



# Local Government Recommendation – Special Event License

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

### License Information

Applicant Name(s): WIGWAM TAVERN  Annual Licensee

Event Name: RIVER CITY SPEEDWAY

Event Address: 58892 SAULSER RD Ste: OREGON

City: ST. HELEEN County: COL Zip: 97051

License Type: TUAL.  At Existing Licensed Premises

### Application Contact Information

Contact Name: WILLIE B HARRIS Phone: 503-317-3838

Mailing Address: 52499 COL RIVER HWY

City: SCAPPADOCE State: OR Zip: 97056

Email Address: WIGWAMROCKS@COMCAST.NET

### Event Details

Event Dates: May 3, 2014

Event Times: 4:00 pm to 11:00 pm

Expected Daily Attendance: 250 Peak Expected Attendance: 500 pm

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

Season Opener



OREGON LIQUOR & CANNABIS COMMISSION  
**Local Government Recommendation – Special Event License**

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

Applicant Name/Legal Entity Name:

Event Name: RIVER CITY SPEED WAYS

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

Date Application Received: March 27, 2026

Received by: *[Signature]*

Optional Date Received Stamp



- 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: Chair

Date:

Signature:

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