI: 603-571-921-001-0001

License: 421789 - 7A County: 08

APPLICANTS:

Tradename: MAIN STREET MARIJUANA LONGVIEW

TRIANGLE CONSULTING, LLC

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

HAMIDE, RAMSEY

1978-07-17

PHAM, MARK

1985-05-23

SCHOENLEIN, MATTHEW ALAN

1977-04-14

Mail Addr: 1006 SE 199TH AVE
CAMAS, WA 98607-9812

SCHOENLEIN, ERIN KATHLEEN
(Spouse) 1978-09-11

Phone No.: 206-552-0020 RAMSEY HAMIDE

Privileges Applied For:

MARIJUANA RETAILER

MEDICAL MARIJUANA

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 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? | <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 314-55-160 for information about this process) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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