



**Washington State
Liquor and Cannabis Board**

Washington State Liquor and Cannabis Board
Licensing Division: Cannabis Unit
1025 Union Ave SE, P.O. Box 43098
Olympia, WA 98504-3098
Customer Service: (360) 664-1600
Fax: (360) 753-2710 \ Website: www.lcb.wa.gov

NOTICE OF CANNABIS LICENSE APPLICATION

RETURN THIS NOTICE TO: LAresponse@lcb.wa.gov

DATE: 5/1/2025

TO: 3400R OF TENINO/CITY OF TENINO

RE: Assumption of a License

UBI: 6058018910010001

License: 438419

Trade Name:

TENINO CANNABIS COMPANY

Loc Addr: 449 WICHMAN ST S STE A
TENINO WA 98589-9376

Mail Addr: 401 93RD AVE SE
OLYMPIA WA 98501-9701

Contact Phone No.: 360-259-0780

Privileges Applied For:

Cannabis Retailer

APPLICANTS:

PNW CANNA CONSULTANTS LLC

BRENDA LEE KIVELA, 11/02/1986
TOMMY LEE KIVELA (Spouse), 12/01/1981

As required by RCW 69.50.331(7), the Liquor and Cannabis Board is notifying you that the above has applied for a cannabis 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 LCB's Cannabis CHRI at (360) 664-1704.**

1. Do you approve of the applicant?
2. Do you approve of the location?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you disapprove, per RCW 69.50.331(7)(c) you **MUST** attach a letter to the Board detailing the reason(s) for the objection providing facts on which your objection(s) are based.

DATE

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