



CITY OF FALLON
55 WEST WILLIAMS AVENUE
FALLON, NEVADA 89406
APPLICATION FOR GAMING LICENSE

Individual () Co-Partnership/Association () Corporation/LLC. ()

To the City Council of the City of Fallon,

The undersigned hereby makes application for a Gaming License for the Quarter ending _____, 20____, and hereby tenders the sum of \$ _____ in payment of the license for the following described games, to be operated at the following described location(s) in the City of Fallon.

<u>Type of Game</u>	<u>Location</u>	<u>Amount of License</u>

Total of License \$_____.

If the applicant is a co-partnership of association, state the names in full, and all the co-partners or associates. If the applicant is a corporation, state the names of the officers and managers thereof.

Each and every person hereinabove named is of a legal age and a citizen of The United States of America.

Applicants Name: _____

Applicant Signature: _____

For official use only: The above applicant is recommended for approval this ____ day of _____, 20____. _____ Chief of Police
