



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. HELENA 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: SCAPPOOSE State: OR Zip: 97056

Email Address: WIGWAMROCKS@COMCAST.NET

Event Details

Event Dates: May 2, 16, 23, 24 & June 6, 2024

Event Times: 4:00 PM TO 11:00 PM

Expected Daily Attendance: 250 Peak Expected Attendance: 500pm

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



Patty

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 WAY*

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

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

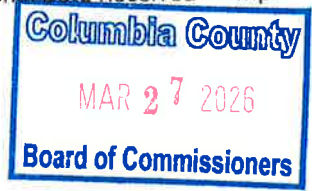
Local Government Recommendation Proof of Acceptance

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: *March 27, 2026*



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: *Vice-Chair*

Date: *4-13-26*

Signature: *[Signature]*

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