



Local Government Recommendation – Liquor License

Annual Liquor License Types

Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): Afterglow Arcade LLC

Proposed Trade Name: Afterglow Arcade

Premises Address: 600 S Main St.

Unit:

City: Lebanon

County: Linn

Zip: 97355

Application Type: ☒ New License Application ☐ Change of Ownership ☐ Change of LocationLicense Type: Limited on Premises Sales ☐ Additional Location for an Existing License

Application Contact Information

Contact Name: Nicole Robison

Mailing Address: 1160 Franklin St.

City: Lebanon

State: OR

Zip: 97355

Email Address:

Business Details

Please check all that apply to your proposed business operations at this location:

- ☐ Manufacturing/Production
- ☐ Retail Off-Premises Sales
- ☒ Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

- ☒ Indoor Consumption ☐ Outdoor Consumption
- ☒ Proposing to Allow Minors

Section 1 continued on next page



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Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): Afterglow Arcade LLC / Nicole Robison

Proposed Trade Name: Afterglow Arcade

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC.

Section 2 must be completed **by the local government** for this form to be accepted with your CAMP application.

Section 2 – Acceptance - To be completed by Local Government:

Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: Lebanon

Optional Date Received Stamp

Date Application Received: October 10, 2025

Received by: Tammy Dickey

Section 3 – Recommendation - To be completed by Local Government:

- ☐ **Recommend this license be granted**
- ☐ **Recommend this license be denied** (Please include documentation that meets [OAR 845-005-0306](#))
- ☐ **No Recommendation/Neutral**

Name of Reviewing Official:

Title:

Date:

Signature:

After providing your recommendation and signature, please return this form to the applicant.