



OFFICE OF THE
CLERK & TREASURER

27 SOUTH MAIN STREET
YERINGTON, NEVADA 89447
(775) 463-6501 OR (775) 577-5033

NIKKI BRYAN
CLERK & TREASURER

**LYON COUNTY BROTHEL LICENSE INSTRUCTIONS
AND CHECKLIST**

BEFORE AN APPLICATION FOR A LYON COUNTY BROTHEL LICENSE CAN BE PLACED ON THE AGENDA OF THE LICENSING BOARD, THE FOLLOWING REQUIREMENTS MUST BE MET:

PLEASE COMPLETE THIS SECTION AND TURN INTO OUR OFFICE FIRST

EACH APPLICANT, SPOUSE, PARTNER OR INDIVIDUAL HAVING A 5% INTEREST OR MORE IN THE BUSINESS MUST SUBMIT A SEPARATE COMPLETED APPLICATION PACKET.

- FILL OUT THE BROTHEL LICENSE APPLICATION AND HAVE IT NOTARIZED.
- FILL OUT THE FINANCIAL REPORT AND HAVE IT NOTARIZED.
- COMPLETE A BANK CONFIRMATION FORM FOR EACH BANK, SAVING & LOAN OR REAL ESTATE OFFICE NAMED IN THE FINANCIAL REPORT.
- SUBMIT PROOF OF PROPERTY OWNERSHIP OR A CURRENT LEASE AGREEMENT.
- REPORT TO A LYON COUNTY SHERIFF'S OFFICE FOR FINGERPRINTING AND PHOTOGRAPHS
- SIGN THE ATTACHED WAIVER AND LIABILITY RELEASE
- RETURN THE ABOVE DOCUMENTS TO THIS OFFICE ALONG WITH AN INVESTIGATION FEE OF \$6,000.00 FOR EACH APPLICANT. **(MAKE THIS CHECK OUT TO LYON COUNTY SHERIFF'S DEPARTMENT)**

WHILE THE BACKGROUND CHECK IS BEING DONE, COMPLETE THE BUSINESS LICENSE REQUIREMENTS. (FOLLOW THE INSTRUCTIONS THAT ACCOMPANY THOSE FORMS.) THIS IS ALSO THE TIME YOU MEET WITH THE LYON COUNTY SHERIFF FOR YOUR PERSONAL INTERVIEW.

ONCE ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, RETURN ALL PAPERWORK TO THIS OFFICE WITH THE FOLLOWING:

- ✓ ONE-TIME START-UP FEE **(MAKE THIS CHECK OUT TO LYON COUNTY TREASURER)**
 - SALOON / ON-OFF SALE / PACKAGED GOODS \$1,500.00
 - QUARTERLY LIQUOR LICENSE FEE \$ 337.50
- ✓ AND THE QUARTERLY FEE FOR THE BUSINESS AND BROTHEL LICENSE
 - QUARTERLY BUSINESS LICENSE FEE, PER SCHEDULE _____
 - QUARTERLY BROTHEL LICENSE FEE _____

ONCE INVESTIGATION IS COMPLETED AND APPROVED BY THE SHERIFF'S OFFICE AND ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, A TEMPORARY BROTHEL AND BUSINESS LICENSE CAN BE ISSUED TO OPEN, PENDING BOARD APPROVAL AT THE NEXT MEETING.

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

A COPY OF THE LYON COUNTY BROTHEL CODE IS AVAILABLE ONLINE AT WWW.LYON-COUNTY.ORG OR FROM OUR OFFICE. SHOULD YOU HAVE ANY PROBLEMS OR QUESTIONS, PLEASE CONTACT OUR OFFICE.

Sheriff Al McNeil	Ph: (775) 463-6600	E-Mail: amcneil@lyon-county.org	Fax: (775) 463-6610
Lura Panici	Ph: (775) 463-6501	E-Mail: lpnici@lyon-county.org	Fax: (775) 463-5305
Cathy Beckett	Ph: (775) 463-6501	E-Mail: cbeckett@lyon-county.org	Fax: (775) 463-5305

LYON COUNTY SHERIFF

Al McNeil
Sheriff



"Protect and Serve"

BACKGROUND 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, its 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



"Protect and Serve"

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 _____

LYON COUNTY SHERIFF

Al McNeil
Sheriff



"Protect and Serve"

CHILD SUPPORT INFORMATION

Date: _____ Employer: _____

Name (Please print): _____

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Date of Birth: _____ Social Security #: _____

Mark ONE of the three appropriate statements with an "X". Your work permit will not be processed if you do not answer one of the following:

_____ I am not subject to a court order for child support.

_____ I am in compliance with a court order of repayment plan for child support. ("In compliance" means you have paid the entire amount ordered every month.)

_____ I am not in compliance with a court order or repayment plan for child support. This means you have been court ordered to pay child support and you have not been making payments.

Applicant's Signature

The court order or repayment plan must be approved by the District Attorney's Office or other public agency enforcing the order.



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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) Lyon 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, 100 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) Lyon 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 on 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.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officers, 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.

7. 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.

8. 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: Lyon County Sheriff

Address: 911 Harvey Way #1, Yerington, NV 89447

Agency representative:

Agency representative's Signature: _____ Date: _____

BANK CONFIRMATION FORM

TO: NAME OF BANK

ORIGINAL To be retained by Bank
DUPLICATE To be mailed to Lyon County Clerk

Date _____

Dear Sirs: Kindly complete this report & return it directly to the Accountant named at left. If answer to any item is NONE, please so state.

Thank you,

LYON COUNTY CLERK AND TREASURER
27 S. MAIN STREET
Yerington, Nevada 89447

DEPOSITOR

AUTHORIZED SIGNATURE

Confirmation of bank balances only, item 1, is required.

NOTE: If the space provided is inadequate, please enter totals hereon and attach a statement giving full details called for by the below columnar headings.

THIS SECTION FOR BANK USE

This report covers all accounts With this office With this office and all other domestic offices.
All figures below reflect our records as of the close of business _____

1 We hereby report that our records showed the following balances in the total amount of \$ _____ to the CREDIT of _____

DEPOSITOR			
AMOUNT	ACCOUNT NAME AND NUMBER	IF BALANCE SUBJECT TO WITHDRAWAL BY CHECK?	INTEREST RATE IF ANY

2 The above depositor was directly liable to us in respect of loans, acceptances, etc., in the total amount of \$ _____, as follows:

AMOUNT	DATE OF LOAN OR DISCOUNT	DUE DATE	INTEREST		DESCRIPTION OF LIABILITY, LIENS, COLLATERAL, ENDORSERS, ETC.
			RATE	PAID TO	

3 Depositor was contingently liable as endorser of notes discounted and/or as guarantor in the total amount of \$ _____, as follows:

AMOUNT	NAME OF MAKER	DATE OF NOTE	DUE DATE	REMARKS

4 Other direct or contingent liabilities, relative collateral and open letters of credit, in the total amount of \$ _____, as follows:

--	--

DATE

BANK

AUTHORIZED SIGNATURE

STATE OF NEVADA

County of Lyon

APPLICATION TO OPERATE A HOUSE OF PROSTITUTION

(If spaces provided are insufficient
attach signed supplemental statement)

1. Name of Business: _____

2. Names, ages and addresses of all persons who have or will have financial interest in the operation:

a. _____
(Name) (Age) (Phone #)

(Address)

b. _____
(Name) (Age) (Phone #)

(Address)

c. _____
(Name) (Age) (Phone #)

(Address)

3. Names, ages and addresses of all persons who are or will be personally responsible for the conduct and management of the operation:

a. _____
(Name) (Age) (Phone #)

(Address)

b. _____
(Name) (Age) (Phone #)

(Address)

c. _____
(Name) (Age) (Phone #)

(Address)

4. A recent photograph and complete set of fingerprints of all persons listed in 2 & 3 must be attached to this application.

5. Names and addresses of every other business in which the applicant has any financial interest, including the type of such business and the nature of the applicant's interest:

a. _____
(Business name and address) (Type business)

(Nature of interest)

b. _____
(Business name and address) (Type business)

(Nature of interest)

c. _____
(Business name and address) (Type business)

(Nature of interest)

(Continued on Page Two)

6. Names and addresses of all employers of the applicant in the preceding ten (10) years:

a.	_____	_____
	(Name)	(Address)
b.	_____	_____
	(Name)	(Address)
c.	_____	_____
	(Name)	(Address)
d.	_____	_____
	(Name)	(Address)
e.	_____	_____
	(Name)	(Address)
f.	_____	_____
	(Name)	(Address)
g.	_____	_____
	(Name)	(Address)

7. All applicant's addresses for the preceding ten (10) years:

a.	_____	_____
	(Street)	(City & State)
b.	_____	_____
	(Street)	(City & State)
c.	_____	_____
	(Street)	(City & State)
d.	_____	_____
	(Street)	(City & State)
e.	_____	_____
	(Street)	(City & State)

8. List all prior arrests and convictions for any crime, excluding minor traffic violations:

a.	_____	_____	_____
	(Offense)	(City & State)	(Date)
b.	_____	_____	_____
	(Offense)	(City & State)	(Date)
c.	_____	_____	_____
	(Offense)	(City & State)	(Date)
d.	_____	_____	_____
	(Offense)	(City & State)	(Date)

9. Complete fully the attached financial statement.

10. Attach a legal description of the property upon which the proposed operation is to be conducted, together with copies of all deeds, mortgages, deeds of trust, liens, or other encumbrances, leaseholders interests, or other interests relating to said property.

This application must be complete and truthful to the best of your knowledge. Upon completion of application, it must be presented to the Lyon County Clerk, who shall present it to the Board of County Commissioners at the time of the next regular meeting. Upon the Board's review, applicants will be required to appear before the Sheriff of Lyon County for a personal interview.

Five days before the expiration date of any license, the licensee shall apply to the Sheriff of Lyon County, on forms provided, for a renewal.

I Hereby Certify, that all statements made in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to any license for a House of Prostitution issued by the Board of Lyon County Commissioners.

(Signature of Applicant)

(Signature of Applicant)

(Signature of Applicant)

(Signature of Applicant)

STATE OF NEVADA)
) ss.
County of _____)

On this _____ day of _____, 19____, personally appeared before me, a Notary Public, in and for the County of _____, known (or proved) to me to be the person__ described in and who executed the foregoing instrument, who acknowledged to me that he (she or they) executed the same freely and voluntarily and for the purposes and uses therein mentioned.

In witness whereof, I have hereunto set my official seal at my office in said County the day and year in this certificate first above written.

Notary Public

FINANCIAL STATEMENT
Setting Forth Assets and Liabilities

Of Undersigned As of

(If space below is insufficient attach signed supplemental statement)

ASSETS			LIABILITIES		
Stocks and Bonds (give description)	\$		Borrowed on Stocks and Bonds	\$	
Real Estate (give description)			Borrowed or Due on Real Estate	\$	
1.	\$		1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
Notes Receivable			Notes Payable		
Accounts Receivable			Accounts Payable		
Other Assets			Other Liabilities		
			Total Liabilities	\$	
			Total Assets	\$	
TOTAL			NET WORTH	\$	

IN WITNESS WHEREOF, I hereunto subscribe my name this.....day of.....

A.D., 19.....

.....
 Witness

.....
 Applicant

STATE OF NEVADA)
) ss.
 County of.....)

On this.....day of....., 19....., personally appeared before me, a Notary Public, in and for said County of..... known (or proved) to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he (she) executed the same freely and voluntarily and for the uses and purposes therein mentioned.

In witness whereof I have hereunto set my official seal at my office in said County the day and year in this certificate first above written.

.....
 Notary Public

.....
 My commission expires

STATE OF NEVADA, COUNTY OF LYON
PERSONAL FINANCIAL QUESTIONNAIRE
(To be filed in duplicate)

TYPE OR PRINT

Name _____

Address _____

Date _____

Submitted in connection with application for A LYON COUNTY HOUSE OF PROSTITUTION LICENSE.

Trade name _____

1. Do you anticipate at this time active participation in the management and operation of the BROTHEL establishment? Yes No

2. Amount to be invested in the business \$ _____

Percentage of ownership this will represent _____

3. Investment will be financed in the following manner:

4. Has your interest in this BROTHEL establishment 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 in whole? Yes No

5. Have you ever filed bankruptcy? Yes No If yes, furnish particulars on separate sheet.

Have you been associated as an officer, director, stockholder, partner or sole proprietor with any business entity that has filed for protection under the federal bankruptcy law? Yes No

6. Last Federal Income Tax Return was filed _____, 19____ for year _____ at _____
City State

Applicants are advised that Federal Income Tax Returns will be required during the licensing investigation.

7. Do you own or control any assets or liabilities located outside the United States? Yes No

8. Do you control, manage or hold in trust any assets or liabilities for another person or entity? Yes No

9. Annual Salary \$ _____ Describe other income and annual amount.

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Applicant's Initials _____

As of _____

STATEMENT OF ASSETS

(Describe Fully—If additional space is required, attach supporting schedules.)

Current Assets

	Cost	Market
Cash on hand	\$ _____	\$ _____
Cash in Safe-Deposit Box _____ Location of Box _____	\$ _____	\$ _____
Cash in _____ Name, Bank and Branch _____	\$ _____	\$ _____
Cash in _____ Name, Bank and Branch _____	\$ _____	\$ _____
Accounts and Notes Receivable		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Current Assets		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Investments

Stock, Bonds, Partnerships, Business Investments, etc.

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Fixed Assets

Real Estate (Give location or address of each parcel)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Other Assets

Automobiles, personal property, etc.

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL ASSETS \$ _____ \$ _____

Applicant's Initials _____

STATEMENT OF LIABILITIES
 (If additional space is required, attach supporting schedules)

Current Liabilities	Original Amt.	Present Bal.
Accounts Payable (Credit Cards, etc.) _____	\$ _____	\$ _____
Taxes Payable _____	\$ _____	\$ _____
Notes payable (List each lender separately, how secured, and monthly payments due thereon)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Mortgages Payable (List each mortgage or note secured by deed of trust separately, how secured and monthly payments due thereon)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other Liabilities (Describe)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____

NET WORTH

TOTAL ASSETS-----	\$ _____
TOTAL LIABILITIES-----	\$ _____
NET WORTH -----	\$ _____