



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: St Helens Dental Care BBQ
Event Address: 575 S Columbia River Hwy Ste: OR
City: Saint Helens County: Columbia Zip: 97051
License Type: TSL-FP At Existing Licensed Premises

Application Contact Information

Contact Name: Kylee Huff Phone: 5033695485
Mailing Address: 2634 Sykes Road
City: St. Helens State: OR Zip: 97051
Email Address: Wateringhole.mobile@gmail.com

Event Details

Event Dates: June 12, 2025
Event Times: 1pm-5pm
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? Yes

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:
 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: St Helens Dental Care bbq

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:

Optional Date Received Stamp

Date Application Received:

Received by:

- 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.