

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

TO: MAYOR OF LONGVIEW

MAY 3, 2018

SPECIAL OCCASION #: 091417

KNIGHTS OF COLUMBUS COUNCIL 2763
701 26TH AVE
LONGVIEW WA 98632

DATE: AUGUST 17, 2018

TIME: 5:30 PM TO 10:00 PM

PLACE: PARISH CENTER MAIN ROOM - 701 26TH AVE, LONGVIEW

CONTACT: ROBERT W MANTHE [DOB: 12.18.40] 360-957-3533

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

	<u>EXPLANATION</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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