

LINCOLN COUNTY LIQUOR LICENSE

APPLICANT INSTRUCTIONS

The following is a list of the required steps for an applicant for liquor license.

1. You need to have two (2) fingerprint cards done for each applicant to be listed on the license. This Department can fingerprint applicants. The cost to process these fingerprints is **\$30.00** and must be paid at the time of the application.
2. Fill out the enclosed forms.
3. Obtain three (3) letters of recommendation.
4. Attach the applicable liquor license fee of **\$200.00**
5. Provide a copy of the health certificate from the State of Nevada with the license applicant's name included on the certificate. A letter from the State Department of Taxation showing proof of an account with that entity is also required.
6. Upon successful completion of the background check, this office will make arrangements for you to meet with Lincoln County Liquor Board for approval of you license. You will be notified of the date and time of meeting.

If you have any questions please feel free to call our office at (775) 962-5151 and ask for Toni.



LINCOLN COUNTY LIQUOR LICENSE BOARD

NAME _____ FINANCIAL CONDITION AS OF _____, 20
 ADDRESS _____ BUSINESS _____
 CITY _____ STATE _____ ZIP CODE _____

The undersigned furnishes the following as being a full, true and correct statement of financial condition on the date given above.

ASSETS	LIABILITIES
CASH ON HAND AND IN BANKS _____	NOTES PAYABLE-BANK _____
U.S. BONDS _____	NOTES PAYABLE-OTHER (ITEMIZE) _____
LISTED STOCK & BONDS _____	
INVENTORY-MERCHANDISE ... _____	
OTHER CURRENT ASSETS _____	OTHER CURRENT LIABILITIES (ITEMIZE) _____
CASH VALUE OF LIFE INSURANCE _____	
	MORTGAGES OR LIEN ON REAL ESTATE _____
	OTHER LONG TERM INDEBTEDNESS _____
TOTAL ASSETS _____	TOTAL LIABILITIES _____

ANNUAL INCOME- (INDIVIDUAL)	PERSONAL INFORMATION
SALARIES _____	OCCUPATION OR TYPE OF BUSINESS _____
..... _____	
SECURITIES _____	EMPLOYER _____
RENTALS _____	
BUSINESS _____	POSITION HELD _____ NO. OF YEARS _____
OTHERWISE _____	
..... _____	
TOTAL _____	PARTNER/ OR OFFICER IN ANY OTHER VENTURE OR OTHER EMPLOYMENT _____

GENERAL INFORMATION
 PERSONAL BANK ACCOUNTS CARRIED AT _____
 SAVINGS & LOAN ACCOUNT AT _____

MARRIED _____ DIVORCED _____ CHILDREN (AGES) _____
 YOUR AGE _____ AGE OF SPOUSE _____

OTHER DEPENDENTS _____
 OTHER PERTINENT INFORMATION _____

NEED AT LEAST 3 LETTERS OF RECOMMENDATION FROM RESIDENTS LIVING IN THE AREA OF PROPOSED LIQUOR ESTABLISHMENT.

SIGNATURE _____ DATE SIGNED _____
 WITNESS _____



AUTHORITY FOR RELEASE OF INFORMATION

First Name

Middle Name

Last Name

Social Security #

Date of Birth (MM/DD/YY)

Place of birth (City, State, Country)

I, _____ do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lincoln County Sheriff's Office whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, include records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary, records, real and personal property tax statements and records and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, the results of any polygraph examinations; records of complaint of a civil nature made by or against me.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Lincoln County Sheriff's Office to consider in determining my suitability for a liquor license. It is my specific intent to provide access to persona information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly in whole or part; upon this release authorization will be considered in determining my suitability for a liquor license with Lincoln County, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I agree that a photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE SUBMISSION

Signature_____

Subscribed and sworn before me this _____ day of _____, _____

County_____ State_____

Notary Signature_____ My commission expires_____

Stamp



Type Of Liquor License Applied For:

Wholesale Liquor Sales: _____

Retail Liquor Sales: _____

Packaged Liquor Sales: _____

Beer & Wine Liquor Sales: _____

Total Fees Remitted With This Application: \$ 230.00

All applications must include a financial statement, applicable liquor license fee, and at least three letters of recommendation from residents living in the area of the proposed liquor establishment.

We, the undersigned petitioners, are all of the persons who shall conduct or have an interest in business for which a liquor license is requested.

Applicant(s):

Dated this _____ day of _____, 20____.



Applicant(s) Name: _____

Doing Business As: _____

Presented to the Lincoln County Liquor Board on the _____ day of _____,
20_____.

Approved

Denied

Lincoln County Sheriff

Lincoln County Liquor Board Chairman