

**CITY OF BOULDER CITY
401 CALIFORNIA AVENUE
P. O. BOX 61350
BOULDER CITY, NEVADA 89006-1350
702-293-9240**

LIQUOR LICENSE APPLICATION

Liquor License Class _____ **Date** _____
 Individual Ownership Partnership (Executed Agreement To Be Attached) Corporation

BUSINESS NAME:			BUSINESS PHONE:		
BUSINESS ADDRESS: NUMBER	STREET	CITY	STATE	ZIP	
MAILING ADDRESS: P.O. BOX/NUMBER	CITY		STATE	ZIP	

PRINCIPAL BUSINESS PURPOSE: _____

IF NEW BUSINESS, ANTICIPATED DATE BEGINNING BUSINESS: _____

(Copy of building permit from the City Building Division is required if new building or conversion of premises is completed.)

IF LIQUOR LICENSE HELD BY FORMER OWNER, GIVE NAME OF FORMER OWNER AND CLASS OF LIQUOR LICENSE HELD: _____

NAME AND RESIDENCE ADDRESS OF THE OWNER OF THE PREMISES AND/OR BUILDING IN WHICH THE BUSINESS IS TO BE CARRIED ON: _____

(ATTACH EXECUTED COPY OF LEASE AGREEMENT, EVIDENCE OF OWNERSHIP, BILL OR SALE, OR ESCROW INSTRUCTIONS ON THE PREMISES.)

Do not write below this line.

LICENSE FEES PAID:

Full payment for Liquor License and all investigation fees must be paid at time application is submitted. If application is denied or withdrawn, license fee shall be refunded 100%. No part of this investigation fee shall be refunded except that if applicant(s) withdraws application prior to beginning of an investigation. (Res. 2517)

	Non-Corporation	Corporation
Annual Fee: Liquor Class _____	\$ _____	\$ _____
Corporation Fee:	\$ N/A	\$100.00
Invest. Fee: # _____ Application(s) X \$100 per person	\$ _____	\$ _____
Date Application Submitted _____ Total Fees Remitted _____	\$ _____	\$ _____

APPLICATION APPROVED REJECTED

on _____ (Date)

LICENSE # _____

City License Officer

License Clerk

FINANCIAL BACKGROUND INFORMATION

(Corporation)

- 1. Is this a newly formed corporation? _____
- 2. Give date of Articles of Incorporation approved by the State of Nevada _____
- 3. If not Nevada Corporation, in what state incorporated? _____ When? _____
- 4. Is the entire license fee paid by the applicant(s) and no other person? Yes No
(If "no", attach a statement giving full details).
- 5. Has the applicant(s) ownership or percentage of ownership been assigned or pledged to any person, firm, or corporation or has any agreement been entered into whereby the applicant(s) ownership or percentage of ownership is to be assigned, pledged, or sold, either in part or in whole, to any person, firm, or corporation? _____
(If "Yes", explain in detail on separate sheet.)
- 6. State the name and address of any person, firm or corporation which has undertaken to advance monies to the applicant to assist in the financing of this business, and the relationship, if any, to the applicant of such person, firm or corporation.

<u>Name</u>	<u>Address, City, State Zip</u>	<u>Relationship to applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach separate sheet to explain in detail the considerations, method of repayment and interest rates, for any advance or loan listed above.)

- 1. Has any member of the applicant group or corporation ever been refused a license of any type in the State of Nevada? Yes No Any other state? Yes No
If so, where? _____ For what reason? _____

- 1. Have any of the corporate officers or directors ever been convicted of a crime, misdemeanor or violation of any municipal ordinance, excluding minor traffic violations? Yes No (If so, attach separate sheet giving full details.)
- 9. Attachments Required:
 - a. A Certified copy of Articles of Incorporation. If not a Nevada Corporation, a Certified copy of Articles of Incorporation of Parent Corporation.
 - b. A copy of the minutes of corporation meeting electing current officers and directors.
 - c. Where no officer or director of the corporation will be directly in charge of the business, submit a letter from the president or other officer of the corporation, stating who the resident manager will be, and authorizing the resident manager as the person responsible to do business in the City.
 - d. Financial statement of corporation.

INDIVIDUAL OR PARTNERSHIP: MUST LIST ALL BUSINESS OWNERS AND RESIDENT MANAGER (IF NOT BUSINESS OWNER)

CORPORATION: GIVE FULL NAMES AND RESIDENCE ADDRESSES OF ALL OFFICERS AND DIRECTORS, AND EACH STOCKHOLDER OWNING IN THE AGGREGATE MORE THAN FIFTEEN PERCENT (15%) OF THE STOCK IN SUCH CORPORATION. (USE ADDITIONAL SHEETS IF NECESSARY.)

APPLICANT #1 LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE NUMBER STREET	CITY	STATE	ZIP	POSITION	
MAILING ADDRESS: P.O. BOX NUMBER STREET	CITY	STATE	ZIP	STOCK OWNED (PERCENT)	

APPLICANT #2 LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE NUMBER STREET	CITY	STATE	ZIP	POSITION	
MAILING ADDRESS: P.O. BOX NUMBER STREET	CITY	STATE	ZIP	STOCK OWNED (PERCENT)	

APPLICANT #3 LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE NUMBER STREET	CITY	STATE	ZIP	POSITION	
MAILING ADDRESS: P.O. BOX NUMBER STREET	CITY	STATE	ZIP	STOCK OWNED (PERCENT)	

APPLICANT #4 LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE NUMBER STREET	CITY	STATE	ZIP	POSITION	
MAILING ADDRESS: P.O. BOX NUMBER STREET	CITY	STATE	ZIP	STOCK OWNED (PERCENT)	

APPLICANT #5 LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE NUMBER STREET	CITY	STATE	ZIP	POSITION	
MAILING ADDRESS: P.O. BOX NUMBER STREET	CITY	STATE	ZIP	STOCK OWNED (PERCENT)	

RESIDENT MANAGER LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE NUMBER STREET	CITY	STATE	ZIP	POSITION	
MAILING ADDRESS: P.O. BOX NUMBER STREET	CITY	STATE	ZIP	STOCK OWNED (PERCENT)	

APPLICANT BACKGROUND INFORMATION

Separate form must be completed by each individual, partner, or share holder with 15% or more interest in the company.
(Individual or Partnership)

APPLICANT NO. _____

NAME: LAST	FIRST	MIDDLE	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
RESIDENCE	NUMBER	STREET	CITY	STATE	ZIP
MAILING ADDRESS:	P.O. BOX/NUMBER	STREET	CITY	STATE	ZIP

EMPLOYMENT BACKGROUND (INCLUDE CURRENT EMPLOYER)

FIRM NAME	SUPERVISOR	DATES FROM/TO
ADDRESS	CITY	STATE ZIP
FIRM NAME	SUPERVISOR	DATES FROM/TO
ADDRESS	CITY	STATE ZIP
FIRM NAME	SUPERVISOR	DATES FROM/TO
ADDRESS	CITY	STATE ZIP

PERSONAL REFERENCES (GIVE AT LEAST FOUR LOCAL REFERENCES OTHER THAN RELATIVES)

NAME	NAME
ADDRESS CITY STATE ZIP	ADDRESS CITY STATE ZIP
NAME	NAME
ADDRESS CITY STATE ZIP	ADDRESS CITY STATE ZIP

BUSINESS REFERENCES (LIST AT LEAST FIVE COMPANIES YOU HAVE DONE BUSINESS WITH.)

NAME	ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP
NAME	ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP
NAME	ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP
NAME	ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP
NAME	ACCOUNT NUMBER
ADDRESS CITY	STATE ZIP

CRIMINAL RECORD

1. HAVE YOU EVER BEEN ARRESTED FOR ANY MISDEMEANOR, OTHER THAN A MINOR TRAFFIC OFFENSE?
 Yes No IF SO, ATTACH A STATEMENT GIVING FULL DETAILS, INCLUDING NAME OF ARRESTING AGENCY, AGE, CHARGE, COURT AND LOCATION AND DISPOSITION.

2. HAVE YOU EVER BEEN ARRESTED FOR ANY FELONY? Yes No IF SO, ATTACH A STATEMENT GIVING FULL DETAILS, INCLUDING NAME OF ARRESTING AGENCY, AGE, CHARGE, COURT AND LOCATION AND DISPOSITION.

I, _____ do hereby solemnly swear or affirm that all the statements contained in this questionnaire are true and correct to the best of my knowledge, information and belief.

Signature of Applicant

AFFIDAVIT

THE UNDERSIGNED, _____

HEREBY RESPECTFULLY REQUEST THE ISSUANCE OF A LIQUOR CLASS _____

LICENSE FOR THE PERIOD BEGINNING _____ AND ENDING _____

FOR _____

(NAME OF LOCATION OF BUSINESS)

I (APPLICANT #1) _____ AND

(APPLICANT #2) _____

DO HEREBY SOLEMNLY SWEAR OR AFFIRM THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND THAT THIS STATEMENT IS EXECUTED WITH THE KNOWLEDGE THAT MISREPRESENTATION OR FAILURE TO REVEAL INFORMATION REQUESTED MAY BE DEEMED SUFFICIENT CAUSE FOR REFUSAL TO ISSUE OR REVOCATION OF LIQUOR LICENSE. IF THIS APPLICATION IS APPROVED AND A LICENSE ISSUED, IT WILL BE ACCEPTED BY ME (US) SUBJECT TO THE TERMS AND PROVISIONS OF THE "BOULDER CITY, NEVADA, LIQUOR CONTROL ACT" AND SUCH OTHER RULES AND REGULATIONS AS MAY AT ANY TIME HEREAFTER BE ADOPTED OR ENACTED BY RESOLUTION OR ORDINANCE OF THE CITY COUNCIL OF BOULDER CITY, NEVADA. I (WE) FURTHER ACKNOWLEDGE THAT IF A LICENSE IS ISSUED IT WILL NOT BE TRANSFERRED TO ANY OTHER PERSON AT THIS LOCATION OR USED FOR THE DISPENSING OF ALCOHOLIC BEVERAGES AT ANOTHER LOCATION.

I (WE) FURTHER ACKNOWLEDGE THE POWER AND AUTHORITY OF THE LICENSE BOARD, OR OTHER AUTHORIZED REPRESENTATIVES OF THE CITY, TO ENTER ANY STORE, BUILDING, OR ANY OTHER PLACE IN WHICH SUCH BUSINESS IS BEING CONDUCTED AT ANY TIME DURING BUSINESS HOURS FOR THE PURPOSE OF EXAMINING THE BOOKS OF ACCOUNT OF THE BUSINESS TO ASCERTAIN THE REAL PARTIES INTEREST IN THE BUSINESS, AND ALL PERSON HAVING INTEREST IN SUCH BUSINESS, INCLUDING PERSONS WHO MAY HAVE LOANED OR OTHERWISE ADVANCED MONEY FOR THE OPERATION AND CONDUCT OF SUCH BUSINESS.

SIGNATURE, APPLICANT #1

SIGNATURE, APPLICANT #2

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20 _____

NOTARY PUBLIC OR CITY LICENSE OFFICER
(SEAL)

EACH APPLICANT MUST COMPLETE BACKGROUND INFORMATION SHEET AND ATTACH TO THIS FORM

CHILD SUPPORT STATUS STATEMENT

Liquor License Individual or Partnership Only

The undersigned has applied for a Liquor License in the City of Boulder City and pursuant to SB356 solemnly swears or affirms that the statement contained in this affidavit is true and correct to the best of his/her knowledge and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a Liquor License.

I understand that a copy of this statement will be sent to the State of Nevada, Department of welfare, for verification.

Please check one:

- I am not under a court order to provide child support.
- I am under a court order to provide child support and payments are not in arrears.
- I am under a court order to provide child support and payments are in arrears or default.

Date

Business Name

Applicant

Applicant

LIQUOR LICENSE

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the City of Boulder City with any and all information that you have concerning me, my work record, driving record, penal history, including criminal background check, my reputation and my financial status, including bank account records. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications and fitness for a Liquor License within the City of Boulder City.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Boulder City in conjunction with their investigation procedures in it's determination of issuing a liquor license to me.

I hereby release you, your organization; its officers, employees, agents and representatives from any liability or damage, which may result from furnishing the information requested.

Name of Business

Applicant's Signature

Applicant's Name (printed or typed)

Current Address

Previous Address, if other than Clark County

Date

Applicant's signature

Applicant's Name (printed or typed)

Current Address

Previous Address, if other that Clark County

Date

Subscribed & sworn to before me this _____ day of _____, 20____

Notary Public for State of Nevada or City License Officer

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this from in your files.

CITY OF BOULDER CITY

401 California Ave

Boulder City NV 89005

**DISCLOSURE OF INTENT TO OBTAIN
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

\$30.00 NON-REFUNDABLE FEE

For business/liquor licensing purposes, the City of Boulder City may obtain consumer reports on you as a business/liquor license applicant. "Consumer reports" are reports from consumer reporting agencies and may include county and national criminal records, etc.

For such business/liquor licensing purposes, the City of Boulder City may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

AUTHORIZATION

I authorize the City of Boulder City to obtain consumer reports and/or investigative consumer reports regarding me for business/liquor licensing purposes.

Signature: _____

Date: _____

Print Name: _____

SSN: _____

Driver's License Number: _____

State: _____

Other Driver's Licenses Held in Past 5 Years: _____

Print Maiden or Other Names Under Which Records May be Listed: _____

Date of Birth (to be used only for proper identification): _____

Previous Address if less than 1 yr. at current address: _____

If the City of Boulder City requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate here:

Sign and Return the Page for Filing

Copy to Applicant