



Local Government Recommendation – Special Event License

Section 1 – Submission - To be completed by Applicant:

License Information

Applicant Name(s): The Watering Hole, LLC Annual Licensee
Event Name: Family Fun RV OPEN HOUSE
Event Address: 58209 columbia river hwy Ste: OR
City: Saint Helens County: Columbia Zip: 97051
License Type: Temporary Sales License, For Profit (TSL-FP) At Existing Licensed Premises

Application Contact Information

Contact Name: Kylee Huff
Mailing Address
City: St. Helens te: OR Zip: 97051
Email Address: Wateringhole.mobile@gmail.com

Event Details

Event Dates: June 14, 2025 & June 15, 2025
Event Times: 12-5
Expected Daily Attendance: 100 Peak Expected Attendance: 100
To the best of your knowledge, is this the only special event application for this event? Y/N? Yes

Please check all that apply to your proposed event:

- | | | |
|---|---|---|
| Off-Premises Sales: | <input type="checkbox"/> Beer/Wine/Cider | <input type="checkbox"/> Distilled Spirits |
| Tastings only: | <input type="checkbox"/> Beer/Wine/Cider | <input type="checkbox"/> Distilled Spirits |
| On-Premises Consumption: | <input checked="" type="checkbox"/> Beer/Wine/Cider | <input checked="" type="checkbox"/> Distilled Spirits |
| <input type="checkbox"/> Indoor Consumption | <input checked="" type="checkbox"/> 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: The Watering Hole, LLC

Event Name: Family Fun RV open house

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: *3/18/25*

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:

Date:

Signature:

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