

REVISED

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

TO: MAYOR OF LONGVIEW

AUGUST 25, 2016

SPECIAL OCCASION #: 091214

ROTARY CLUB OF LONGVIEW
120 ELDERBERRY LANE
LONGVIEW WA 98632

DATE: SEPTEMBER 17, 2016

TIME: 3 PM TO 12:30 AM

PLACE: COWLITZ COUNTY CONFERENCE CENTER MT ST HELLENS RM - 1900 7TH AVE, LONGVIEW

CONTACT: DONNA HAMMOND (DOB 4.25.58) 360-957-5523

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

EXPLANATION

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

DATE SIGNATURE OF MAYOR, CITY MANAGER, COUNTY COMMISSIONERS OR DESIGNEE