

CITY OF WEST WENDOVER



LIQUOR LICENSE APPLICATION

NOTE: PRIOR TO SUBMITTING THIS LIQUOR LICENSE APPLICATION, PLEASE CONTACT (775) 664-3081: BUSINESS LICENSE DEPT., OR STOP BY THE CITY OFFICE @ 1111 N. GENE L. JONES WAY, TO MAKE CERTAIN YOU HAVE ALL THE REQUIRED SUPPORTING DOCUMENT COPIES THAT PERTAIN TO YOUR APPLICATION.

Thank you for your interest in business licensing with the City of West Wendover, Nevada. **Pursuant to NRS 244.335 (4) & NRS 266.355 (1)(a), NAC 364A.180, and per Section 3-2-2, A of the City Code, it is unlawful for any person to engage in the sale of and / or storage of liquor within their business, and within the City limits without first procuring the license required.**

Below is a checklist of the documents that must be returned to the City Clerk's office, with this liquor license application, prior to a background investigation by the West Wendover Police Department, final approval by the West Wendover City Council, and the issuance of the liquor license.

- _____ City Liquor License Application
- _____ Copy of Completed Business License Application
- _____ Certified Copy of Birth Certificate
- _____ Copy of Driver's License and / or State Identification Card
- _____ Copy of Social Security Card
- _____ Fingerprint Card(s) issued by an approved agency.
- _____ Recent Photograph of applicant (Taken within the last 30 days)

IF NOT A CITIZEN OF THE UNITED STATES, OR IF A NATURALIZED CITIZEN, PLEASE PROVIDE ONE OF THE FOLLOWING:

- _____ Copy of Alien Registration Card
- _____ Copy of Naturalization Certificate

IF APPLICANT IS A CORPORATION OR PARTNERSHIP, PLEASE INCLUDE THE FOLLOWING, AS PER CITY CODE 3-2-3, A, 2:

- _____ Copy of Incorporation, LLC, DBA or Fictitious Name Registration

(Include a listing of the names and addresses of all partners, officers, directors, stockholders, resident agent and all other persons having an interest in the business to be licensed and the address of the principal place of business of the corporation and the name and address of the person or persons who shall have the active management of its business for which or in connection which a license is desired.)
- _____ Completed Applications for each individual, as named on the list mentioned directly above, and having an interest in the business.

Liquor License Fee to be remitted with the license application for each license required.

Initial Liquor License Fee: \$120.00

City licenses run on a fiscal year; beginning July 1st each year and expire on June 30th of the following year. Your license will expire June 30th and the City does not prorate fees or issue refunds. All liquor licenses are non-transferable to another person or business, and require a minimum of 3 weeks for processing.

Date of Birth	Place of Birth (City, County, State)	Age
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Social Security Number	Driver License Number and State	Sex
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2. FAMILY INFORMATION

- A. Children and Dependents:
List all children, including stepchildren and adopted children and provide the following information for each:

Name	Date of Birth	Address

- B. Parents:
List names, addresses, dates of birth, and most recent occupations of parents, parent-in-law, or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father In-Law			
Mother In-Law			

Applicant Initials _____

- C. Siblings:
List names, addresses, dates of birth, and most recent occupations for siblings and respective spouse:

Name (Maiden) Birth Date Address Occupation

Sibling

Spouse

Sibling

Spouse

Sibling

Spouse

3. CRIMINAL HISTORY

- A. If you have ever been arrested, **taken into physical custody**, been issued a misdemeanor Citation (**exclude traffic citations**), or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

Date	Agency/Location	Charge	Disposition

Applicant Initials _____

B. As an adult have you been placed on probation by any court? YES _____ NO _____
If "YES", please give details to include when, where, and why.

C. Please list any other crimes you have committed, **REGARDLESS** of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why.

D. Are you now or have you ever been involved as a defendant in any civil court action?
YES _____ NO _____ If "YES", please give details to include when, where, name of court and circumstances.

F. Have you ever received a pardon for any criminal offenses? Yes _____ No _____
If yes, when? _____ City, County and State _____

If you answered Yes to any of the above questions (A through F), furnish details on additional sheet if necessary.

G. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes _____ No _____ If yes, complete the following.

Name	Relationship	Charge	Location	Date
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Applicant Initials _____

4. RESIDENCES:

List all residences you have had for the last 10 years:

Month and Year (From – To)	Street and Number	City	State and County
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5. CHARACTER REFERENCES:

List five (5) character references who have known you for five (5) years or more. Do not include relatives, present employers, or employees.

Name	Address	City/State/Zip	Telephone	Years Known
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Applicant's Initials _____

6. Have you ever held a privileged or professional license in any state, including but not limited to the following: (Circle all that apply)

- | | |
|---------------------------|--------------------------------|
| Race Horse/Race Dog Owner | Real Estate Broker or Salesman |
| Liquor | Boxing Promoter |
| Accountant | Jockey |
| Lawyer | Trainer or Manager |
| Doctor | Securities Dealer |

If yes, please state where, years held, and the nature of any disciplinary actions taken against you _____

A statement detailing the license or permit history of the applicant for the five-year period immediately preceding the date of the filing of the application, including whether such applicant previously operating or seeking to operate, in this or any other county, city, state or territory, has ever had a license, permit or authorization to do business denied, revoked or suspended, or has had any professional or vocational license or permit denied, revoked or suspended. In the event of any such denial, revocation or suspension, state the date, the name of the issuing or denying jurisdiction, and state in full the reasons for the denial, revocation or suspension. A copy of any order or denial, revocation or suspension shall be attached to the application.

7. Business Ownership / Partnership Information

Corporate Headquarters	Address	Phone
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Owner's Name	Address	City/State & Zip
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Type of Ownership: (Please state whether Sole Proprietorship, Partnership, Corporation, etc.)

List below the following information with respect to all partners, directors, officers, and key employees. Each of the persons named below may be required to complete and file personal history record, financial statements; and fingerprint impressions in duplicate.

<u>FULL NAME</u>	<u>RESIDENCE</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Initials _____

8. **A complete and accurate financial statement of the applicant**, except real property owner, if real property is leased:

The last federal income tax return was filed (date): _____
for year _____ at (city): _____ (state): _____

Applicants are advised that federal income tax returns will be required during the licensing investigation.

Applicant's Initials _____

State of Nevada

County of _____

_____ Being duly sworn, deposes and says that the above statements are true and correct to the best of his/her 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 City of West Wendover Business License. Further, the applicant is required to update and amend any of the information provided within ten (10) days upon a change of the information provided herein, and failure to do so may result in denial of the application or suspension or revocation of the license.

Suscribed and sworn to before me
The _____ day of _____, 20_____
Notary Public in and for the County of _____
State of _____

REMARKS

Applicant's Initials _____

I further agree that I will comply with all City, County, State and Federal licensing and regulations for my type of business. I also agree I will carry liability insurance to suit my business.

(Signature of Applicant)

(Business Name and Applicant Title)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public or City Clerk

Business License Number

Applicant's Initials _____

PROFESSIONAL LICENSES SUBJECT TO DENIAL OR RESTRICTION FOR BACK
CHILD SUPPORT

Professional or occupational licenses, certifications, or permit may be denied or restricted if back child support is owed by the person obtaining or holding the license. The Business License issued by the City of West Wendover is subject to this new requirement mandated by the federal government of all states including Nevada.

“My office is trying to notify anyone who may owe back child support of this new enforcement method so they have an opportunity to remain current on their child support,” said Attorney General Frankie Sue Del Papa. “If a non-custodial parent falls behind in support payments, it is often difficult to pay back support and stay current,” added Del Papa.

Under the new procedure a district attorneys office or the Nevada Welfare Division will send written notice to the person who:

1. Is past due in child support;
2. Fails to provide health coverage for a child; or
3. Fails to comply with a subpoena or warrant relating to child support proceedings.

The notice will be sent by certified mail, restricted delivery, return receipt requested. The person has 30 days to satisfy the past due support or comply with an approved repayment plan, provide the health coverage, or comply with the subpoena or warrant. Or the person may request a hearing challenging the finding that he/she owes back child support, has failed to provide health coverage, or is not complying with a subpoena or warrant in a child support proceeding.

If after a hearing is held the person is found to owe past child support, or fails to provide health coverage, or refuses to comply with a subpoena or warrant in a child support proceeding, the professional or occupational licensing agency will be notified by way of “order to suspend.” Upon receipt of the order to suspend, the professional or occupational licensing agency must suspend or restrict the professional license as determined in the hearing. The agency issuing the professional or occupational license, certificate, or permit shall reinstate the license after receiving information from the district attorney or welfare division that the person is in compliance with the child support requirements.

In addition, every application for professional license must include a statement regarding the applicant’s child support payments status. If the applicant fails to answer the questions or sign the portion of the application, the person’s application, will not be processed. If the applicant reports that he/she is not complying with a support order or approved repayment plan, then the applicant must make contact with the local district attorney’s office or the Welfare Division to arrange for payment or child support.

Applicants Initials _____

CITY OF WEST WENDOVER

Fingerprint Receipt for

Liquor License

Processing



Please Print Legibly

Present this form to the fingerprint technician at the time fingerprints are taken.

Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship _____

Sex ___ Race ___ Hgt. ___ Wgt. ___ Eyes ___ Hair ___

Employer: _____

Position: _____

Signature of Applicant: _____

City Administration Signature: _____

Police Department Signature: _____

Date: _____

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____
Please print your full name

Date of Birth _____ SSN# _____

As an applicant for a liquor / sexually oriented business / escort services license (circle one) with the City of West Wendover I am required to furnish information for use in determining my qualifications and suitability. I realize that the City of West Wendover will not release the information provided to them to any person, including myself. The information submitted to the City is confidential and will be used only for investigating my suitability for issuance of a liquor / sexually oriented business / escort services license.

(Circle one)

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, and professionals, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the West Wendover Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within on (1) year of the date of my signature.

Signature of Applicant _____

Subscribed and Sworn to before me the _____ day of _____ 20__

Notary Public in and for County of _____ State of _____

Notary Public

Applicants Initials _____

CERTIFICATE AND PENALTY

I hereby declare that all statements and information provided to the City of West Wendover in this Personal History Statement, as well as any other statements and information provided for liquor / sexually oriented business / escort services license (circle one) background investigation are true and complete to the best of my knowledge and belief. I understand that any miss-statement of material fact, willful deception, will be cause for rejection as a candidate for the issuance of a liquor license. I further understand that these aforementioned miss-statements, omissions, or deceptions are also grounds for revocation of liquor license after issuance by the City of West Wendover.

Signature of Applicant

Date

Subscribed and Sworn to before me the _____ day of _____ 20__

Notary Public in and for said County of _____ State of _____

Notary Public

Applicants Initials _____