

Humboldt County Sheriff's Office

Application for Liquor License

NEW TRANSFER NON-PROFIT SPECIAL

Business Name _____

Fingerprinted _____, 20__
Paid \$ _____ Date _____, 20__

Applicant/Licensee Name _____

TYPE OF LICENSE:

- On-Premises (Mixed Drinks)
 Off-Premises (Pre-Packaged)

Business Address _____

Applicant is: Sole Owner Partnership Association Corporation Non-Profit

TO THE LIQUOR BOARD, HUMBOLDT COUNTY, NEVADA: The undersigned hereby makes application for a NEW TRANSFER OF LIQUOR LICENSE under County Liquor Ordinances of Humboldt County, Nevada and for that purpose submits the following verified statements and answers to the questions contained in this Application.

Name of Applicant _____

Phone Number _____ Alternate Phone Number _____

Home Address _____

Business Location is: Personally owned by applicant Rented Leased

Name and address of Legal Property Owner if other than applicant: _____

Copy of Lease or Rental Agreement attached (required) _____

Copy of Humboldt County Business License attached (required)

APPLICANT INFORMATION:

Date of Birth _____ Social Security Number _____ Place of Birth _____

Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ United States Citizen

MY ADDRESS FOR THE PAST FIVE (5) YEARS HAS BEEN:

From	To	Number & Street	City and State

DURING THE PAST FIVE (5) YEARS, I HAVE BEEN EMPLOYED BY:

From	To	Name & Street Address	City & State	Occupation

I HAVE BEEN ARRESTED: Yes No (If ever arrested, furnish the following details)

Date Arrested	City and State	Nature of Charge	Disposition of Charge

List the names of all persons having an interest, DIRECTLY or INDIRECTLY, in applicant's business, either as manager, partner, joint venturer, lessees, or holders of capital stock in an interested corporation.

Full Name	Title or Nature of Interest	Residence Address

THE FOLLOWING FIVE (5) COMPANIES/FIRMS ARE SUBMITTED AS CREDIT AND/OR BUSINESS REFERENCES (required*):

Company/Firm Name _____	Account Number _____
Mailing Address _____	City, State _____ Zip Code _____
Number & Street - PO Box	
Phone Number _____	Contact Person _____
Nature of Business _____	

Company/Firm Name _____	Account Number _____
Mailing Address _____	City, State _____ Zip Code _____
Number & Street - PO Box	
Phone Number _____	Contact Person _____
Nature of Business _____	

Company/Firm Name _____	Account Number _____
Mailing Address _____	City, State _____ Zip Code _____
Number & Street - PO Box	
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Nature of Business _____	

Company/Firm Name _____	Account Number _____
Mailing Address _____	City, State _____ Zip Code _____
Number & Street - PO Box	
Phone Number _____	Contact Person _____
Nature of Business _____	

Company/Firm Name _____	Account Number _____
Mailing Address _____	City, State _____ Zip Code _____
Number & Street - PO Box	
Phone Number _____	Contact Person _____
Nature of Business _____	

*** Failure to provide complete and accurate information may delay the processing of this application.**

I hereby certify that I, or we, are resident(s) of Humboldt County, Nevada and a citizen of the United States and of the State of Nevada. I am over the age of 21 (twenty-one) years and desire a liquor license in Humboldt County. If granted a license, I will conduct, maintain and carry on the business in an orderly manner and will not serve or give away any liquor to any person under the age of 21 (twenty-one) years and will not allow any disorderly persons to loiter about my place of business; I will conduct the said business where said liquor is to be sold in accordance with all the laws of the County of Humboldt, State of Nevada and of the United States as they pertain to the sale of liquor. I will accept this liquor license upon the express condition THAT ANY VIOLATION OF LAW OR OF ANY PROMISES OR REPRESENTATIONS IN THIS STATEMENT, SHALL BE GOOD CAUSE FOR REVOCATION OF SAID LICENSE. I hereby agree further to be fingerprinted and photographed at the time this application is submitted.

Date _____, 20____

Signature of Applicant

State of Nevada)
) ss
County of Humboldt)

_____, being first duly sworn, deposes and says: That he/she is the applicant named in the application, that he/she has read the foregoing and knows the contents of the same and that the same is true of his/her knowledge and belief.

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

Notary Public

IF A PARTNERSHIP OR CORPORATION, THE FOLLOWING AFFIDAVIT MUST BE SIGNED AND SWORN TO BY ALL PARTNERS AND OFFICERS.

State of Nevada)
) ss
County of Humboldt)

_____ (*name of applicant*) is hereby authorized to make the foregoing application and to conduct the business sought to be licensed by this application. The applicant is hereby authorized to do all acts incident to the operation of said business and all acts so done by him/her in the conduct and operation of said business are hereby ratified and confirmed. The said applicant is hereby designated as a person upon whom may be served all necessary process or processes in any action that may be commenced against the undersigned by reason of the operation of the licensed business in any of the Courts of the State of Nevada.

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

Notary Public

FOR RECORD OF HUMBOLDT COUNTY SHERIFF'S OFFICE

Application of County Liquor Board – Application filed: _____, 20____

FIRST READING _____, 20____

Chairman, Board of County Commissioners

SECOND READING _____, 20____

County Commissioner

REFERRED _____, 20____

County Commissioner

DENIED _____, 20____

Humboldt County District Attorney

APPROVED _____, 20____

Humboldt County Sheriff's Office

NOTE: IF ADDITIONAL SPACE IS REQUIRED BY THE APPLICANT FOR ANSWERS TO ANY OF THE FOREGOING QUESTIONS, PLEASE USE SUPPLEMENTARY INFORMATION SHEET AND ATTACH HERETO. INFORMATION RECEIVED FROM THE BACKGROUND CHECK IS FOR THE SHERIFF'S OFFICE USE ONLY AND WILL NOT BE DISSEMINATED TO COMPANIES OR INDIVIDUALS.