



LIQUOR ALTERATION REQUEST FORM (continued)

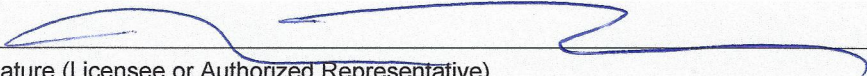
Licensee information: (To be filled out by licensee)

| | | | |
|-----------------------|------------------------------|------------|---------------------|
| Licensee Name | Walking Man Brewing LLC | Trade Name | Walking Man Brewing |
| Liquor License Number | 082190 | UBI # | 601969335 |
| Address | 240 SW 1 st St | Stevenson | WA, 98648 |
| | Street and Suite/Room/Unit # | City | State, Zip |
| Contact Person | James Landers | Phone No. | (509) 427-5520 |
| Email Address | James.WalkingMan@gmail.com | | |

Alteration information: (To be filled out by licensee)

Describe the alteration: (attach additional sheets of paper if needed)

Our objective is to expand our outdoor seating area beyond our garden, patio, and greenspace and into our lawn space to the east of our patio. It will be enclosed in a wooden fence at a minimum of 42" high. The north east corner will have a gap that will be roped off so that we can get lawn care equipment and stage equipment in from the road. The space will have two entrances: One 6 foot wide path at the north of the patio and a standard doorway at the south through the beer garden. There will be a servers station at the north west section of the proposed space. The proposed plan should open up approximately 3,000 sq ft of serviceable space. The number of tables and seating will coincide with the current opening phase for the WA State guidelines concerning Covid-19.

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|  | 6/1/2020 |
| Signature (Licensee or Authorized Representative) | Date |

Email your completed form to: liquoralterations@lcb.wa.gov.