

URGENT

WASHINGTON STATE LIQUOR AND CANNABIS BOARD - LICENSE SERVICES
1025 UNION AVE SE - P O Box 43075
Olympia WA 98504-3075
specialoccasions@lcb.wa.gov Fax: 360-753-2710

TO: MAYOR OF TENINO

JUNE 13, 2023

SPECIAL OCCASION #: 094030

RAISE FOR ROWYN
448 SUSSEX AVE E
TENINO, WA 98589

DATE: JUNE 17, 2023

TIME: 10AM TO 5PM

PLACE: TENINO CITY PARK - PARK AVE E, TENINO

CONTACT: FIONNA VELAZQUEZ (DOB: 5.20.1989) 360-264-7676

SPECIAL OCCASION LICENSES

- * ☐ Licenses to sell beer on a specified date for consumption at a specific place.
- * ☐ License to sell wine on a specific date for consumption at a specific place.
- * ☐ Beer/Wine/Spirits in unopened bottle or package in limited quantity for **off** premise consumption.
- * ☐ Spirituous liquor by the individual glass for consumption at a specific place.

If return of this notice is not received in this office within 20 days from the above date, we will assume you have no objections to the issuance of the license. If additional time is required please advise.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you approve of applicant? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you approve of location? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. If you disapprove and the Board contemplates issuing a license, do you want a hearing before final action is taken? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

OPTIONAL CHECK LIST

| | <u>EXPLANATION</u> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------|---------------------------|------------------------------|-----------------------------|
| LAW ENFORCEMENT | _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HEALTH & SANITATION | _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| FIRE, BUILDING, ZONING | _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| OTHER: | _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have indicated disapproval of the applicant, location or both, please submit a statement of all facts upon which such objections are based.

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

LESS THAN 20 DAYS. PLEASE EMAIL SPECIALOCCASIONS@LCB.WA.GOV