



NOTICE OF MARIJUANA LICENSE APPLICATION

WASHINGTON STATE LIQUOR AND CANNABIS BOARD

License Division - 3000 Pacific, P.O. Box 43075

Olympia, WA 98504-3075

Customer Service: (360) 664-1600

Fax: (360) 753-2710

Website: <http://lcb.wa.gov>

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

TO: MAYOR OF TENINO

DATE: 3/06/19

RE: ASSUMPTION

From GROUP DELTA 9 LLC
DbA THE HERBAL CENTER

APPLICANTS:

NINE DRAGONS PROJECT LLC

License: 415484 - 1C County: 34

UBI: 604-370-423-001-0002

Tradename: NINE DRAGONS PROJECT

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

HANDREN, DAVID

1958-03-19

WONG, LING

(Spouse) 1962-11-20

WU, GUO

1963-12-02

Mail Addr: 9120 PIKE PL SE
PORT ORCHARD, WA 98367-7802

Phone No.: 206-818-5038 DAVID HANDREN

Privileges Applied For:

MARIJUANA RETAILER

MEDICAL MARIJUANA ENDORSEMENT

As required by RCW 69.50.331(7), the Liquor and Cannabis Board is notifying you that the above has applied for a marijuana 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 Marijuana CHRI desk at (360) 664-1704.

- | | 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 314-09-060 for information about this process) | | |
| 4. If you disapprove, per RCW 69.50.331(7) 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