



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): Stansbury Management Inc.	
3. Email: todd@sunshinepizza.net	
4. Trade Name of Business: SunShine Pizza	5. Fax (Optional):
6. Street Address of <u>Annual</u> Business: 2124 Columbia Blvd	7. City: St HELENS
8. Contact Person: Todd Stansbury	9. Contact Phone: 503-397-3211
10. Event Name (if applicable): Scappoose Parent Org	
11. Date(s) of event (no more than seven days, must include delivery dates): 04/05/25	
12. Start/End hours of alcohol service: 4:30 PM to 7:30PM (include AM/PM)	
13. Address of <u>Special Event</u> (Street, City and Zip): Columbia County Fair Grounds Pavilion	
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: Sissy Harper 04T7C0	
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">If the expected attendance is 301 or more 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.If the expected attendance is 501 or more per day, you must submit a <u>Plan to Manage</u> along with this application along with answering questions 17 and 18.	
17. Insurance Company: EMC	18. Policy #: 6E2-61-75
GOVERNMENT RECOMMENDATION You must obtain a recommendation from the local city or county before 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: Columbia County	



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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>Grilled Seasoned Chicken Breast</u> | 2. <u>Baked Cheese Tortellini Alfredo</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): **Todd Stansbury**

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: [Handwritten Signature]



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:** _____