



OREGON LIQUOR & CANNABIS COMMISSION
Local Government Recommendation – Liquor License

Annual Liquor License Types	
Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): Moose Lodge #591 St. Helens
 Proposed Trade Name: Moose Lodge #591 St. Helens
 Premises Address: 57317 Old Portland Rd Unit:
 City: Warren County: Columbia Zip: 97053
 Application Type: New License Application Change of Ownership Change of Location
 License Type: Full On-Premises, Non Profit Private Club Additional Location for an Existing License

Application Contact Information

Contact Name: Laurene Preston Phone: 5033975354 ✕
 Mailing Address: 57317 Old Portland Rd
 City: Warren State: OR Zip: 97053
 Email Address: Lodge591@mooseunits.org

Business Details

Please check all that apply to your proposed business operations at this location:

Manufacturing/Production
 Retail Off-Premises Sales
 Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

Indoor Consumption Outdoor Consumption
 Proposing to Allow Minors

Section 1 continued on next page



Local Government Recommendation – Liquor License

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

Legal Entity/Individual Applicant Name(s): Moose Lodge #591 St. Helens

Proposed Trade Name: Moose Lodge #591 St. Helens

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC.
Section 2 must be completed **by the local government** for this form to be accepted with your CAMP application.

Section 2 – Acceptance - 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: *3/18/25*

Received by: *[Signature]*



Section 3 – Recommendation - To be completed by Local Government:

- 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.