

# Pershing County Planning & Building Department

## Business License Division

398 Main Street / PO Box 1656 Lovelock, NV 89419 (775) 273-2700 FAX (775) 273-3617

### LIQUOR LICENSE APPLICATION

To: Pershing County Liquor Board of Lovelock, NV, the undersigned hereby makes application for a Pershing County Liquor License under the Ordinance providing for same.

<input type="checkbox"/> Original Application <input type="checkbox"/> Renewal <input type="checkbox"/> Other _____	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation	
<input type="checkbox"/> <b>CLASS I (Liquor by the drink)</b> Fee: \$120 i.e., applies to restaurants, bars, original pkg.	<input type="checkbox"/> <b>CLASS II (Original Packaged Liquor)</b> Fee: \$100.00 i.e., applies to Mini Markets	<input type="checkbox"/> <b>CLASS III (Beer &amp; Wine Only)</b> Fee: \$80.00 i.e., applies to restaurants

Entity Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Do you own the premises :( ) Yes ( ) No If no, please enclose a copy of your contract or authorization from your landlord.

### PERSONAL INFORMATION

Nature and/or Percentage of Ownership: \_\_\_\_\_ Your Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

List all scars, marks or tattoos: \_\_\_\_\_

Prior to this application, have you ever been engaged in the business of selling alcoholic beverages?

( ) Yes ( ) No If yes, list dates and locations: \_\_\_\_\_

Have you ever filed for bankruptcy?

( ) Yes ( ) No If yes, list dates and places: \_\_\_\_\_

Have you ever been arrested of a crime other than traffic violations?

( ) Yes ( ) No If yes, give nature of offense: \_\_\_\_\_

Have you ever been a party to a lawsuit?

( ) Yes ( ) No If yes, give explanation: \_\_\_\_\_

List two (2) Character References with complete name, address and phone number:

\_\_\_\_\_

\_\_\_\_\_

List three (3) Credit References with complete name, address and phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALL STATEMENTS GIVEN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEVE. I UNDERSTAND THAT ANY FALSE STATEMENTS GIVEN ON THIS LIQUOR LICENSE APPLICATION CAN BE CAUSE FOR DENIAL OF SAID LICENSE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pershing County Sheriff's Office: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Liquor Board Date: _____ Notified of date and time: ( ) Telephone ( ) Mail ( ) In Person Location: Pershing County Commissioners Meeting Room, Pershing County Courthouse, Lower Level ( ) Approved ( ) Denied ( ) Rescheduled Reason for denial or rescheduling _____ Date and Time of next scheduled Board Meeting: _____ Chairman Signature: _____ Date: _____
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## Business License Division

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### **APPLICATION FOR SPECIAL/NON-PROFIT EVENTS LIQUOR LICENSE**

To: Pershing County Liquor Board of Lovelock, NV, the undersigned hereby makes application for a Pershing County Liquor License for a special/non-profit event under the Ordinance providing for same.

<input type="checkbox"/> Non-Profit <input type="checkbox"/> Special Event	<input type="checkbox"/> Club Other: _____
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Organization Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_  
(If different from above)

Type of Event: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

**(ATTACH ANY FLYERS IN REGARDS TO EVENTS)**

### **APPLICANT INFORMATION**

Name of Person Applying: \_\_\_\_\_ Phone#: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
(If different from above)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **INFORMATION ON ORGANIZATION OFFICERS**

Name: _____ Title: _____ Phone#: _____ Address: _____ City: _____ State: _____ Zip code: _____
Name: _____ Title: _____ Phone#: _____ Address: _____ City: _____ State: _____ Zip code: _____
Name: _____ Title: _____ Phone#: _____ Address: _____ City: _____ State: _____ Zip code: _____

The applicant(s) named within agree that if granted a Liquor License they will not serve, sell, or give away any alcoholic beverages to any person under the age of 21 years. The applicant(s) further agree that if such license is granted, the applicant(s) will make sure that the place or establishment where intoxicating beverages are to be sold or served is operated in accordance with all the law and ordinances of Pershing County, State of Nevada, and that the license, if granted, will be accepted upon the express condition that any violation of these laws shall be cause for revocation of said license.

Read and Initial: \_\_\_\_\_

Pershing County Sheriff's Office: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR OFFICIAL USE ONLY**

Liquor Board Date: _____ Notified of date and time: ( ) Telephone ( ) Mail ( ) In Person Location: Pershing County Commissioners Meeting Room, Pershing County Courthouse, Lower Level ( ) Approved ( ) Denied ( ) Rescheduled Reason for denial or rescheduling: _____ Date and Time of next scheduled Board Meeting: _____ Chairman Signature: _____ Date: _____
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