CITY OF FERNLEY

Clerk's Office
595 Silver Lace Blvd.
Fernley, NV 89408
Phone: (775) 784-9830 Fax: (775) 784-9839

INSTRUCTIONS REGARDING LIQUOR LICENSE APPLICATIONS

1. Submit the completed liquor license application form, which must be signed and notarized. EACH APPLICANT, SPOUSE OR INDIVIDUAL HAVING AN INTEREST IN THE BUSINESS MUST SUBMIT A SEPARATE COMPLETED APPLICATION FORM.
   a) Each applicant must obtain a background check from the Lyon County Sheriff's Office. The following will need to be submitted in person;
      i. Signed and notarized Application Packet (copy enclosed)
      ii. Photographs taken within the last 6 months
      iii. Nevada Driver License or Photo Identification
      iv. Fingerprints (may obtain at Sheriff's substation)
      v. Check made out to Lyon County Sheriff's Office: $80.00 for each applicant.
   b) Submit proof of property ownership or a current lease agreement for the premises at which liquor will be sold.
   c) If the business is a Corporation, submit a statement on letterhead from the owner or chief executive officer of the business appointing the applicant(s) as the agent(s) of the business and authorizing the applicant(s) to apply for the license and to conduct the business.
   d) Submit liquor license acknowledgement affidavit.
   e) Submit a copy of the business' liquor policy to prevent a person under 21 years of age from obtaining liquor.
   f) Submit the **one-time start-up fee (made payable to CITY OF FERNLEY)**:
      __ Saloon/On-Off Sale/Packaged Goods: $1,000.00
      __ Beer and Wine only: $500.00
2. Obtain a city business license, following the instructions that accompany those forms. You may submit the business license application along with this liquor license application, and you may pay the fees for both in one combined payment.

A Liquor License will be issued when the investigation is approved by the Sheriff's office, the business license requirements are met, and the City Council approves the liquor license.

In addition to the fees above, the annual fee is based on the type of liquor license:

ANNUAL FEES	TYPE
$600.00	Beer/Wine
$800.00	Retail/Package
$900.00	Bar Rooms

FAILURE TO FOLLOW THESE INSTRUCTIONS PROPERLY COULD CAUSE SUBSTANTIAL DELAY IN THE PROCESSING OF YOUR LICENSE.

PRIVILEGED BUSINESS LICENSE

DATE _____

The undersigned hereby makes application for a PRIVILEDGED LICENSE and for that purpose ONLY submits the following verified statements and answers to the questions contained in this application form.

BUSINESS

TYPE OF LICENSE REQUESTED: ☐Pawn/Second Hand ☐Sexually Oriented ☐Auto Pawn
☐Check Cashing ☐Payday Loan Services
☐Liquor: ☐Saloon or bar room (on sale-off sale)
☐Retail (package goods)
☐Beer & wine

☐Sole Proprietor ☐Corporation ☐LLC ☐Partnership ☐Limited Liability Partnership

Business Name _____ Phone _____
Email _____
Physical Address: _____

Mailing Address: _____

List the names of all persons having an interest in this business:

FULL NAME	NATURE OF INTEREST	ADDRESS	PHONE

APPLICANT

	United States Citizen?		DOB
Name	Height	Weight	Age
	Eyes	Hair	Male
Address	SS#		Female
	Place of Birth		Phone

Applicants address for past five years, was as follows:

FROM Month / Year	TO Month / Year	Address	Phone

Applicant, have you, during the past 10 years, been convicted of any of the following offenses: FRAUD OR INTENT TO DEFRAUD, LARCENY IN ANY DEGREE, BUYING OR RECEIVING STOLEN PROPERTY, UNLAWFUL ENTRY TO A BUILDING, UNLAWFULLY POSSESSING OR DISTRIBUTING NARCOTIC DRUGS, ILLEGALLY USING, CARRYING OR POSSESING A PISTOL OR OTHER DANGEROUS WEAPON? (PLEASE INITIAL) YES_____ NO_____

If "YES", state the offense or offenses, date and place of conviction, and the punishment assessed therefore:
_____
_____
_____

If granted a Liquor License, I will conduct, maintain, and carry on the business in an orderly manner, and will not serve or give away any alcohol or other liquor to any person under the age of twenty-one (21) years; that I will at all times conduct my business in accordance with all the laws and ordinances of the City of Fernley, the State of Nevada, and of the United States pertaining to the sale of liquor; and will accept the license upon the express condition that any violation, breach or falsify of any of the conditions named in said ordinance or any promises or representations made in this application shall be good cause for the revocation of said license

Date _____ Applicant _____

STATE OF NEVADA)
ss. _____ being first duly sworn, deposes and says:
COUNTY OF LYON)

That he/she is the applicant named in this application, that he/she has read the foregoing application and knows the contents of the same, and the same is true to his/her knowledge and belief.

DATE: _____, 20___. _____. Applicant

SUBSCRIBED AND SWORN to before me this _____day of _____, 20___.

_____
Notary Public

Investigator's Findings: ( ) I find no reason for denial of this license at this time.

( ) My investigation reveals that the Applicant does not meet the requirements of the Fernley City Code.

Comments: _____
_____
_____

_____
Investigator, Lyon County Sheriff's Office

CITY COUNCIL ACTION: Date _____
( ) Approved
( ) Denied

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 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by *(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. 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.

3. 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.

4. 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.

5. 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*

6. 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 .

7. 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.)

8. 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.

9. I hereby authorize _____ *(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.

10. 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 Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

LYON COUNTY
SHERIFF

Brad Pope
Sheriff

BACKROUND INVESTIGATION
WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for a

_____, I _____

do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the County of Lyon, the Lyon County Sheriff's Office, its officers, agents or employees and any and all persons or entities who shall furnish any information or opinions to the above designated persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, any person or entity contacted by Lyon County, the Lyon County Sheriff's Office, it officers, agents or employees, during the course of my background investigation, to furnish to said persons or entities any and all information that they may have, including any confidential or privileged information, pertinent to a background investigation of my personal and business life for the purpose of obtaining the aforementioned license.

INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever that may occur to myself, my heirs or my personal representative(s).

Dated this _____ day of _____, 20_____.

Signed:_____

Subscribed and sworn to before me
this _____day of _____, 20____,
by _____.

_____
Notary Public

LYON COUNTY
SHERIFF

Brad Pope
Sheriff

AUTHORIZATION TO RELEASE INFORMATION

The undersigned hereby authorizes the Lyon County Sheriff's Office or its agents to receive and record any information pertinent to a background investigation of my personal and business life for the purpose of doing business in Lyon County as a _____ This authorization is limited for use only for official purposes and is not to be used or information supplied to any private or unauthorized agency.

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 arrest, detention, indictments, information or other formal charges and dispositions of charges, including dismissals, acquittals, convictions, correctional supervision and release.

_____ _____ _____
Print Name Signature of Applicant Date

_____ _____
Date of Birth Social Security Number

TYPE OF IDENTIFICATION PRODUCED:

Driver License Number _____ State _____ Expiration Date _____

Identification Card Number _____ State _____ Expiration Date _____

Liquor License Acknowledgment Affidavit

I understand that, after the approval and issuance of my/our liquor license, the terms and provisions of the Fernley Municipal Code Title 4 govern such license; and any other rules and regulations as may at any time hereafter be adopted or enacted by resolution or ordinance of the City Council shall apply.

_____ _____

Name of Owner/Applicant | Owner/Applicant's Telephone No.

_____ _____

Signature of Owner/Applicant | Title