



# Local Government Recommendation – Special Event License

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

### License Information

Applicant Name(s): Crooked Creek Brewery  Annual Licensee

Event Name: Oregon Hunters Association Banquet

Event Address: 58892 Saulser Rd Ste:

City: St Helens County: Columbia Zip: 97051

License Type: Full On-Premesis, License #LQ-F-COM-7018  At Existing Licensed Premises

### Application Contact Information

Contact Name: Dave Lauridsen Phone: [REDACTED]

Mailing [REDACTED]

City: Warren State: OR Zip: 97053

Email Address: d@crookedcreekbrewery.com

### Event Details

Event Dates: Feb 21, 2026

Event Times: 4pm-11pm

Expected Daily Attendance: 300 Peak Expected Attendance: 300

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

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, banquet with dinner

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 LLC

Event Name: Oregon Hunters Association Annual 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:

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.