



## 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>

TO: CITY CLERK OF LONGVIEW

**RETURN TO: [localauthority@sp.lcb.wa.gov](mailto:localauthority@sp.lcb.wa.gov)**

RE: ASSUMPTION

DATE: 9/25/17

From G3 GLOBAL LLC  
DbA LIQUOR & WINE

APPLICANTS:

PHR INC

License: 425540 - 1K County: 08

UBI: 604-147-900-001-0001

Tradename: PHR LIQUORS

Address: 620 TRIANGLE SHOPPING CTR #650  
LONGVIEW WA 98632-4674

KAUR, RAMANJIT

1990-02-22

KAUR, RANJIT

1960-01-23

SINGH, GURNAM

1960-07-01

SINGH, PALWINDER

1987-09-23

Phone No.: 206-370-2842 PALWINDER SINGH

Privileges Applied For:

DIRECT SHIPMENT RECEIVER-IN/OUT WA

BEER/WINE SPECIALTY SHOP

BEER/WINE SPECIALTY SHOP GROWLERS

SLS SPIRITS RETAILER

KEG SALES

**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.**

- |  | 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 314-09-010 for information about this process) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you disapprove, per RCW 66.24.010(8) 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