

WASHINGTON STATE LIQUOR AND CANNABIS BOARD - License Services
3000 Pacific Ave SE - P O Box 43075
Olympia WA 98504-3075
FAX: 360-753-2710 EMAIL: specialoccasions@lcb.wa.gov

TO: MAYOR OF LONGVIEW

OCTOBER 13TH 2017

SPECIAL OCCASION #: 093446

KELSO LONGVIEW CHAMBER OF COMMERCE
105 MINOR RD
KELSO WA 98626

DATE: NOVEMBER 14TH 2017

TIME: 5:30 PM TO 8 PM

PLACE: STEWART TITLE - 1700 HUDSON ST STE 201, LONGVIEW

CONTACT: WILLIAM MARCUM JR (D.O.B. 12.3.57) 253-670-2297

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"/> |

<u>OPTIONAL CHECK LIST</u>	<u>EXPLANATION</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LAW ENFORCEMENT	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HEALTH & SANITATION	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FIRE, BUILDING, ZONING	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER:	<input type="text"/>	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