



## Local Government Recommendation – Liquor License

## Annual Liquor License Types

Off-Premises Sales  
Limited On-Premises Sales  
Full On-Premises, Caterer  
Full On-Premises, Commercial  
Full On-Premises, For Profit Private Club  
Full On-Premises, Non Profit Private Club  
Full On-Premises, Other Public Location  
Full On-Premises, Public Passenger Carrier

Brewery-Public House  
Brewery  
Distillery  
Grower Sales Privilege  
Winery  
Wholesale Malt Beverage & Wine  
Warehouse

## Section 1 – Submission – To be completed by Applicant:

## License Information

Legal Entity/Individual Applicant Name(s): Get AFTER IT, Lil Bombshell.com

Proposed Trade Name: Lil Bombshell

Premises Address: 43 W Grant St

Unit:

City: Lebanon, OR

County:

Zip: 97355

Application Type: ☒ New License Application☐ Change of Ownership☐ Change of Location

License Type:

☐ Additional Location for an Existing License

## Application Contact Information

Contact Name: Keena Tallman

Phone: 702-300-7134

Mailing Address: 701 N 5th St

City: Lebanon

State: OR

Zip: 97355

Email Address: Keena@lilbombshell.com

## 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



## Local Government Recommendation – Liquor License

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

Legal Entity/Individual Applicant Name(s): Get AFTER It.

Proposed Trade Name: Lil Bombshell

**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:

Optional Date Received Stamp

Date Application Received:

Received by:

### 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 845-005-0308](#))
- ☐ No Recommendation/Neutral

Name of Reviewing Official:

Title:

Date:

Signature:

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



## Transaction Receipt

Record ID: POS - 86124

Receipt Number: 33111

Receipt Date: 7/14/25

City of Lebanon

925 S Main Street

Lebanon, OR 97355

541-258-4906

Fax: 541-258-4955

cdc@lebanonoregon.gov

Website: lebanonoregon.gov

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### Fees Paid

Transaction date	Units	Description	Account code	Fee amount	Paid amount
7/14/25	1.00 Ea	Liquor License (Original Application)	100-000-42650	\$100.00	\$100.00

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Payment Method:	Check number: 6778	Payer: Get After It LLC	Payment Amount:	\$100.00
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Cashier: Tammy Dickey	Receipt Total:	\$100.00
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