

## 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

From ARS-FRESNO LLC Dba SHELL-501

080165 - 1K

**RE: ASSUMPTION** 

License:

APPLICANTS:

ONE STOP SHOP INC

KIM, JONG H 1961-10-29

- 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

County: 08

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.

1. I	Do you approve of applicant?	YES	NO
2. I	Do you approve of location?		
3. If you disapprove and the Board contemplates issuing a license, do you wish to			
r	equest an adjudicative hearing before final action is taken?		
(	See WAC 314-09-010 for information about this process)		
4. I	f you disapprove, per RCW 66.24.010(8) you MUST attach a letter to the Board		
Ċ	letailing the reason(s) for the objection and a statement of all facts on which your		

objection(s) are based.