



Humboldt County Sheriff's Office

Application for Liquor License

NEW TRANSFER NON-PROFIT SPECIAL

Business Name _____

TYPE OF LICENSE:

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

Applicant/Licensee Name _____

SPECIAL EVENT DATE _____

Business Address _____

Name of Event (Attach Flyer if Available) _____

Business Mailing Address _____

Fingerprinted _____, 20____
Paid \$ _____ Date _____

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: Driver's License Number _____ Expiration Date _____ State _____

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

Sex ____ Height ____ Weight ____ Eye Color ____ Hair Color ____ Race ____ United States Citizen

LIST ALL RESIDENCES, STARTING WITH YOUR CURRENT ADDRESS, FOR THE PAST FIVE (5) YEARS:

From	To	Number and Street Address	City and State

EMPLOYMENT HISTORY FOR THE PAST FIVE (5) YEARS:

From	To	Name and Street Address	City and State	Occupation

I HAVE BEEN ARRESTED: Yes No (If yes, 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		
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		
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.

**LIQUOR APPLICANT WAIVER AND AUTHORIZATION
TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I authorize you to furnish the **Humboldt County Sheriff's Office** with any and all information that you have concerning me, my employment records, my reputation, my physical and mental condition and my military records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the sheriff's office in determining my qualifications and suitability for a Liquor License.

In compliance with federal confidentiality rules (42 CFR, Part 2), this waiver includes the release of medical records pertaining to the voluntary and/or involuntary commitment to a mental health facility for treatment of physical and mental illness and alcohol/drug abuse.

In addition to the above requested information, you may release arrests, detentions, field citations, field interview cards, officers' records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results and any other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and any other legal provisions, and with the understanding that information furnished will be used by the **Humboldt County Sheriff's Office** in conjunction with my application for a Liquor License.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

THIS AUTHORIZATION IS VALID FOR FIVE (5) YEARS FROM THE DATE SIGNED.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Applicant's Signature

Date _____

Print Full Name

Sheriff's Office Employee Signature

Date _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM FOR YOUR FILES.



FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Humboldt County Sheriff's Office that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. 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.

5. I hereby authorize (enter name of requesting agency) Humboldt County Sheriff's Office, 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.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

Read, then sign on back of page.

6. I 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, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Humboldt County Sheriff's Office

Address: 50 W. Fifth Street, Winnemucca, NV 89445

Agency representative: Piquet, Rachelle Kiraly, Schoen
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____