THE FOLLOWING ITEMS MUST BE COMPLETED IN FULL AND ACCOMPANY YOUR CARSON CITY LIQUOR LICENSE APPLICATION

- Business Owner Questionnaire
- CCMC Acknowledgment
- Personal History Statement - Liquor Manager
- Applicant's Authority to Release Information
- Authorization to Release Criminal History Record
- Public Safety Fingerprint Background Waiver
- Sheriff's Fingerprint Work Card Form
- Child Support Statement
- Rules and Regulations Affidavit
- Proof of U.S Citizenship or Legal Residency: (U.S. Passport, Birth Certificate, Green Card, Certificate of Naturalization)
- Copy of Valid Driver's License
- Liquor License Interim Management Agreement – (If Applicable)
- Copy of State License – Breweries and Wholesalers
- **Beer/Wine License Application Fee - $500.00 or**
- **Hard Liquor License Application Fee - $1000.00**
- **Investigation Fee - $500.00**
- An appointment is required to submit the Liquor License application and begin the background investigation. A valid government ID is also required at the time of fingerprinting.
- The approval process takes approximately 100 days assuming all information necessary for processing is provided to our office by the applicant at time of submittal.

SUBMIT APPLICATION TO THE FOLLOWING ADDRESS:
Carson City Business License Division
108 E. Proctor St
Carson City, NV 89701
(775) 887-2105 buslic@carson.org

HOURS OF OPERATION
8:00 - 4:00 Monday - Friday
12:00 - 1:00 Closed

Website: www.carson.org

Fees required for a **NEW Liquor License** are as follows: (Renewal fees billed annually)

Type of Liquor License	Annual Fee
Dining Room with Beer and Wine Only	$600.00
Dining Room with Hard Liquor	$800.00
Tavern/Bar	$800.00
General Wholesale Liquor	$800.00
Packaged Liquor	$800.00
Combo – Packaged Liquor and On-Premise	$900.00

Additional Liquor License Fees – If Applicable	
Additional Wet Bar	$500.00 each
Catering	$400.00

Liquor Licenses are prorated according to the month the business is started:

July	100%	November	67%	March	33%
August	92%	December	58%	April	25%
September	83%	January	50%	May	17%
October	75%	February	42%	June	8%

CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

Liquor License #:

Submittal Date:

1	☐ New Business	☐ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☐ Business	☐ Short-Term	☐ Gaming	☐ Liquor
3	Type of Entity	☐ Sole Proprietor	☐ Corporation	☐ Partnership	☐ Limited Liability Company	☐ Non-Profit

4	Entity Name		5	Business Opening Date
6	Business Name (DBA)		7	EIN #
8	Business Address	City	State	Zip Code
9	Mailing Address	City	State	Zip Code
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax
11	E-mail Address	Business Website		

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Liquor Manager (if applicable)	☐ On-Site ☐ Off-Site	Contact Phone Number
Residence Address (Street)	City, State, Zip	

13 Describe in detail the activity of your business

14 Type of Liquor License Applying for (If applicable)

☐ Tavern/Bar	☐ Dining Room w/Beer and Wine Only	☐ Packaged Liquor	☐ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)	☐ General Wholesale
☐ Catering	☐ Additional Wet Bars _____		Will there be an Interim Management Agreement? 15		

16 List number of slot machines (If applicable)

☐ 1 cent _____
☐ 5 cent _____
☐ 25 cent _____
☐ 1.00 _____
☐ Multi _____
☐ Poker _____
☐ Mega Buck _____

List number of table games (If applicable)

☐ Craps _____
☐ Roulette _____
☐ Twenty-One _____
☐ Keno _____
☐ Baccarat _____
☐ Race Book _____
☐ Sports Book _____
☐ Poker _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

Miscellaneous Information

Please answer this section if your business is *located* in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180

Is your business location zoned for this type of business	**Has a Special Use Permit been obtained for this business location**
Will you be installing any outdoor signs	**Are there any existing signs of the property**

Will there be any outside storage (If yes, please explain items being stored and how being screened)

Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)

Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business

Rules and Regulations

I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments

- **If any changes are made after completing said license application this office must be notified immediately and an updated is required.**
- **A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location.**
- **Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license.**
- **Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.**

I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.

Applicant's Signature _____ **Date** _____

FEE STRUCTURE	FEE		LICENSE TOTAL FEES
Business License Fee			Business License Annual Fee:
Square Footage			Business License Pro-rated Fee:
Number of Employees			Business License Application/Update Fee:
Health Fee			Liquor License Annual Fee:
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee:
Number of Slot Machines			Liquor License Investigation Fee:
TOTAL FEES DUE:			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	Date		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:

Background Investigation
Please review this document prior to submitting your liquor license application

- Chapter 4.13 - LIQUOR BOARD AND LIQUOR LICENSING AND SALES

  - 4.13.125 Issuance or Denial of License

1. The hearings officer or the board if an application is forwarded pursuant to Section 4.13.035 herein, may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with this chapter and other applicable laws and regulations. Conditions of approval may include, but not be limited to, the payment of delinquent City fees, fines, or taxes prior to the issuance of the license. A denial must be based upon a finding that any applicant for any license, whether made by an individual, partnership, or corporation, is unsuitable for the issuance of a liquor license.

2. The following persons are unsuitable for the issuance of a liquor license:
   a. A person who has been convicted within the past five years of:
      (1) A felony or other crime which under the laws of this state would amount to a felony.
      (2) Any crime of which fraud or intent to defraud was an element whether committed in this state or elsewhere.
      (3) Larceny in any degree.
      (4) Buying or receiving stolen property.
      (5) Unlawful entry of a building.
      (6) A gross misdemeanor, or equivalent conviction in another state, or unlawful possession, use, or distribution of controlled substances or dangerous drugs.
      (7) Illegal use of a dangerous weapon.
      (8) Operating a motor vehicle while under the influence of liquor and/or controlled substances or dangerous drugs.
      (9) Contributing to the delinquency of a minor.
      (10) A gross misdemeanor or equivalent conviction in another state, of battery, domestic battery, or similar offense.
   b. A person who has intentionally falsified information on, or omitted information from, a liquor license application within the past five years.
   c. A person under the age of 21 years.
   d. A person who is in arrears in child support payments unless proof of an approved payment plan or similar arrangement is produced and approved to the satisfaction of the hearings officer.
   e. A person whom the hearings officer or board determines is not a suitable person to receive a liquor license under the provisions of this Chapter, having due consideration for the proper protection of public health, safety, morals, good order, and general welfare of the inhabitants of the City.
   f. Except any elected Carson City officer or any member of the Carson City Board of Supervisors, a Carson City employee who oversees or enforces the rules and regulations of liquor licenses shall not have any involvement with, interest in, or management of any establishment that possesses a liquor license.
3. If an application for a liquor license is denied, the applicant thereof shall be notified in writing of the reason or reasons therefore.
   (Ord. No. 2017-8 , § I, 4-20-2017)

Acknowledgement: Printed Name: _____
Signature : _____
Date: _____

Carson City Business License Division
108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105 – Hearing Impaired: 711
buslic@carson.org
www.carson.org/businesslicense

ACKNOWLEDGEMENT AND WAIVER OF NOTICE

The undersigned acknowledges having been notified of the time and place of the meeting of the Carson City Liquor and Entertainment Board where the undersigned's application will be reviewed and acted on. The undersigned hereby waives the notice requirements under NRS 241.033 requiring written notice be delivered personally to the applicant at least 5 working days before the meeting or if sent by certified mail, at least 21 working days before the meeting.

All correspondence will be sent to the email address provided on the application. If an email address is not provided, it will be sent by certified mail.

_____
Date

_____
Printed Name of Liquor License Applicant

_____
Signature of Liquor License Applicant

Carson City Business License Division

108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

CARSON CITY LIQUOR LICENSE

RULES & REGULATIONS REGARDING LIQUOR LICENSES

I/we, _____, _____,
(Print applicant A's name) (Print applicant B's name)

_____, the undersigned, understand that:
(Print applicant C's name)

- I/we cannot sell alcohol until the Carson City Liquor Board, consisting of the Board of Supervisors and the Carson City Sheriff, approves my/our liquor license OR there is a temporary management agreement with the present owner of the establishment (who has a valid liquor license) on file with the Carson City Business License Division.

- I/we may not take control of or transfer ownership of said business before my/our liquor license is approved OR a management agreement is on file with the Carson City Business License Division.

- Taking control of or transferring ownership of said business before my/our liquor license is approved could hinder my/our chances of getting a liquor license.

- If any changes are made after completing said liquor license application (i.e., change of business name, location, nature of business, partner or corporate officer change, etc.) the Carson City Business License Division MUST be notified and a new liquor license application MUST be completed BEFORE the change occurs.

- If I am/we are issued a liquor license, the fees for said liquor license MUST be paid on or before the 1st day of July. If the annual liquor license fees are not paid by the 1st day of July, a 50% penalty charge will be assessed, without exception, and this delinquency becomes grounds for revocation of the liquor license.

- I/we also understand that if my/our liquor license is revoked by the Liquor Board, I/we cannot reapply for a new liquor license for 6 (six) months from the date of the board's action. I/we also understand that after reapplying, I/we MUST have the <u>unanimous</u> approval of all members of the Liquor Board.

- A liquor license is issued to a given owner at a specific location and is non-transferable to a different owner or different location. A new liquor license application must be filed for ANY change.

- The application fee and the investigation fee, paid at the time of application for a liquor license, are non-refundable.

I/We have read and fully understand the above and have received a copy thereof.

_____ _____
Applicant A's signature *Applicant B's signature*

_____ _____
Applicant C's signature *Witnessed by* *Date*

Carson City Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

CARSON CITY LIQUOR LICENSE

APPLICANT'S AUTHORITY TO RELEASE INFORMATION

Having made application for a Carson City Liquor License, I wish the City of Carson City and the Carson City Sheriff's Office to be informed as to my personal history and finances to help in determining my suitability for a liquor license.

For this specific purpose I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to the Carson City Sheriff's Office or any duly authorized agent of Carson City, upon presentation of this waiver or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original, even though it does not contain an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to:

Arrests, detentions, field contacts, field interview cards, officer's records, jail/custody booking records, traffic citations, traffic accident information, district attorney's records, court records and reports, probation and parole reports and records, laboratory reports and results, any other criminal justice records, reports or information source, employment history, including: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving; education history and records and any other such information you may have concerning my criminal justice history, employment history, medical history and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

Full Name (Print): _____

Address (Print): _____

Telephone: (W) (_____) _____ (H) (_____) _____

Signature: _____ Date: _____

State of _____
County of _____

This instrument was acknowledged before me on _____ by _____

_____
Signature of Notarial Officer

Background Investigation Questionnaire
Carson City Liquor License
Business Owner Questionnaire

City of Carson City
Sheriff's Office
911 E Musser St.
Carson City, NV 89701
775) 887-2500

Date: _____

Business Name: _____

Business Address: _____

Business Owner: _____

Number of Employees at this business location? _____

Weekdays and Hours of Operations: _____

1. Amount of your investment: $ _____ Percentage of ownership: _____%

2. Has your interest in the business been assigned, pledged, or hypothecated, to any person, firm, or corporation OR has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or whole? Yes ☐No If yes: explain: _____
_____

3. List the names of all persons, banks, firms, or corporations which have or will advance/loan monies to you to assist in financing your investment.

Name/Entity	Relationship	Loan Amount $	Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Is there a lease agreement? ☐Yes ☐No
   If yes, what is the monthly lease amount and length of lease? _____

5. Will the owner(s) of this business be onsite participating in the daily operation? ☐ Yes ☐ No
   If no, who will be onsite managing this business? _____

6. Have you as a business owner, ever obtained a liquor license before? ☐Yes No
   If Yes: where? _____ when? _____

7. Have you ever been denied a liquor license or had a liquor license suspended or revoked? Yes No
   If yes, where, when and the reason: _____

8. What other events or activities will take place at this establishment?
   _____

Additional Remarks:

_____
_____
_____
_____
_____
_____
_____

CERTIFICATION:

I, _____, being duly sworn, depose and say that I have read the forgoing
(Print your name)

application and know the contents thereof, that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a liquor license; that I am voluntarily submitting this application with full knowledge that I hereby expressly waive, release, and forever discharge the City of Carson City, Nevada, the Carson City Sheriff's Office, and their agents from any, and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the City of Carson City, Nevada, the Carson City Sheriff's Office, and their agents as a result of my applying for a liquor license in the City of Carson City, Nevada.

_____
(Your signature)

Subscribed and Sworn To before me this

_____ day of _____, _____
(Month) (Year)

_____ (SEAL)
(Notary Public)

Carson City Liquor License

Personal History Statement

Liquor Manager

City of Carson City
Sheriff's Office
911 E Musser St.
Carson City, NV 89701

GENERAL INSTRUCTIONS: Type or print legibly and answer every question. You, the applicant, are solely responsible for the accuracy of the information provided in this document and attest to that by signing this document. Each statement herein is subject to verification. ******* Failure to complete this form in full, misrepresenting information or omitting any information may result in denial of your application.

Business Name (DBA): _____

Business Address: _____

APPLICANT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth: _____

List all other names you have been known by: _____

Current residence address: _____

List your past residences for the last 10 years. (Use the remarks page or a separate sheet of paper if necessary).

_____ _____

_____ _____

_____ _____

Employer (include business name if self-employed): _____

Job Title/Position: _____

How long have you been employed with this business? _____

Employer Address: _____ Employer Phone Number: _____

Citizenship: Check One Box, attach appropriate documentation, and include Registration or Certificate number if applicable. United States Citizen (Born in the USA) Alien Resident: # _____

Naturalized Citizen: # _____ Other: _____

Spouse/Partner/Significant Other: (If None check box ☐)

Name: _____ Date of Birth: _____

Alias or Maiden Names: _____

Current Residence Address: _____

Employer: _____

1. Do you have a financial interest/ownership in this business? ☐Yes ☐ No
   If yes ownership percentage: _____ %

2. Have you ever applied as a liquor manager before? ☐Yes ☐ No
   If Yes: where? _____ when? _____
   Were you approved? _____

3. Have you ever had a liquor license or work permit denied, suspended, or revoked or committed an act which was or would have been grounds for revocation of a liquor license or permit? ☐Yes ☐ No
   If yes, where, when and the circumstances: _____
   _____

4. Will you be onsite daily? ☐Yes ☐ No
   If no, list the name of the person who will be onsite and managing the business.
   _____

5. Have you ever applied for a gaming license? ☐Yes ☐No If Yes: where, when and was it approved?
   _____

6. Have you ever been Arrested, Detained, Charged, Indicted or Summoned to answer for any criminal offense/violation regardless of the disposition of the case? (Whether you were arrested or not)
   Excluding minor traffic violations? ☐ Yes ☐ No
   *If yes provide charges, dates, and final court disposition.

Charge(s)	Date	City/State	Disposition

7. Have you ever been convicted of a Misdemeanor? ☐Yes ☐No OR Felony? ☐Yes ☐No
   If yes, list the crime(s) and location(s): _____

8. Have you ever been a party to *any* lawsuit as a defendant? ☐ Yes ☐ No If yes, list and briefly explain
   _____
   _____

9. Have you ever served in the Military? ☐ Yes ☐ No If Yes: Discharge Status: _____
   If Yes: were you ever arrested for an offense which resulted in Summary Action, Trial, or Special or General Court Martial? (Excluding article15) ☐ Yes ☐ No If Yes, explain:
   _____
   _____

10. Has any member of your family, your spouse's/partners or significant other's family been convicted of a Felony? Yes☐ No☐ ** If yes, list their name and charges.

Name	Relationship	Charge(s)	Date

Please provide further information in the remarks section or on a separate piece of paper.

REMARKS: Specify related question number.

CERTIFICATION:

I, _____ being duly sworn, depose and say that the
(Print your name)
above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested is deemed sufficient cause for the refusal to issue or revocation of a liquor license. Further, that applicant is voluntarily submitting this application under oath with full knowledge that N.R.S. 199.120 provides "any person making false oath in any matter before either the board or commission shall be guilty of perjury".

_____
(Your signature)

RELEASE OF ALL CLAIMS:

I, _____ have filed with the Carson City Sheriff's Office
(Print your name)

an "application," as that term is defined in Carson City Municipal Code Title 4. In consideration of the assurance by the Hearings Officer, that no decision on said "application" will be taken except after a deliberate, intensive, and thorough investigation including, but not limited to my background, associates. and finances, I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the State of Nevada, the Carson City Sheriff's Office, its members, officers, and employees, from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all, of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my "application."

I _____ have read this release and understand all terms and conditions.
(Print your name)

I execute it voluntarily and with full knowledge of its significance.

In witness thereof, I have executed this release at _____, _____, on the
(City) (state)
_____ day of _____, _____ .
(Month) (Year)

_____
(Your Signature)

Subscribed and Sworn To before me this
_____ day of _____, _____
(Month) (Year)

_____ (SEAL)
(Notary Public)

Carson City Sheriff's Office
911 E. Musser St.
Carson City, NV 89701
(775) 887-2500

AUTHORIZATION TO RELEASE
CRIMINAL HISTORY INFORMATION

To Carson City Sheriff's Office:

I hereby give my written consent for the Carson City Sheriff's Office to disseminate my record of criminal history to:

_____ The City of Carson City _____

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject and notation of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges, including dismissals, acquittals, convictions, correctional supervision and release.

I hereby release, discharge and exonerate the Sheriff of Carson City, its agents and representatives, and any person for furnishing information, from any and all liability of every nature and kind arising out of the dissemination and inspection of my records of criminal history.

_____ _____
Signature of Applicant Print Name

_____ _____
Date of Birth Social Security Number

Type of identification:

Drivers License Number: _____State: _____

Carson City Alpha/MNI Number: _____

_____
Sheriff's Office Employee Signature

Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 197 4, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities. You must be notified by Carson City Sheriff's Office *(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to:employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
Initial *Date*

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I hereby authorize Carson City Sheriff's Office (*name of requesting agency),* to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

l hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account#: _____

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

SHERIFF'S OFFICE
CARSON CITY

LIQUOR LICENSE

APPROVED DENIED

MNI_____

BILLING CODE - 880136

DATE_____

NAME:			
ALIAS or MAIDEN NAMES:			
DOB:	HEIGHT:	WEIGHT:	PLACE OF BIRTH:
SEX:	ETHNICITY:	HAIR:	EYES:
PHONE NUMBER:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
DRIVERS LICENSE#:	STATE:	SOCIAL SECURITY NUMBER:	
CITIZENSHIP:		ALIEN REG#:	

ASSOCIATED BUSINESS: _____

BUSINESS ADDRESS: _____

BUS. PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED? YES ☐ NO ☐ **** If yes list arrests below.

Date:	Charge(s):	City/State:	Case Disposition:

*** Failure to list all arrests, **regardless of conviction or dismissal**, may result in the denial or revocation of your application.

Applicant Signature: Date:

_____

Agency Representative Signature:

_____

CARSON CITY LIQUOR LICENSE

CHILD SUPPORT STATEMENT

Per Carson City Municipal Code 4.13.125 2(d), a person who is in arrears in child support payments may not be suitable for a liquor license. Please check the appropriate box below and complete the remainder of the form.

Failure to mark one of the three and completion of the form may result in denial of the application.

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order;

or

☐ I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant Name *(please print)* _____

Signature of Applicant _____

Date _____