



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: MAYOR OF TENINO/CITY OF TENINO

RETURN TO: localauthority@sp.lcb.wa.gov

RE: CHANGE OF LOCATION APPLICATION

DATE: 8/06/20

from WHITEWOOD CIDER
6227 RICH RD SE UNIT B
OLYMPIA WA 98501-5315

APPLICANTS:

WHITEWOOD LLC

License: 408592 - 6A County: 34
UBI: 603-150-619-001-0003
Tradename: WHITEWOOD CIDER

WHITE, DAVID SCOTT
1973-04-30
RINGWOOD, HEATHER MARIE
1973-12-06

New Loc: 138 HODGDEN ST N
TENINO WA 98589-4500

Mail: 7032 MONACO CT SE
OLYMPIA WA 98501-6517

Phone No.: 360-338-5795 HEATHER RINGWOOD

Privileges Applied For:
DOMESTIC WINERY < 250,000 LITERS
B/W ON PREMISES ENDORSEMENT

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| (See WAC 314-09-010 for information about this process) | | |
| 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