



## 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](mailto:localauthority@sp.lcb.wa.gov)**

TO: MAYOR OF LONGVIEW

DATE: 8/29/16

RE: NEW APPLICATION

UBI: 603-576-580-001-0004

License: 407680 - 7A County: 08

APPLICANTS:

(See Back of Letter)

Tradename: KING CRONIC 3

Loc Addr: 551 14TH AVE  
LONGVIEW, WA 98632-1601

Mail Addr: 20639 OLD HIGHWAY 99 SW UNIT B  
CENTRALIA, WA 98531-8613

Phone No.: 360-967-6056 GREG CRONK

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

NEW APPLICATION INFORMATION

ADDITIONAL

Applicants:

	KING CRONIC GROUP, LLC	
	CRONK, GREGORY	1965-09-01
(Spouse)	CRONK, LISA	1967-04-14
	CRONK, TIMOTHY	1963-10-29
(Spouse)	CRONK, VICTORIA	1965-03-20
	TOMPKINS, PATRICK J	1959-12-11
(Spouse)	TOMPKINS, LISA	1960-02-23
	JOHNSON, HAROLD S	1970-03-19