



OREGON LIQUOR & CANNABIS COMMISSION  
**APPLICATION FOR TEMPORARY USE  
 OF AN ANNUAL LICENSE (TUAL)**

1. My Annual License Type is a: <input type="checkbox"/> FULL ON-PREMISES <input checked="" type="checkbox"/> LIMITED ON-PREMISES	
2. Licensee Name (please print): <b>Stansbury Management Inc.</b>	
3. Email: <b>todd@sunshinepizza.net</b>	
4. Trade Name of Business: <b>SunShine Pizza</b>	5. Fax (Optional):
6. Street Address of Annual Business: <b>2124 Columbia Blvd</b>	7. City: <b>St. Helens</b>
8. Contact Person: <b>Todd Stansbury</b>	9. Contact Phone: <b>503-397-3211</b>
10. Event Name (if applicable): <b>Scappoose Parent Org</b>	
11. Date(s) of event (no more than <b>seven</b> days, must include delivery dates): <b>04/12/25</b>	
12. Start/End hours of alcohol service: <u>4:30 PM</u> to <u>7:30PM</u> (include AM/PM)	
13. Address of Special Event (Street, City and Zip): <b>Columbia County Fair Grounds Pavilion</b>	
14. Is the event, or any part of the event, outdoors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14a. If yes, submit a drawing showing the licensed area and its boundaries.	
15. List the name(s) and service permit number(s) of alcohol manager(s) on-duty and in the licensed area: <b>Sissy Harper 04T7C0</b>	
16. What is the expected attendance <u>per day</u> in the area where alcohol will be sold or consumed? <u>200</u>	
<ul style="list-style-type: none"> <li>• If the expected attendance is <b>301 or more</b> per day, the event must have at least \$300,000 of liquor liability insurance coverage (ORS 471.168) and you must <u>also</u> answer questions 17 and 18. If your answer is 300 or fewer per day, please skip to question 19.</li> <li>• If the expected attendance is <b>501 or more</b> per day, you must <b>submit a Plan to Manage</b> along with this application along with answering questions 17 and 18.</li> </ul>	
17. Insurance Company: <b>EMC</b>	18. Policy #: <b>6E2-61-75</b>
<b>GOVERNMENT RECOMMENDATION</b> You must obtain a recommendation from the local city or county <b>before</b> submitting this application to the OLCC.	
19. Name the city if the event address is within a city's limits, or the county if the event address is outside city limits: <b>Columbia County</b>	



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**FOOD SERVICE REQUIREMENT:** OAR 845-006-0462 defines the Food Service Requirements for a TUAL. See page 4 for more details on this requirement.

- If distilled spirits are provided at the event, **at least five different meals** must be provided at all times and in all areas where alcohol service is available.
- If distilled spirits are NOT provided at the event, **at least two different meals** must be provided at all times and in all areas where alcohol service is available.

Please select the scenario listed above that matches your event details:

- FIVE DIFFERENT MEALS:** An event where distilled spirits are provided.
- TWO DIFFERENT MEALS:** An event where distilled spirits are NOT provided.

List the meals that will be provided at the event:

- |                             |                      |
|-----------------------------|----------------------|
| 1. <u>Soups, Anfd Salad</u> | 2. <u>Sandwiches</u> |
| 3. _____                    | 4. _____             |
| 5. _____                    |                      |

I affirm the following:

- The information on this application is true and accurate.
- Minors (people under the age of 21) and visibly intoxicated people will not be allowed to buy, possess, or consume alcohol.
- The only open containers of alcohol that may be taken off the licensed area are securely covered containers (growlers) of malt beverages, wine, or cider. I will not allow any other open container of alcohol to leave the licensed premises.
- Marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the special event licensed premises.
- The event will meet the food service requirements of a Temporary Use of an Annual License.
- I affirm I am authorized to sign this application on behalf of the applicant.

20. Applicant Name (print): <b>Todd Stansbury</b>	
21. SIGNATURE:	22. Date:

**CITY OR COUNTY USE ONLY**  
 The city/county named in #19 above recommends:

Grant     Acknowledge     Deny (attach written explanation of Deny recommendation)

City/County Staff Name and Title: Kellie Jo Smith

City/County Signature: [Signature]      Date: MAR 27 2025

Columbia County  
 MAR 27 2025  
 Board of Commissioners

**FORM TO OLCC:** This license is valid only when signed by an OLCC representative.

**OLCC USE ONLY**      Fee Paid: \_\_\_\_\_      Date: \_\_\_\_\_      Receipt #: \_\_\_\_\_

License is     Approved     Denied     Not Processed - Reason: \_\_\_\_\_

OLCC Signature: \_\_\_\_\_      Date: \_\_\_\_\_