

NOTICE OF LIQUOR LICENSE APPLICATION

WASHINGTON STATE LIQUOR AND CANNABIS BOARD

License Division - P.O. Box 43098 Olympia, WA 98504-3098 Customer Service: (360) 664-1600 Fax: (360) 753-2710

Website: http://lcb.wa.gov

DATE: 12/20/24

RETURN TO: localauthority@sp.lcb.wa.gov

TO: PORT OF SKAMANIA

RE: ASSUMPTION

From AMC VENTURE LLC

Dba BEACON ROCK GOLF COURSE

License: 084883 - 2S County: 30

UBI: 605-642-444-001-0001

Tradename: BEACON ROCK GOLF COURSE

Loc Addr: 102 GRENIA RD

NORTH BONNEVILLE WA 98639-4626

Mail Addr: 111 FULLER RD

CARSON WA 98610-3023

Phone No.: 503-810-2015 **BILL KONOSKE**

Privileges Applied For: SNACK BAR

APPLICANTS:

BRGC, LLC

KONOSKE, WILLIAM J 1963-05-09 KONOSKE, SUSAN E 1961-11-10 SAVAGE, ROBERT B 1973-07-10 SAVAGE, JENNIFER L

1969-10-28

As required by RCW 66.24.010(8), the Liquor and Cannabis Board is notifying you that the above has applied for a liquor license. You have 20 days from the date of this notice to give your input on this application. If we do not receive this notice back within 20 days, we will assume you have no objection to the issuance of the license. If you need additional time to respond, you must submit a written request for an extension of up to 20 days, with the reason(s) you need more time. If you need information on SSN, contact our CHRI desk at (360) 664-1724.

| L. Do you approve of applicant? | YES | NO |
|--|--------|----|
| 2. Do you approve of location? | \Box | |
| 3. If you disapprove and the Board contemplates issuing a license, do you wish to | ш | |
| request an adjudicative hearing before final action is taken? [| | |
| (See WAC 314-09-010 for information about this process) | | |
| 4. If you disapprove, per RCW 66.24.010(8) you MUST attach a letter to the Board | | |
| detailing the reason(s) for the objection and a statement of all facts on which your | | |
| objection(s) are based. | | |
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| | | _ |
| DATE SIGNATURE OF MAYOR.CITY MANAGER.COUNTY COMMISSIONERS OR DES | SIGNI | EE |