



OFFICE OF THE  
**CLERK & TREASURER**

**27 SOUTH MAIN STREET  
YERINGTON, NEVADA 89447  
(775) 463-6501**

**STACI LINDBERG  
CLERK & TREASURER**

**LYON COUNTY LIQUOR LICENSE INSTRUCTIONS  
AND CHECKLIST**

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

**PLEASE COMPLETE THIS SECTION AND TURN IN TO OUR OFFICE FIRST**

**EACH** APPLICANT, SPOUSE, OR INDIVIDUAL HAVING AN INTEREST IN THE BUSINESS WHOSE NAME YOU WISH TO HAVE ON THE LIQUOR LICENSE MUST SUBMIT A SEPARATE COMPLETED APPLICATION.

- \_\_\_ FILL OUT THE LIQUOR LICENSE APPLICATION AND HAVE IT NOTARIZED.
- \_\_\_ 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 \$80.00 FOR THE FIRST APPLICANT AND \$80.00 FOR EACH ADDITIONAL APPLICANT. **(MAKE THIS CHECK OUT TO LYON COUNTY TREASURER)**

**While the background check is being done, complete the business license requirements.**  
(follow the instructions that accompany those forms)

**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
  - BEER AND WINE ONLY ..... \$ 750.00
- ✓ AND THE QUARTERLY FEE FOR THE BUSINESS AND LIQUOR LICENSE
  - QUARTERLY BUSINESS LICENSE FEE, PER SCHEDULE ON FORM ..... \_\_\_\_\_
  - QUARTERLY LIQUOR LICENSE FEE ..... \_\_\_\_\_  
((\$337.50-SALOON; \$300.00-RETAIL; \$225.00-BEER & WINE; \$30.00-CATERING)

BACKGROUND INVESTIGATION MAY TAKE UP TO SIX (6) WEEKS, BUT ONCE COMPLETED, IF APPROVED AND ALL THE BUSINESS LICENSE REQUIREMENTS ARE MET, TEMPORARY LIQUOR AND BUSINESS LICENSES MAY BE ISSUED TO BEGIN BUSINESS OPERATIONS, PENDING BOARD APPROVAL AT THE NEXT REGULAR MEETING.

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

The **"SPECIAL TAX REGISTRATION AND RETURN"** must be sent directly to the Department of the Treasury

A COPY OF THE LYON COUNTY LIQUOR CODE IS AVAILABLE ONLINE AT [WWW.LYON-COUNTY.ORG](http://WWW.LYON-COUNTY.ORG) OR FROM OUR OFFICE FOR YOUR INFORMATION. SHOULD YOU HAVE ANY PROBLEMS OR QUESTIONS, THIS OFFICE WILL BE GLAD TO ASSIST YOU IN WHATEVER WAY WE CAN TO SEE YOU OBTAIN YOUR LICENSE IN A TIMELY MANNER.

Amanda Bull                      PH: (775) 463-6501      E-mail: [abull@lyon-county.org](mailto:abull@lyon-county.org)      Fax: (775) 463-5305

STATE OF NEVADA, COUNTY OF LYON  
LIQUOR LICENSE APPLICATION  
(Each applicant must submit a separate application)

DATE: \_\_\_\_\_

TO THE HONORABLE LIQUOR BOARD OF LYON COUNTY, NEVADA

The undersigned hereby makes application for a LIQUOR LICENSE under Lyon County Code and for this purpose ONLY subscribe the following verified statements and answers to the questions combined in this application form:

PLEASE PRINT OR TYPE

Name of Applicant: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Owner of Premises (Land): \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Place of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Birth Date Mo/Day/4 digit year \_\_\_\_\_ Social Security # \_\_\_\_\_

**TYPE OF LICENSE REQUESTED:**

Saloon or Bar Room (On-Off Sale) \_\_\_\_\_ Retail (Packaged Goods) \_\_\_\_\_  
Beer and Wine (Restaurant) \_\_\_\_\_ Catering (Additional fee) \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

State whether: Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Other \_\_\_\_\_ (explain)

List the names of ALL persons having an interest in this business, either as partner, joint venture, corporate officer and their current residence addresses. (Attach additional sheets if necessary.)

| FULL NAME | NATURE OF INTEREST | RESIDENCE ADDRESS | PHONE NUMBER |
|-----------|--------------------|-------------------|--------------|
|           |                    |                   |              |
|           |                    |                   |              |
|           |                    |                   |              |
|           |                    |                   |              |

List residence addresses for the past five (5) years: (Attach additional sheets if necessary.)

| FROM<br>Month and Year | To<br>Month and Year | NUMBER & STREET | CITY & STATE |
|------------------------|----------------------|-----------------|--------------|
|                        |                      |                 |              |
|                        |                      |                 |              |
|                        |                      |                 |              |

List and describe all occupations and/or businesses for the last five (5) years: (Attach additional sheets if necessary.)

| FROM<br>Month and Year | To<br>Month and Year | NUMBER & STREET | CITY & STATE |
|------------------------|----------------------|-----------------|--------------|
|                        |                      |                 |              |
|                        |                      |                 |              |
|                        |                      |                 |              |

STATE OF NEVADA, COUNTY OF LYON  
LIQUOR LICENSE APPLICATION

Have you (applicant) during the past five (5) years, been convicted of any of the following offenses: any felony, any crime involving fraud or the intent to defraud, larceny in any degree, buying, receiving, or possessing stolen property, unlawful entry into a building, unlawfully possessing or distributing narcotic drugs, illegal use, carrying, or possession of a pistol or other dangerous weapon, or a second offense of driving under the influence of intoxicating liquor and/or dangerous drugs?

(PLEASE INITIAL YOUR ANSWER) YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", state the offense(s) and the punishment assessed therefore: \_\_\_\_\_

If granted a Liquor License by the Lyon County Liquor Board, 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 twenty-one (21) years of age, or allow any disorderly person to loiter about my place of business; that I will at all times conduct my business in accordance with all the laws and ordinances of the County of Lyon and the laws of the State of Nevada and of the United States pertaining to the sale of liquor, that I will not employ any person who is not a citizen of the United States or one who does not hold a valid work visa, in the actual distribution, handling or service of any 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.

I do solemnly swear (or affirm, under the pains and penalties of perjury) that I have read the foregoing application and know the contents of the same that the same is true and complete of my own knowledge and belief.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

STATE OF NEVADA        }  
                                  SS  
COUNTY OF \_\_\_\_\_}

On this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_, before me, \_\_\_\_\_, a

Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared:

\_\_\_\_\_, the applicant named in this application, known to me to be the person(s) whose name is subscribed and acknowledged to me that he (she) (they) has (have) executed the same freely and voluntarily and for the uses and purposes therein mentioned.. In Witness therefore, I have hereunto set my hand and affixed my official seal.

FOR OFFICE USE ONLY:

INVESTIGATOR'S FINDINGS: \_\_\_\_\_ I find no reason for denial of this license at this time.

\_\_\_\_\_ My investigation revealed that the Applicant does not meet the requirements of the Lyon County Code.

\_\_\_\_\_  
Investigator, Lyon County Sheriff's Office



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## 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





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## 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.



## 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 \_\_\_\_\_  
(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. 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 you 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 \_\_\_\_\_ (*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.

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.

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 Name First Name Middle

ADDRESS:  
**PLEASE PRINT** \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Representative:  
**PLEASE PRINT** \_\_\_\_\_  
Last Name First Name Middle

Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_