



Local Government Recommendation – Special Event License

Section 1 – Submission - To be completed by Applicant:

License Information

Applicant Name(s): *Scappoose High Boosters* Annual Licensee
 Event Name: *Spring Chinook Derby + Bargainet/Auction*
 Event Address: *58892 Saulser Rd.* Ste:
 City: *St. Helens* County: *Columbia* Zip: *97051*
 License Type: *Special Event/Temp. Sales License* *Non Profit* At Existing Licensed Premises

Application Contact Information

Contact Name: [Redacted]
 Mailing Address: [Redacted]
 City: [Redacted]
 Email Address: [Redacted]

Event Details

Event Dates: *5/16/26*
 Event Times: *4pm - 9pm*
 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?*
 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 - catered dinner provided (included)*
 Proposing to Allow Minors *→ public event/fundraiser
 minors in attendance/supervised*

Section 1 Continued on next page



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

Applicant Name/Legal Entity Name: Scappoose High Boosters

Event Name: Spring Chinook Derby + Banquet/Auction

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.