



## 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: 2/09/17

RE: NEW APPLICATION

UBI: 603-359-721-001-0001

License: 417071 - 7U County: 08

APPLICANTS:

JACKSON COOPER LLC

Tradename: JACKSON COOPER LLC

NOLAN, MUHTAR M

1968-02-27

Loc Addr: 1465 INDUSTRIAL WAY STE B  
LONGVIEW, WA 98632-1033

Mail Addr: PO BOX 647  
LYLE, WA 98635

Phone No.: 509-365-5350 MUHTAR NOLAN

Privileges Applied For:  
MARIJUANA PROCESSOR

**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? .....<br>(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