Washington State
Liquor and Cannabis Board

Washington State Liquor and Cannabis Board
Licensing Division: Alcohol Unit
1025 Union Ave SE, P.O. 43075
Olympia, WA 98504-3075
Customer Service: (360) 664-1600
Fax: (360) 753-2710 Website: www.lcb.wa.gov

NOTICE OF LIQUOR LICENSE APPLICATION
Please reply to the original email and attach your completed form.
Click the Reply or Reply All option to make sure your response is correctly routed.

DATE: 7/9/2026

TO: MAYOR OF STEVENSON

RE: Change of Class/ In Lieu of
UBI: 6019693350010001

License: 082190 - 6F
Trade Name: WALKING MAN BREWING

Loc Addr: 240 SW 1ST STREET #3
STEVENSON WA 98648-6649

Mail Addr: PO BOX 337
STEVENSON WA 98648-0337

Phone No.: 509-427-4777

APPLICANTS:

WALKING MAN BREWING, LLC

JAMES ROBERT CRAIG, 07/01/1948

Tabatha Wiggins, 10/03/1977

Privileges Applied For:

B/W Restaurant - Beer/Wine

Endorsement Applied For:

Direct Shipment Receiver- In WA Only

As required by RCW 66.24.010(8), the Liquor and Cannabis Board is notifying you that the above has applied for a liquor license. You have 20 days from the date of this notice to provide input on this application. If we do not receive this notice back within 20 days, we will assume you have no objection to the issuance of the license. If you need additional time to respond, you must submit a written request for an extension of up to 20 days, with the reason(s) you need more time.

If you need information on SSN, contact our CHRI desk at (360) 664-1724.

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	YES	NO
1. Do you approve of the applicant?	☐	☐
2. Do you approve of the location?	☐	☐

If you disapprove, per RCW 66.24.010(8) you MUST attach a letter to the Board detailing the reason(s) for the objection and providing facts upon which your objection(s) is based.

DATE

SIGNATURE OF MAYOR, CITY MANAGER, COMISSIONER, TRIBAL CHAIRPERSON OR DESIGNEE