

CITY OF FALLON LIQUOR LICENSE APPLICATION

Name: Last Last 4#'s Social Security: Nickname/Alias: Street Address: Mailing Address:	First	Date of		
Last 4#'s Social Security: Nickname/Alias: Street Address:			Birth:	
Nickname/Alias: Street Address:	Dr	MI		
Street Address:		iver's License Numbe	r:	State:
		Sex: Height	: Weig	ht:
Mailing Address:		Home	Phone:	
		Cellula	r Phone:	
Name of Business:		Type of	Business:	
Phone Number:		Business Address	:	
position with Sole own	er	liability	manager	
(NOTE: Liquor license is is	sued to one (1) person; if	the business is a franchise	it will be the day time	e manager)
Is license sought for retail o	r drinking establishme	ent? Retail	Drinking	Establishment
List Business that you own o		managed:		
Dates Name Beginning/End	Address		City	State

0150	F 16
H	100
FALL	ÖN
	Have y
	When

Have you ever had a business or liquor license revoked? When & what agency revoked the license:		Yes	□ No	
Have you ever been denied a business or liquor license? When & by what agency:		Yes	□ No	
List five references not related to you with daytime phor	ne numbe	rs:		
Have you received any specialized training in serving alco	oholic bev	erages?	Explain:	
Would you be interested in some training for yourself ar If yes, how many employees do you intend to hire:	•			es 🗆 No
Name of partner(s), member, or owner* and phone num	nber:			
* Include a sworn statement from the owner(s) of the business appo	inting the ap	plicant as th	e owner's agen	t.
Corporation Information: Name of Officer(s) / director(s) Addres	S			Phone Number
Attach a floorplan describing premises to be licensed, in by the establishment for which the license is sought.	cluding ad	dress and	the portion	to be occupied

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



,	, authorize the	e Fallon Police Departmen	it to perform a background
check and may release any and	d all information yo	ou have concerning me, in	
confidential or privileged natu	re to the Mayor and	d City Council.	
		Ar	oplicant Signature
		Λh	Oplicant Signature
I, I, business and business establisl Nevada, the United States, and business.	, do swear that, hment in accordand	, upon approval of a Liquo ce with the provisions of t	or License, I will conduct the the laws of the State of
		Ap	oplicant Signature
Signed and Sworn to before m	e this day	of	, 20
Notary Public The undersigned applicant cer- knowledge and belief and furtl	her that such certif	ication is made with the f	full knowledge that any failure
Notary Public The undersigned applicant cerknowledge and belief and furtleto disclose, misstatement, or one of your liquor business license.	her that such certif	ication is made with the fi islead may be considered	full knowledge that any failure sufficient cause for denial of
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Notary Public The undersigned applicant cert knowledge and belief and furtl to disclose, misstatement, or o your liquor business license. Applicant Signature 10 print card Photo Local Records	her that such certifother attempt to mi	Recommended by Not Recommended ffice Use Only Approved Denied Reason City/Council Approval	full knowledge that any failure sufficient cause for denial of a Chief of Police or Designee I by Chief of Police or Designee