THE FOLLOWING ITEMS MUST BE COMPLETED AND ACCOMPANY YOUR CARSON CITY LICENSE APPLICATION

BUSINESS LICENSE:

- D-25 Form (Industrial Insurance Compliance)
- Copy of State Business Registration
  Office of the Secretary of State
  202 N. Carson St., Carson City, NV 89701
  (775) 684-5708 www.nvsos.gov
- Carson City Sheriff's Responsible Party Information – Carson City Commercial Location Only
- Carson City Provisions Regulating Home Occupations - Carson City Home Based Only
- Copy of State of Nevada Specialty License - If applicable
- Business Information Form
- Fictitious Firm Name (DBA) Form - **$20.00 Fee** (If applicable)
- **Application/Update Fee - $25.00**
- The approval process takes approximately 7 -10 business days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal.

GAMING LICENSE:

- **Application Fee - $25.00**
- Copy of State Gaming License

LIQUOR LICENSE:

- Applicant's Authority to Release Information
- Rules and Regulations Affidavit
- Sheriff's Applicant Questionnaire
- Authorization to Release Criminal History Record
- Sheriff's Work Card Application
- Personal History Record
- Invested Capital Questionnaire
- Proof of Citizenship – Original Birth Certificate or Passport
- Copy of Driver's License
- Liquor License and Health Permit Interim Management Agreement – (If Applicable)
- Copy of State License – Breweries and Wholesalers
- **Beer/Wine License Application Fee - $500.00 or**
- **Hard Liquor License Application Fee - $1000.00**
- **Investigation Fee - $500.00**
- An appointment is required to submit Liquor License application and begin background investigation.
- The approval process takes approximately 45 days assuming all the information necessary for processing is provided to our office by the applicant at time of submittal.

SUBMIT APPLICATION TO THE FOLLOWING ADDRESS:
Carson City Business License Division
108 E. Proctor St
Carson City, NV 89701
(775) 887-2105

HOURS OF OPERATION:
8:00 - 4:00 Monday – Friday
12:00 – 1:00 Closed

WEBSITE: www.carson.org

Fees required for a **NEW Business License** are as follows: (Renewal fees billed annually)

Type of Business	Annual Fee
Home Based	$63.85
Out of Town	$79.90
Hobby (Home Based – Income under $3500/year)	$26.60
Short-Term (60 days or less)	$22.70/day or $113.50/month
Independent Contractor - (Tattoo and Permanent Make-up – Additional one time fee $25.00)	$42.60
Contractor – Home Based or Out of Town	$78.75
Commercial Location – Base Fee (Plus Additional fees from table below)	$63.85

Additional Fees for Commercial Locations –

Square Footage -			
	0 – 1,999	-	$ 13.00
	2,000 – 2,999	-	$ 32.25
	3,000 – 4,999	-	$ 64.70
	5,000 – 7,499	-	$ 96.90
	7,500 – 9,999	-	$129.45
	10,000 – 24,999	-	$194.65
	25,000 plus	-	$259.20

Employees - 1-100 - $6.15 each
101 plus - $2.85 each

Business Licenses are prorated according to the month business is started:

January	100%	**May**	67%	**September**	33%
February	92%	**June**	58%	**October**	25%
March	83%	**July**	50%	**November**	17%
April	75%	**August**	42%	**December**	8%

Fees required for a **NEW Liquor License** are as follows: (Renewal fees billed annually)

Type of Liquor License	Annual Fee
Dining Room with Beer and Wine Only	$600.00
Dining Room with Hard Liquor	$800.00
Tavern/Bar	$800.00
General Wholesale Liquor	$800.00
Packaged Liquor	$800.00
Combo – Packaged Liquor and On-Premise	$900.00

Additional Liquor License Fees – If Applicable	
Additional Wet Bar	$500.00 each
Catering	$400.00

Liquor Licenses are prorated according to the month business is started:

July	100%	**November**	67%	**March**	33%
August	92%	**December**	58%	**April**	25%
September	83%	**January**	50%	**May**	17%
October	75%	**February**	42%	**June**	8%

Fees required for a **NEW Gaming License** are as follows: (Renewal fees billed quarterly)

Type of Game	Quarterly Fee	Type of Game	Quarterly Fee
Slot Machines	$40.00/machine	Keno/Baccarat/Race Book/Sports Book	$172.50/table
Craps/Roulette/Twenty-One	$180.00/table	Poker	$97.50/table

CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

Submittal Date:

1	☐ New Business	☐ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☐ Business	☐ Short-Term	☐ Gaming	☐ Liquor
3	Type of Entity	☐ Sole Proprietor	☐ Corporation	☐ Partnership	☐ Limited Liability Company	☐ Non-Profit

4	Entity Name		5	Business Opening Date
6	Business Name (DBA)		7	EIN #
8	Business Address	City	State	Zip Code
9	Mailing Address	City	State	Zip Code
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax
11	E-mail Address	Business Website		

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Liquor Manager (if applicable)	☐ On-Site ☐ Off-Site	Contact Phone Number
Residence Address (Street)	City, State, Zip	

13 Describe in detail the activity of your business

14 Type of Liquor License Applying for (If applicable)

☐ Tavern/Bar	☐ Dining Room w/Beer and Wine Only	☐ Packaged Liquor	☐ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)	☐ General Wholesale
☐ Catering	☐ Additional Wet Bars _____		Will there be an Interim Management Agreement?		

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List number of slot machines (If applicable)		List number of table games (If applicable)	
☐ 1 cent _____	☐ Multi _____	☐ Craps _____	☐ Baccarat _____
☐ 5 cent _____	☐ Poker _____	☐ Roulette _____	☐ Race Book _____
☐ 25 cent _____	☐ Mega Buck _____	☐ Twenty-One _____	☐ Sports Book _____
☐ 1.00 _____		☐ Keno _____	☐ Poker _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

Miscellaneous Information

Please answer this section if your business is *located* in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180

Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
Will you be installing any outdoor signs	Are there any existing signs of the property
Will there be any outside storage (If yes, please explain items being stored and how being screened)	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

Rules and Regulations

I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments

- If any changes are made after completing said license application this office must be notified immediately and an updated is required.
- A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location.
- Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license.
- Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.

I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.

Applicant's Signature _____ Date _____

FEE STRUCTURE	FEE		LICENSE TOTAL FEES
Business License Fee			Business License Annual Fee:
Square Footage			Business License Pro-rated Fee:
Number of Employees			Business License Application/Update Fee:
Health Fee			Liquor License Annual Fee:
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee:
Number of Slot Machines			Liquor License Investigation Fee:
TOTAL FEES DUE:			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	Date		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that _____
(Name of individual, corporation, partnership, or trust)

located at_____ is conducting business in Carson City,
(Street Address of Business or Residence)

Nevada, under the fictitious name of _____
(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:
By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

1. _____ _____
Full Name and Title — Signature — Date
_____
Street Address — City, State, Zip
_____
Mailing Address, if different from above — City, State, Zip

2. _____ _____
Full Name and Title — Signature — Date
_____
Street Address — City, State, Zip
_____
Mailing Address, if different from above — City, State, Zip

3. _____ _____
Full Name and Title — Signature — Date
_____
Street Address — City, State, Zip
_____
Mailing Address, if different from above — City, State, Zip

4. _____ _____
Full Name and Title — Signature — Date
_____
Street Address — City, State, Zip
_____
Mailing Address, if different from above — City, State, Zip

State of _____
County of _____

On this _____ day of _____, 20 ___, before me personally appeared: _____
_____
known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that he(she)(they) has (have) executed the same freely and voluntarily and for the uses and purposes therein stated. In Witness whereof, I have hereunto set my hand and affixed my official seal this _____ day of _____ 20___.

_____
Notary Public/Deputy County Clerk
Carson City, Nevada

RECEIVED AND FILED

_____
Date

_____
Deputy County Clerk

Return to Carson City Business License, 108 E. Proctor St., Carson City, NV 89701 with $20 filing fee

CARSON CITY SHERIFF'S OFFICE
RESPONSIBLE PARTY INFORMATION

Kenneth Furlong
Sheriff

DATE

BUSINESS NAME	
BUSINESS ADDRESS	
BUSINESS PHONE	
BUSINESS MANAGER	
AFTER HOURS CONTACTS	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:
ALARM COMPANY	
NAME:	PHONE:
ADDRESS:	PHONE:

Manager's Signature

Date

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	**Type of Business**	**Business Telephone Number**	
Business Address	**City**	**State**	**Zip Code**
Federal Identification No.	**Social Security No.**	**Contractor's Board License No.**	
Name of Principal Owner (Please Print)		**Principal Owner's Telephone No.**	
Principal Owner's Address	**City**	**State**	**Zip Code**

Identified as: (Complete one section only)

( ) That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage **Account Number**

( ) That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

( ) That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date **Certificate Number**

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ( ) Individual ( ) Sole Proprietor ( ) Partnership ( ) Corporation

Name of Applicant (Please Print) **Applicant's Telephone No.**

Applicant's Residence Address	**City**	**State**	**Zip Code**

I do hereby affirm that the above information is true and correct.

DATED this_____day of_____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee) **Applicant's Title**

Witness Signature - **(Business License Office Employee)** **Name of City or County**

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20___.

NOTARY PUBLIC

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony.**

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

AType of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

FOR ASSESSOR OFFICE USE ONLY
ACCOUNT NUMBER: _____
TAX DISTRICT: _____
BUSINESS TYPE: _____

BUSINESS INFORMATION FORM

(Please Print)

□ New Business □ Change of Location/Mailing □ Name Change □ Purchase Business

BUSINESS NAME (DBA): _____ BUSINESS PHONE: _____

DATE OPENED OR ANTICIPATED OPENING: _____

LOCATION ADDRESS: _____

TYPE OF BUSINESS: _____

TYPE OF ENTITY: □ Sole Proprietor □ Corporation □ Partnership □ Limited Liability Comp. □ Non-profit

MAILING ADDRESS: _____

OWNER OR CONTRACT PERSON: _____ Title: _____

EMAIL ADDRESS: _____ PHONE (if different than above): _____

WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES _____ NO _____
(If yes, please indicate previous name of business _____)

PREVIOUS LOCATION, IF APPLICABLE _____

ARE THERE ADDITIONAL LOCATION FOR THIS BUSINESS? YES _____ NO _____
(If yes, please list additional locations and attach to form)

DID YOU PURCHASE THE BUSINESS? YES _____ NO_____
(If yes, did the purchase include the equipment? YES _____ NO _____)

****

**** In July of each year, the Carson City Assessor's Office will be sending you a Statement of Business Equipment and Assets Form that will be due on July 31st. If you have any questions regarding the assessment, please contact our office at:**

201 N. Carson St. Ste. 6
Carson City, NV 89701
775-887-2130

SIGNATURE: _____ DATE: _____

-N O T I C E-

To all Carson City Business Owners

Business equipment and assets are subject to Nevada personal property tax.

The Carson City Assessor's Office will send you an annual Statement of Personal Property every July 1, for equipment owned as of July 1 of the current year. Per Nevada Revised Statute 361.265, use the statement to report the date and cost of all equipment and assets used to operate/conduct your business.

Your original costs also include:

- ☐ Transportation costs
- ☐ Installation/set up cost necessary to make the equipment operational

Your Statement of Personal Property should include, but is not limited to the following:

- ☐ Assets fully depreciated out for IRS purposes but still in your possession
- ☐ Computers, laptops, printers, software/hardware upgrades, mainframe, plotters, scanners
- ☐ Fax, copiers, postage machines, security equipment, etc
- ☐ Calculators, safes, cash registers, credit card machines, etc
- ☐ Telephones/telephone system, music system, public address system, etc
- ☐ Furnishings & fixtures: furniture, computer furniture, display racks, showcases
- ☐ Signs: indoor, outdoor, free standing, wall mounted, etc
- ☐ Leasehold equipment: modifications made to the building to accommodate your business
- ☐ Machinery or equipment specific to your type of business
- ☐ Items given to you or purchased used(estimate market value as of date you acquired)
- ☐ Equipment/assets, regardless of age, not previously reported
- ☐ Equipment that is leased, loaned, stored, or held in our possession

Do not include:

- ☐ Inventory held for resale
- ☐ Vehicles licensed through the Department of Motor Vehicles
- ☐ Consumables: pens, paper, cash register tape, cleaning supplies, etc

The Assessor's Office is located at 201 N. Carson St #6. Please call or stop by for an informational booklet.

Questions-contact Caron at (775) 887-2130 or email cmachado@carson.org

Carson City Business License Division
108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105 – Hearing Impaired: 711
buslic@carson.org
www.carson.org/businesslicense

ACKNOWLEDGEMENT AND WAIVER OF NOTICE

The undersigned acknowledges having been notified of the time and place of the meeting of the Carson City Liquor and Entertainment Board where the undersigned's application will be reviewed and acted on. The undersigned hereby waives the notice requirements under NRS 241.033 requiring written notice be delivered personally to the applicant at least 5 working days before the meeting or if sent by certified mail, at least 21 working days before the meeting.

All correspondence will be sent to the email address provided on the application. If an email address is not provided, it will be sent by certified mail.

_____
Date

_____
Printed Name of Liquor License Applicant

_____
Signature of Liquor License Applicant

CARSON CITY SHERIFF'S DEPARTMENT

Liquor License Applicant Questions:

APPLICANT NAME: _____

NAME OF BUSINESS: _____

HOURS OF OPERATION: _____

HOW MANY EMPLOYEES: _____

GAMING/DESCRIPTION: _____

AMOUNT OF INVESTMENT: _____

HOW FINANCED: _____

PERCENTAGE RATE: _____

MONTHLY PAYMENTS: _____

LEASED: _____

MONTHLY LEASE PAYMENTS: _____

PARTNERS: _____

PERCENTAGE OF OWNERSHIP: _____

RESTAURANT: _____

OTHER ACTIVITIES BESIDE LIQUOR SALES: _____

_____

ACTIVE PART IN OPERATION OF BUSINESS: _____

Carson City Sheriff's Department
Kenneth Furlong, Sheriff
911 E. Musser St.
Carson City, NV 89701
(775) 887-2500

AUTHORIZATION TO RELEASE
CRIMINAL HISTORY RECORD INFORMATION

To Carson City Sheriff's Department:

I hereby give my written consent for the Carson City Sheriff's Department to disseminate my record of criminal history to the following prospective employer:

_____City of Carson City_____
(Name of prospective employer)

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject and notation of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges, including dismissals, acquittals, convictions, correctional supervision and release.

I hereby release, discharge and exonerate the Sheriff of Carson City, its agents and representatives, and any person for furnishing information, from any and all liability of every nature and kind arising out of the dissemination and inspection of my records of criminal history.

_____ _____
Signature of Applicant Print Name

_____ _____
Date of Birth Social Security Number

Type of identification:

Drivers License Number: _____State: _____

Carson City Alpha/MNI Number: _____

_____
Sheriff's Department Employee Signature

WORK CARD APPLICATION

APPROVED___ DENIED___ MNI_____

EXPIRATION DATE_____

BILLING CODE_____ DATE_____

NAME_____

ALIAS/MAIDEN_____

DOB_____HGT_____WGT_____POB_____

ADDRESS_____

DRIVERS LICENSE#_____STATE_____SOC_____

SEX___RACE___HAIR_____EYES_____

CITIZENSHIP_____ALIEN REG.#_____

EMPLOYER_____POSITION_____

HAVE YOU EVER BEEN ARRESTED? _____

DATE	CHARGE	CITY, STATE	DISPOSITION

FAILURE TO LIST ALL ARRESTS, REGARDLESS OF CONVICTION OR DISMISSAL, MAY RESULT IN THE REVOCATION/DENIAL OF YOUR WORK PERMIT PER CCMC 8.28.

APPLICANTS SIGNATURE_____

INTERVIEWERS SIGNATURE_____

Nevada Department of
Public Safety

FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) _____that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

> **16.34 - Procedure to obtain change, correction or updating of identification records.**
> If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) _____, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: _____

Address: _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE

Agency representative's Signature: _____

Date: _____

Carson City Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

CARSON CITY LIQUOR LICENSE

APPLICANT'S AUTHORITY TO RELEASE INFORMATION

Having made application for a Carson City Liquor License, I wish Carson City to be informed as to my personal history and finances to help in determining my suitability for a liquor license.

For this specific purpose I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Carson City, upon presentation of this waiver or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original, even though it does not contain an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to:

Arrests, detentions, field contacts, field interview cards, officer's records, jail/custody booking records, traffic citations, traffic accident information, district attorney's records, court records and reports, probation and parole reports and records, laboratory reports and results, any other criminal justice records, reports or information source, employment history, including: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving; education history and records and any other such information you may have concerning my criminal justice history, employment history, medical history and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

Full Name (Print): _____

Address (Print): _____

Telephone: (W) (_____) _____ (H) (_____) _____

Signature: _____ Date: _____

State of _____
County of _____

This instrument was acknowledged before me on _____ by _____

_____
Signature of Notarial Officer

Carson City Business License Division

108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

CARSON CITY LIQUOR LICENSE

RULES & REGULATIONS REGARDING LIQUOR LICENSES

I/we, _____, _____,
(Print applicant A's name) (Print applicant B's name)

_____, the undersigned, understand that:
(Print applicant C's name)

- I/we cannot sell alcohol until the Carson City Liquor Board, consisting of the Board of Supervisors and the Carson City Sheriff, approves my/our liquor license OR there is a temporary management agreement with the present owner of the establishment (who has a valid liquor license) on file with the Carson City Business License Division.
- I/we may not take control of or transfer ownership of said business before my/our liquor license is approved OR a management agreement is on file with the Carson City Business License Division.
- Taking control of or transferring ownership of said business before my/our liquor license is approved could hinder my/our chances of getting a liquor license.
- If any changes are made after completing said liquor license application (i.e., change of business name, location, nature of business, partner or corporate officer change, etc.) the Carson City Business License Division MUST be notified and a new liquor license application MUST be completed BEFORE the change occurs.
- If I am/we are issued a liquor license, the fees for said liquor license MUST be paid on or before the 1st day of July. If the annual liquor license fees are not paid by the 1st day of July, a 50% penalty charge will be assessed, without exception, and this delinquency becomes grounds for revocation of the liquor license.
- I/we also understand that if my/our liquor license is revoked by the Liquor Board, I/we cannot reapply for a new liquor license for 6 (six) months from the date of the board's action. I/we also understand that after reapplying, I/we MUST have the unanimous approval of all members of the Liquor Board.
- A liquor license is issued to a given owner at a specific location and is non-transferable to a different owner or different location. A new liquor license application must be filed for ANY change.
- The application fee and the investigation fee, paid at the time of application for a liquor license, are non-refundable.

I/We have read and fully understand the above and have received a copy thereof.

_____ _____
Applicant A's signature *Applicant B's signature*

_____ _____
Applicant C's signature *Witnessed by* *Date*

CARSON CITY LIQUOR LICENSE
PERSONAL HISTORY RECORD

CITY OF CARSON CITY
BUSINESS LICENSE DIVISION
108 E. Proctor St.
Carson City, NV 89701
(775) 887-2105

CITY OF CARSON CITY
SHERIFF'S DEPARTMENT
911 E. Musser St.
Carson City, NV 89701
(775) 887-2020

GENERAL INSTRUCTIONS: *Type or print legibly. Answer every question. Indicate N/A ("Not Applicable") if a question does not apply to you. Do not misstate or omit any material fact(s). Each statement made herein is subject to verification. You must initial each page as provided for attesting to the accuracy and completeness of the information contained on that page. This personal history record is an official document.* ***Misrepresentation or failure to reveal the requested information may be deemed to be sufficient cause for the refusal or revocation of a license.***

APPLICATION FOR: (check all types of liquor sales that might apply)

☐ Full liquor sales ☐ Packaged liquor ☐ Dining room w/beer & wine ☐ Manufacturer

☐ Packaged beer & wine ☐ Wholesaler ☐ Dining room w/full liquor Additional #_____ bars at location

NAME AND ADDRESS OF ESTABLISHMENT: _____

NAME UNDER WHICH ESTABLISHMENT IS NOW OPERATED: _____

(If additional space is required to answer any question, furnish details under "REMARKS" or attach supporting sheets of paper.)

1. **NAME::** _____ _____ _____
(Last Name) (First Name) (Middle Name)
Other names (nicknames, maiden name, etc.) _____
2. Are you familiar with Nevada's Liquor Laws? ☐ Yes ☐ No
3. Have you ever obtained a Liquor License before? ☐ Yes ☐ No Where: _____
4. Have you ever been convicted of a Misdemeanor or Felony: ☐ Yes ☐ No If YES, explain: _____
_____
5. **PERSONAL INFORMATION:** Street, City, State (or country) and Zip — Dates From/To

Current Residence Address: _____ _____

Addresses for the past TEN years: _____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Present business address: _____ _____

Occupation: _____ Phone (W): _____ Phone (H): _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Social Security No.: _____ Sex: _____ Complexion: _____

Eye Color: _____ Hair Color: _____ Weight: _____ Build: _____ Height: _____

Scars, tatoos, distinguishing marks and/or characteristics: _____

Check one:
United States Citizen ☐
Alien ☐ Registration No.: _____ Date: _____ Place: _____
Naturalized Citizen ☐ Certificate No.: _____ Date: _____ Place: _____
(Please submit document as verification)

Applicant's initials: _____

6. **MARITAL INFORMATION** ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged

A. Date of Marriage: _____ Place of Marriage (City, County, State): _____

B. Spouse's Full Name: _____ Maiden Name (if applicable): _____

C. Spouse's Date of Birth: _____ Place of Birth: _____

D. Spouse's Residence Address (Street, City, State, Zip): _____

E. Spouse's Telephone: (W) _____ (H) _____

F. Spouse's Employer: _____ Occupation: _____

G. Above Employer's Address: _____

H. List the names and current addresses of previous spouses:

_____

_____

_____

7. **FAMILY INFORMATION:** List all children and dependents, including step-children and adopted children:

Full Name	Birth date	Place of Birth	Residence Address

8. **APPLICANT'S EDUCATION:**

	School Name	Dates Attended	Graduate?	Location
High School			☐ Yes ☐ No	
College/University			☐ Yes ☐ No	
Other			☐ Yes ☐ No	

9. **MILITARY HISTORY :** Have you served in any Armed Forces? ☐ Yes ☐ No If YES, Branch: _____

Date of Entry/Active Service: _____ Date of Separation: _____ Service No.: _____

Separation Status: _____

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? ☐ Yes ☐ No If YES, explain: _____

_____

Applicant's initials: _____

10. **ARRESTS, DETENTIONS, AND LITIGATION:**

A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (excluding MINOR traffic citations or fines under $25.00)? ☐ Yes ☐ No If YES, explain:

Date of Violation	Age	Charge	Location (City and State)	Disposition

B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named in an unindicted co-party? ☐ Yes ☐ No

C. Have you ever been subpoenaed to appear or testify before a federal, state, or county Grand Jury? ☐ Yes ☐ No

If YES, explain: When _____ City, County, State _____

D. Have you ever received a pardon for any criminal offense? ☐ Yes ☐ No

If YES, explain: When _____ City, County, State _____

NOTE: If you answered YES to any questions 10A through 10D, furnish details of ALL cases, WITHOUT EXCEPTION, under "REMARKS" or on a separate sheet of paper.

E. Has any member of your family or your spouse's family ever been convicted of a felony? ☐ Yes ☐ No

Name	Relationship	Charge	Date	Location

F. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as a plaintiff or defendant? ☐ Yes ☐ No List cases without exception, including bankruptcies:

Plaintiff / Defendant Names	Court / Case No.	City, County, State	Disposition
_____/_____			
_____/_____			

11. **EMPLOYMENT**: Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. List all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity. If necessary, use "Remarks" or a separate sheet.

A. _____ _____ _____
(Dates From/To) (Name/Mailing Address of Employer/Business) (Reason for Leaving)

_____ _____ _____
(Title) (Description of Duties) (Supervisor's Name)

B. _____ _____ _____
(Dates From/To) (Name/Mailing Address of Employer/Business) (Reason for Leaving)

_____ _____ _____
(Title) (Description of Duties) (Supervisor's Name)

Applicant's initials: _____

C._____ _____ _____
(Dates From/To) (Name/Mailing Address of Employer/Business) (Reason for Leaving)

_____ _____ _____
(Title) (Description of Duties) (Supervisor's Name)

12. **CHARACTER REFERENCES**: List three (3) character references who have known you for five years or more. Do not include relatives, present employer, or employees:

Name	Street, City, State, Zip	Phone No.	Dates Known
A. _____	Home: _____	_____	_____
	Business: _____	_____	_____
B. _____	Home: _____	_____	_____
	Business: _____	_____	_____
C. _____	Home: _____	_____	_____
	Business: _____	_____	_____

13. **PROFESSIONAL LICENSES OR CERTIFICATIONS**: Have you ever held a professional license or certification in any state including, but not limited to, any of the following? ☐ Yes ☐ No If YES, check all that apply:

☐ Liquor	☐ Race Horse/Race Dog Owner	☐ Doctor	☐ Other_____
☐ Securities Dealer	☐ Accountant/CPA		☐ Other_____
☐ Boxing Promoter	☐ Trainer or Manager		☐ Other_____
☐ Lawyer	☐ Real Estate Broker/Salesman		☐ Other_____

If YES, explain where, years held, and nature of disciplinary action, if any, taken against you: _____

_____

_____

14. **PRIOR LIQUOR APPLICATIONS**: Have you ever been refused a liquor license? ☐ Yes ☐ No If YES, state where, when, and for what reason: _____

15. **PRIOR GAMING APPLICATIONS**: Have you ever applied for a gaming license? ☐ Yes ☐ No If YES, state where and when: _____

16. **REMARKS** (If additional space is required to answer any question, separate each response by that question's number):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Applicant's initials: _____

_____

_____

_____

_____

_____

_____

_____

_____

CERTIFICATION:

I, _____, *being duly sworn, depose and say that the above statements are true and*
(Print your name)

correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation of a liquor license. Further, that applicant is voluntarily submitting this application under oath with full knowledge that N.R.S. 199.120 provides "any person making false oath in any matter before either the board or commission shall be guilty of perjury."

_____
(Your signature)

RELEASE OF ALL CLAIMS:

I, _____, *have filed with the Carson City Sheriff's Department an "application," as that)*
(Print your name)

term is defined in Carson City Municipal Code Title 4. In consideration of the assurance by the Board of Supervisors that no vote on said "application" will be taken except after a deliberate, intensive, and thorough investigation including, but not limited to, my background, associates, and finances, I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Nevada, the Carson City Sheriff's Department, its members, officers, and employees, from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my "application."

I, _____, *have read this release and understand all terms and conditions. I execute it*
(Print your name)

voluntarily and with full knowledge of it's significance.

In witness thereof, I have executed this release at _____, _____, *on the*
(City) (State)

_____ *day of* _____, _____.
(Month) (Year)

_____
(Your signature

Subscribed and Sworn To before me this

_____ day of _____, _____.
(Month) (Year)

(SEAL)

_____
(Notary Public)

INVESTED CAPITAL QUESTIONNAIRE
(Personal Financial Statement)

CITY OF CARSON CITY
BUSINESS LICENSE DIVISION
108 E. Proctor St.
Carson City, NV 89701
(775) 887-2105

CITY OF CARSON CITY
SHERIFF'S DEPARTMENT
911 E. Musser St.
Carson City, NV 89701
(775) 887-2020

Name _____ Date _____

Home Address _____ Phone _____

Submitted in connection with an application for a Carson City liquor license for (name of business): _____

1. Amount to be invested in the business: $_____
2. Percentage of ownership the above investment will represent: _____%
3. At this time do you anticipate active participation in the management and operation of the liquor establishment? ☐ Yes ☐ No
4. Has your interest in this liquor establishment been assigned, pledged, or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or in whole?
   ☐ Yes ☐ No If YES, explain: _____

_____

5. Have you ever filed bankruptcy? ☐ Yes ☐ No If YES, furnish the particulars on a separate sheet of paper.
6. Have you listed ALL of your assets and liabilities on the attached schedules?
7. Last Federal Income Tax Return was filed on _____, _____ for the year _____ at _____
   (Month) (Year) (City and State)
8. If requested to produce your Federal Income Tax Return, will you do so? ☐ Yes ☐ No If NO, explain:

   _____
9. List below the names and addresses of any persons, firms, or corporations which either have or will advance monies to you to assist in financing your investment in this enterprise:

	Name/Address	Relation to Applicant	Amount of Loan
A.			
B.			
C.			

10. Explain in detail the loan(s) listed in #9 above:

	How the loan will be secured	Method of Repayment	Interest Rate
A.			
B.			
C.			

STATEMENT OF ASSETS

(Describe fully. Indicate assets pledged. If additional space is required, attach supporting schedules.)

11. **CURRENT ASSETS:**

			Bank and Branch	Account #	Balance
CHECKING:	☐ Yes	☐ No	If YES:		
SAVINGS:	☐ Yes	☐ No	If YES:		
OTHER CASH ON HAND:	☐ Yes	☐ No	If YES:		

12. **ACCOUNTS RECEIVABLE and NOTES RECEIVABLE:** ☐ Yes ☐ No If YES, describe:

Nature _____ Due date _____ Amount$_____

Nature _____ Due date _____ Amount$_____

13. **OTHER CURRENT ASSETS:** ☐ Yes ☐ No If YES, describe:

Nature _____ Amount $_____

Nature _____ Amount $_____

14. **INVESTMENTS (STOCKS, BONDS, ETC.):** ☐ Yes ☐ No If YES, describe:

(If a close-held corporation, furnish current balance sheet)

Nature _____ Market value $_____

Nature _____ Market value $_____

15. **INVESTMENTS (OTHER THAN STOCKS AND BONDS):** ☐ Yes ☐ No If YES, describe:

Nature _____ Market value $_____

Nature _____ Market value $_____

16. **FIXED ASSETS (REAL ESTATE):** ☐ Yes ☐ No If YES, describe:

Location _____ Description _____ Market value $_____

Location _____ Description _____ Market value $_____

17. **OTHER ASSETS (AUTOMOBILES and OTHER PERSONAL PROPERTY)** If YES, describe:

Description _____ Market value $_____

Description _____ Market value $_____

TOTAL ASSETS . . . . . $_____

STATEMENT OF LIABILITIES

(Describe fully. Indicate secured liabilities. If additional space is required, attach supporting schedules.)

18. **CURRENT LIABILITIES (NOTES PAYABLE):** ☐ Yes ☐ No If YES, describe:

Name, Bank and Branch	Date Due	How Secured	Balance
			$_____
			$_____
			$_____

19. **OTHER NOTES PAYABLE:** ☐ Yes ☐ No If YES, describe:

Name and Address	Date Due	How Secured	Balance
			$_____
			$_____
			$_____

20. **ACCOUNTS PAYABLE:** ☐ Yes ☐ No If YES: $ _____

21. Provision for current year's Federal Income Tax: ☐ Yes ☐ No If YES: $ _____

22. Liability for Federal Income Tax (delinquent): ☐ Yes ☐ No If YES: $ _____

23. Provisions for other current taxes: ☐ Yes ☐ No If YES: $ _____

24. Liability for other delinquent taxes: ☐ Yes ☐ No If YES: $ _____

25. **MORTGAGES PAYABLE:** ☐ Yes ☐ No If YES, describe:

Description _____ How secured _____ $ _____

Description _____ How secured _____ $ _____

26. **OTHER LIABILITIES:** ☐ Yes ☐ No If YES, describe:

Description _____ How secured _____ $ _____

Description _____ How secured _____ $ _____

27. **CONTINGENT LIABILITIES:** ☐ Yes ☐ No If YES, describe:

Description _____ $ _____

Description _____ $ _____

28. **ARE ADDITIONAL SHEETS ATTACHED?**

TOTAL LIABILITIES _____

CERTIFICATION:

I, _____ (Your name), being duly sworn, depose and say that I have read the forgoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a liquor license; that I am voluntarily submitting this application with full knowledge that I hereby expressly waive, release, and forever discharge the City of Carson City, Nevada, the Carson City Sheriff's Department, and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the City of Carson City, Nevada, the Carson City Sheriff's Department, and their agents, as a result of my applying for a liquor license in the City of Carson City, Nevada.

_____
(Your signature)

Subscribed and Sworn to before me this

_____ day of _____, _____.
(Month) (Year)

(SEAL)

_____
(Notary Public)