



## NOTICE OF LIQUOR LICENSE APPLICATION

**WASHINGTON STATE LIQUOR AND CANNABIS BOARD**  
License Division - P.O. Box 43098  
Olympia, WA 98504-3098  
Customer Service: (360) 664-1600  
Fax: (360) 753-2710  
Website: <http://lcb.wa.gov>

TO: 3400R OF TENINO/CITY OF TENINO

**RETURN TO: [localauthority@sp.lcb.wa.gov](mailto:localauthority@sp.lcb.wa.gov)**

RE: ASSUMPTION

DATE: 3/30/23

From R.A.P. CORP.

DbA TENINO 76 FOOD MART

APPLICANTS:

SDK1 LLC

License: 368396 - 20 County: 34

UBI: 605-123-543-001-0001

Tradename: TENINO FOOD MART

Loc Addr: 397 SUSSEX AVE W  
TENINO WA 98598

SHARMA, ASHOK

1960-04-24

SHARMA, SANJOGTA

1962-10-25

Mail Addr: 397 AVE W  
TENINO WA 98598

Phone No.: 360-402-7375 ASHOK SHARMA

Privileges Applied For:

GROCERY STORE - BEER/WINE

**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 give your 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.**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Do you approve of applicant? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you approve of location? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you disapprove and the Board contemplates issuing a license, do you wish to request an adjudicative hearing before final action is taken? .....<br>(See WAC 314-09-010 for information about this process) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 a statement of all facts on which your objection(s) are based.                    |                          |                          |

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MAYOR,CITY MANAGER,COUNTY COMMISSIONERS OR DESIGNEE