

## **LIQUOR LICENSE:**

- The charge to apply for a liquor license is \$50.00
- Each applicant must go to the Sheriff's Office for fingerprints
- The fingerprints must be attached to the liquor license application
- The application must be notarized
- Each applicant must then make an appointment with the Police Department
- After all of the above is completed the application will go to the City Council for approval
- The charge for the liquor license is \$200.00 for six months
- A Child Support Form must be filled out with the Liquor License Application

**CITY OF LOVELOCK**  
LIQUOR LICENSE APPLICATION

**TO: CITY OF LOVELOCK MAYOR AND CITY COUNCIL**  
**PO BOX 238**  
**LOVELOCK, NV 89419**

THE UNDERSIGNED HEREBY APPLIES BY APPLICATION TO SELL INTOXICATING LIQUOR WITHIN THE BOUNDARIES OF THE CITY OF LOVELOCK PER CITY OF LOVELOCK MUNICIPAL CODE 29.160 TO 29.130 INCLUSIVE. EACH APPLICATION SHALL BE ACCOMPANIED WITH A NON-REFUNDABLE FILING FEE OF \$50.00.

**1. NAME OF PERSON TO BE SOLELY RESPONSIBLE FOR THE ISSUANCE OR REVOCATION OF LICENSE**

NAME \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DRIVERS LICENSE \_\_\_\_\_

**2. BUSINESS OR TRADE NAME** \_\_\_\_\_

**3. INDIVIDUAL** \_\_\_\_\_ **PARTNERSHIP** \_\_\_\_\_ **ASSOCIATION** \_\_\_\_\_ **CORPORATION** \_\_\_\_\_  
**OTHER** \_\_\_\_\_

**4. IF THE APPLICANT IS AN INDIVIDUAL, PARTNERSHIP, OR ASSOCIATION GIVE ALL NAMES, ADDRESSES AND NATURE AND AMOUNT OF INVESTMENTS OF ALL MEMBERS THEREOF; IF A CORPORATION, FURNISH THE SAME INFORMATION FOR ALL CORPORATE OFFICIALS AND STOCK HOLDERS.**

NAME	ADDRESS	NATURE AND/OR % OF INTEREST	SHARES (CORP)
(1) _____ S S # _____ D.O.B. _____ DL# _____			
(2) _____ S S # _____ D.O.B. _____ DL# _____			
(3) _____ S S # _____ D.O.B. _____ DL# _____			

if more than three attach sheet

**5. TYPE OF LICENSE APPLYING FOR:**  
PACKAGED BEER AND WINE \_\_\_\_\_  
BEER AND WINE BY THE DRINK \_\_\_\_\_  
PACKAGED LIQUOR \_\_\_\_\_  
LIQUOR BY THE DRINK \_\_\_\_\_

**6. EACH MEMBER OF THE APPLICATION SHALL ANSWER THE FOLLOWING QUESTIONS:**  
a) HAVE YOU EVER BEEN ARRESTED FOR A CRIME OTHER THEN A MINOR TRAFFIC VIOLATION?

NAME	YES/NO	NATURE OF OFFENSE
_____		
_____		
_____		



**i) LIST TWO (2) CHARACTER REFERENCES.**

**NAME**

**MAILING ADDRESS**

**PHONE**

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**7. THE APPLICANT(S) NAMED HEREIN AGREE THAT IF GRANTED A LICENSE, THAT THEY WILL KEEP, CONDUCT, MAINTAIN AND CARRY ON THE PLACE OF BUSINESS IN A QUIET AND ORDERLY MANNER AND WILL NOT SERVE, SELL, OR GIVE AWAY ANY INTOXICATING LIQUOR TO ANY PERSON UNDER LEGAL AGE AND WILL NOT ALLOW ANY DISORDERLY PERSON TO LOITER ABOUT THE BUSINESS.**

**8. THE APPLICANT(S) FURTHER AGREE THAT IF SUCH LICENSE IS GRANTED, THE APPLICANT(S) WILL CONDUCT THE PLACE WHERE INTOXICATING LIQUORS ARE TO BE SOLD IN ACCORDANCE WITH ALL THE LAWS AND ORDINANCES OF THE CITY OF LOVELOCK AND OF THE STATE OF NEVADA, AND THAT THE LICENSE, IF GRANTED, WILL BE ACCEPTED UPON THE EXPRESS CONDITION THAT THE VIOLATION, BREACH OR FALSITY OF ANY SUCH STATEMENTS, CONDITIONS, PROVISIONS, PROMISES OR REPRESENTATIONS IN THE APPLICATION SHALL BE GOOD CAUSE FOR THE REVOCATION OF THE LICENSE.**

**APPLICANT'S WAIVER OF LIABILITY**

**IN ORDER TO PERMIT THE CITY OF LOVELOCK'S POLICE DEPARTMENT TO MAKE A THOROUGH INVESTIGATION OF MY BACKGROUND, PURSUANT TO THE LAW OF NEVADA,**

**I/WE \_\_\_\_\_ HEREBY RELEASE FROM LIABILITY**

**AND PROMISE TO HOLD HARMLESS FROM LIABILITY, UNDER ANY AND ALL POSSIBLE CAUSE OF LEGAL ACTION, OPINION REGARDING MY BACKGROUND OR REPUTATION.**

**THE UNDERSIGNED HEREBY AUTHORIZES ANY PERSON OR LEGAL ENTITY, WHO MAY BE CONTACTED BY OFFICERS, AGENTS, OR EMPLOYEES, ANY INFORMATION, DATA OR OPINIONS, THEY MAY HAVE REGARDING MY BACKGROUND.**

**THE UNDERSIGNED FURTHER AGREES TO HOLD HARMLESS AND RELEASE FROM LIABILITY, UNDER ANY AND ALL POSSIBLE CAUSE OF LEGAL ACTION, THE CITY OF LOVELOCK OR THE LOVELOCK POLICE DEPARTMENT, AGENTS AND EMPLOYEES, FOR ANY STATEMENTS, ACTS OR OMISSIONS IN THE COURSE OF ITS INVESTIGATION INTO MY BACKGROUND AND REPUTATION.**

**THIS RELEASE FROM LIABILITY GIVEN BY ME, TO THE CITY OF LOVELOCK OR THE LOVELOCK POLICE DEPARTMENT, ITS OFFICERS, EMPLOYEES, AGENTS AND ALL OTHERS AS HERE-TO-FORE PROVIDED, SHALL APPLY TO ANY RIGHT OF ACTION THAT MIGHT ACCRUE TO MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES.**

**READ CAREFULLY BEFORE SIGNING.**

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER.**

**DATE \_\_\_\_\_**

**SIGNATURE OF  
APPLICANT(S)**\_\_\_\_\_

**WITNESS**\_\_\_\_\_

**THE APPLICANT(S) HEREBY SIGN AND SWEAR THAT THE INFORMATION AS SET FORTH IN THIS  
APPLICATION IS TRUE AND CORRECT AND THAT THEY AGREE TO ABIDE BY ALL THE CONDITIONS AS SET  
FORTH HEREIN.**

**NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE**\_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE**\_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE**\_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE**\_\_\_\_\_

**SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**