



Local Government Recommendation – Special Event License

Section 1 – Submission - To be completed by Applicant:

License Information

Applicant Name(s): Anomaly Brewing Company / Crooked Creek Brewery Annual Licensee

Event Name: Chamber of Commerce Awards Banquet

Event Address: 58892 Saulser Rd Ste:

City: St Helens County: Columbia Zip: 97051

License Type: Brewery-Public House At Existing Licensed Premises

Application Contact Information

Contact Name: Dave Lauridsen Phone: 5033697388

Mailing Address: 343252 Bennett Rd

City: Warren State: OR Zip: 97053

Email Address: d@crookedcreekbrewery.com

Event Details

Event Dates: March 29, 2025

Event Times: 5p-10p

Expected Daily Attendance: 200 Peak Expected Attendance: 200

To the best of your knowledge, is this the only special event application for this event? Y/N? N

Please check all that apply to your proposed event:

- Off-Premises Sales: Beer/Wine/Cider Distilled Spirits
- Tastings only: Beer/Wine/Cider Distilled Spirits
- On-Premises Consumption: Beer/Wine/Cider Distilled Spirits
- Indoor Consumption Outdoor Consumption
- Food Service Available: Yes
- Proposing to Allow Minors

Section 1 Continued on next page



Local Government Recommendation – Special Event License

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

Applicant Name/Legal Entity Name: Anomaly Brewing Company / Crooked Creek Brewery

Event Name: Chamber of Commerce Awards Banquet

After completing section 1, please submit your application to the local government for recommendation

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

Local Government Recommendation Proof of Acceptance

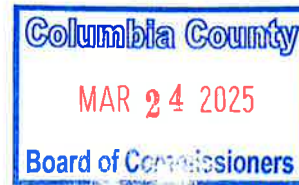
After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: *Columbia County*

Optional Date Received Stamp

Date Application Received: *3/24/25*

Received by: *[Signature]*



- 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: *Commissioner*

Date: *3-24-25*

Signature: *[Signature]*

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