



# Local Government Recommendation – Special Event License

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

### License Information

Applicant Name(s): The Lodge Carts  Annual Licensee  
Event Name: SHS Band Concert at Columbia County Fairgrounds  
Event Address: 58892 Saulser Road Pavillion Ste:  
City: St. Helens County: Columbia Zip: 97051  
License Type: Temporary Use of Liquor License (TUAL)  At Existing Licensed Premises

### Application Contact Information

Contact Name: Christina Sullivan Phone:  
Mailing Address:  
City: St. Helens State: OR Zip: 97051  
Email Address: bigfoodbrew@gmail.com

### Event Details

Event Dates: Thursday, April 30th, 2026  
Event Times: 3pm - 10pm  
Expected Daily Attendance: 150 Peak Expected Attendance: 150  
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: There will be a catered event happening with sandwiches, charcuterie, salads, and soup  
 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 Lodge Carts

Event Name: SHS Band Event

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 31, 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: *Chair*

Date:

Signature:

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