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 ASOF	,20	
ADDRESS	BUSINESS		
ΔΤΥ	STATE ZP CO	DE	
The undersigned furnishes the following as b	einga full, true and correct statement of financia	al condition	
on the date given above.			
ASSESTS	LIABLITIES		
CASH ON HAND AND IN BANKS	NOTES PAYABLE-BANK		
U.S. BONDS	NOTESPAYABLE-OTHER (ITEMIZE)		
LISTED STOCK & BONDS			
INVENTORY-MERCHANDISE			
OTHER CURRENT ASSESTS	OTHER CURRENT LIABILITIES	G(ITEMIZE)	
CASH VALUE OF LIFE INSURANCE			
	MORTGAGES OR LIENS ON F	EALESTATE	
	OTHER LONG TERM INDEBTE	ENESS	
TOTALASSETS	TOTALUABUT	les	
ANNUALINCOME- (INDIVIDUAL)	PERSONALINFORMATION		
SALARIES	OCCUPATION OR TYPE OF B	OCCUPATION OR TYPE OF BUSINESS	
SECURITIES	EMPLOYER		
RENTALS			
BUSINESS	POSITION HELD	NO. OF YEARS	
	PARTNER/ OR OFFICER IN AN	IY OTHER VENTURE OR OTHER	
	EMPLOYMENT		
	MARRIED DIVOR	CED CHILDREN (AGES)	
GENERALINFORM ATION	YOURAGE	AGEOF SPOUSE	
PERSONAL BANK ACCOUNTS CARRIED AT	OTHER DEPENDENTS		
	OTHER PERTINENT INFORM	ΔΤΙΟΝ	
SAVINGS& LOAN ACCOUNT AT		FRECOMMENDATION FROM	
	RESIDENTS LIVING IN THE A		
	ESTABLISHMENT.		
SIGNATURE	DATESIGNED		
WITNESS			



AUTHORITY FOR RELEASE OF INFORMATION

ADDEL SOLS	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 <u>Lincoln County Sheriff's Office</u> 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 <u>Lincoln County Sheriff's Office</u> 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 <u>Lincoln County</u>, 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.

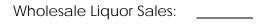
MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE SUBMISSION

Signature			
Subscribed and sworn before r	ne this	day of,	
County	State		
Notary Signature		My commission expires	

Stamp



Type Of Liquor License Applied For:



Retail Liquor Sales:

Packaged Liquor Sales:

Beer & Wine Liquor Sales: _____

Total Fees Remitted With This Application: <u>\$ 230.00</u>

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 Liquer Board on the	dov of
Presented to the Lincoln County Liquor Board on the	e day of
20	
	Denied
Lincoln County Sheriff	

Lincoln County Liquor Board Chairman