The local government is as follows:
(a) If the address of the event is within a city's limits, the local government is the city.
(b) If the address of the event is not within a city's limits, the local government is the county.

The OLCC will accept local government recommendations for alcohol special events in two formats: the commission produced form, or a written endorsement produced by the local government that meets our standards described below. Annual Liquor License applications must have their recommendation given on their specific form, which is different from this special event form.

FORM INSTRUCTIONS:

- **Section 1: Applicant** completes Section 1 of this form and submits it to the appropriate city or county jurisdiction. Applicant verifies with the local government whether additional forms or fees are required. **Applicant completes payment to local jurisdiction for processing application if they require fees. This does not include OLCC license fees.**

- **Section 2: Local government** completes Section 2 of this form and returns it to the applicant. **Applicant** uploads the complete form and any supporting information provided by the city or county to CAMP.

WRITTEN RECOMMENDATION INSTRUCTIONS:

Instead of using this form, The OLCC will accept a written recommendation produced by the Local Government and given to the applicant to submit. The recommendation must be in written format such as letter or email, and includes the required information described below. Applicant uploads this recommendation and any supporting information provided by the city or county to CAMP.

Required Recommendation Information: The written recommendation must include the event applicant name, event name, event address, event license type, event dates, name of local government, name & title of reviewing official, date of review, and the recommendation outcome. Recommendation outcomes can be: Recommend Granting License, No Recommendation given/Neutral, or Recommend Denial. If recommending denial, please explain as to why it would meet the denial criteria in OAR 845-005-0308.

Special Event License Types	
Temporary Sales License, For Profit (TSL-FP)	**Special Event Brewery-Public House (SEBPH)**
Temporary Sales License, Non-Profit 1 (TSL-NP1)	**Special Event Brewery (SEB)**
Temporary Sales License, Non-Profit 2 (TSL-NP2)	**Special Event Distillery (SED)**
Temporary Use of Annual License – Limited (TUAL-L)	**Special Event Grower Sales Privilege (SEG)**
Temporary Use of Annual License – Full (TUAL-F)	**Special Event Winery (SEW)**

OREGON LIQUOR & CANNABIS COMMISSION

Local Government Recommendation – Special Event License

Section 1 – Submission - To be completed by Applicant:

License Information

Applicant Name(s): ☐ Annual Licensee

Event Name: First Taste Oregon

Event Address: 3700 Knox Butte Road Ste: OR

City: Albany County: Linn Zip: 97322

License Type: ☐ At Existing Licensed Premises

Application Contact Information

Contact Name: Phone:

Mailing Address:

City: State: Zip:

Email Address:

Event Details

Event Dates: **2/5/2027 and 2/6/2027**

Event Times: **Friday 2p to 8p / Saturday 11a to 8p**

Expected Daily Attendance: 3,000 Peak Expected Attendance: 2,500

To the best of your knowledge, is this the only special event application for this event? Y/N? Y

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: Gepetto's Italian, Bo & Vine Burgers, Adam's Rib BBQ, and other concessions

☑ 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: Ingalls & Associates Inc, LLC / dba First Taste Oregon
Event Name: First Taste Oregon
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.