



Local Government Recommendation – Liquor License

Annual Liquor License Types

Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): *Jose Luis Soltero*

Proposed Trade Name: *Warren Country Inn*

Premises Address: *5055 Columbia River* Unit: _____

City: *Warren* County: *Columbia* Zip: *97053*

Application Type: New License Application Change of Ownership Change of Location

License Type: *Renewal* Additional Location for an Existing License

Application Contact Information

Contact Name: *Jose Luis Soltero* Phone: *503 396 0679*

Mailing Address: *56575 Columbia River Hwy*

City: *Warren* State: *OR* Zip: *97053*

Email Address: *solterojose82@gmail.com*

Business Details

Please check all that apply to your proposed business operations at this location:

Manufacturing/Production

Retail Off-Premises Sales

Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

Indoor Consumption Outdoor Consumption

Proposing to Allow Minors

Section 1 continued on next page



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Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s):

Proposed Trade Name:

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC. Section 2 must be completed *by the local government* for this form to be accepted with your CAMP application.

Section 2 – Acceptance - To be completed by Local Government:

Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: *Columbia County*

Optional Date Received Stamp

Date Application Received: *3/25/25*

Columbia County
MAR 25 2025
Board of Commissioners

Received by: *[Signature]*

Section 3 – Recommendation - To be completed by Local Government:

- Recommend this license be granted**
- Recommend this license be denied** (Please include documentation that meets [OAR 845-005-0308](#))
- No Recommendation/Neutral**

Name of Reviewing Official:

Title: *Chair*

Date: *04/02/25*

Signature:

After providing your recommendation and signature, please return this form to the applicant.