





Have you ever had a business or liquor license revoked?  Yes  No  
When & what agency revoked the license: \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied a business or liquor license?  Yes  No  
When & by what agency: \_\_\_\_\_

\_\_\_\_\_

List five references not related to you with daytime phone numbers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received any specialized training in serving alcoholic beverages? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in some training for yourself and your employees?  Yes  No  
If yes, how many employees do you intend to hire: \_\_\_\_\_

Name of partner(s), member, or owner\* and phone number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Include a sworn statement from the owner(s) of the business appointing the applicant as the owner's agent.

Corporation Information:

Name of Officer(s) / director(s)	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a floorplan describing premises to be licensed, including address and the portion to be occupied by the establishment for which the license is sought.

If this premise is a rental / lease attach a copy of the lease / rental agreement.



I, \_\_\_\_\_, authorize the Fallon Police Department to perform a background check and may release any and all information you have concerning me, including information of a confidential or privileged nature to the Mayor and City Council.

\_\_\_\_\_  
Applicant Signature

I, \_\_\_\_\_, have received and read the Alcoholic Beverage Sales; Chapter 5.08.  
I, \_\_\_\_\_, do swear that, upon approval of a Liquor License, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business.

\_\_\_\_\_  
Applicant Signature

Signed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

The undersigned applicant certified that the above information is true and correct to the best of his/her knowledge and belief and further that such certification is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of your liquor business license.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Recommended by Chief of Police or Designee

\_\_\_\_\_  
Not Recommended by Chief of Police or Designee

		Office Use Only	
10 print card	_____	Spillman Entry	_____
Photo	_____	Approved	_____
Local Records	_____	Denied	_____
NCJIS	_____	Reason	_____
Municipal Code	_____	City/Council Approval	_____
Fee	\$ _____	Copy of Business License	_____