

**THE FOLLOWING ITEMS MUST BE COMPLETED IN FULL AND ACCOMPANY  
YOUR CARSON CITY LIQUOR LICENSE APPLICATION**

- Business Owner Questionnaire
- CCMC Acknowledgment
- Personal History Statement - Liquor Manager
- Applicant’s Authority to Release Information
- Authorization to Release Criminal History Record
- Public Safety Fingerprint Background Waiver
- Sheriff’s Fingerprint Work Card Form
- Child Support Statement
- Rules and Regulations Affidavit
- Proof of U.S Citizenship or Legal Residency: (U.S. Passport, Birth Certificate, Green Card, Certificate of Naturalization)
- Copy of Valid Driver’s License
- Liquor License Interim Management Agreement – (If Applicable)
- Copy of State License – Breweries and Wholesalers
- **Beer/Wine License Application Fee - \$500.00 or**
- **Hard Liquor License Application Fee - \$1000.00**
- **Investigation Fee - \$500.00**
- An appointment is required to submit the Liquor License application and begin the background investigation. A valid government ID is also required at the time of fingerprinting.
- The approval process takes approximately 100 days assuming all information necessary for processing is provided to our office by the applicant at time of submittal.

**SUBMIT APPLICATION TO THE FOLLOWING ADDRESS:**

Carson City Business License Division  
 108 E. Proctor St  
 Carson City, NV 89701  
**(775) 887-2105    buslic@carson.org**

**HOURS OF OPERATION**

8:00 - 4:00 Monday - Friday  
 12:00 - 1:00 Closed

**Website:** [www.carson.org](http://www.carson.org)

Fees required for a **NEW Liquor License** are as follows: (Renewal fees billed annually)

Type of Liquor License	Annual Fee	Additional Liquor License Fees – If Applicable	
Dining Room with Beer and Wine Only	\$600.00	Additional Wet Bar	\$500.00 each
Dining Room with Hard Liquor	\$800.00	Catering	\$400.00
Tavern/Bar	\$800.00		
General Wholesale Liquor	\$800.00		
Packaged Liquor	\$800.00		
Combo – Packaged Liquor and On-Premise	\$900.00		

**Liquor Licenses** are prorated according to the month the business is started:

July	100%	November	67%	March	33%
August	92%	December	58%	April	25%
September	83%	January	50%	May	17%
October	75%	February	42%	June	8%



# CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

Liquor License #:

Submittal Date:

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other	
2	Type of License(s)	<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor	
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit

4	Entity Name			5	Business Opening Date		
6	Business Name (DBA)			7	EIN #		
8	Business Address		City	State	Zip Code		
9	Mailing Address		City	State	Zip Code		
10	Corporate Phone	Business Phone	Cellular Phone		Business Fax		
11	E-mail Address		Business Website				

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	
Residence Telephone		
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	
Residence Telephone		
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	
Residence Telephone		
Liquor Manager (if applicable)	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number
Residence Address (Street)	City, State, Zip	

13 Describe in detail the activity of your business

14 Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		

15

16 List number of slot machines (If applicable)	List number of table games (If applicable)
<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____
<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <input type="checkbox"/> Poker _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

<b>Miscellaneous Information</b>	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

<b>Rules and Regulations</b>	I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments
	<ul style="list-style-type: none"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location.</li> <li>• Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.</li> </ul> <p>I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.</p> <p><b>Applicant's Signature</b> _____ <b>Date</b> _____</p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee			Business License Annual Fee:
Square Footage			Business License Pro-rated Fee:
Number of Employees			Business License Application/Update Fee:
Health Fee			Liquor License Annual Fee:
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee:
Number of Slot Machines			Liquor License Investigation Fee:
TOTAL FEES DUE:			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	Date		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:

## Background Investigation

Please review this document prior to submitting your liquor license application

- **Chapter 4.13 - LIQUOR BOARD AND LIQUOR LICENSING AND SALES**

- 4.13.125 Issuance or Denial of License

1. The hearings officer or the board if an application is forwarded pursuant to Section 4.13.035 herein, may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with this chapter and other applicable laws and regulations. Conditions of approval may include, but not be limited to, the payment of delinquent City fees, fines, or taxes prior to the issuance of the license. A denial must be based upon a finding that any applicant for any license, whether made by an individual, partnership, or corporation, is unsuitable for the issuance of a liquor license.
2. The following persons are unsuitable for the issuance of a liquor license:
  - a. A person who has been convicted within the past five years of:
    - (1) A felony or other crime which under the laws of this state would amount to a felony.
    - (2) Any crime of which fraud or intent to defraud was an element whether committed in this state or elsewhere.
    - (3) Larceny in any degree.
    - (4) Buying or receiving stolen property.
    - (5) Unlawful entry of a building.
    - (6) A gross misdemeanor, or equivalent conviction in another state, or unlawful possession, use, or distribution of controlled substances or dangerous drugs.
    - (7) Illegal use of a dangerous weapon.
    - (8) Operating a motor vehicle while under the influence of liquor and/or controlled substances or dangerous drugs.
    - (9) Contributing to the delinquency of a minor.
    - (10) A gross misdemeanor or equivalent conviction in another state, of battery, domestic battery, or similar offense.
  - b. A person who has intentionally falsified information on, or omitted information from, a liquor license application within the past five years.
  - c. A person under the age of 21 years.
  - d. A person who is in arrears in child support payments unless proof of an approved payment plan or similar arrangement is produced and approved to the satisfaction of the hearings officer.
  - e. A person whom the hearings officer or board determines is not a suitable person to receive a liquor license under the provisions of this Chapter, having due consideration for the proper protection of public health, safety, morals, good order, and general welfare of the inhabitants of the City.
  - f. Except any elected Carson City officer or any member of the Carson City Board of Supervisors, a Carson City employee who oversees or enforces the rules and regulations of liquor licenses shall not have any involvement with, interest in, or management of any establishment that possesses a liquor license.
3. If an application for a liquor license is denied, the applicant thereof shall be notified in writing of the reason or reasons therefore.  
(Ord. No. [2017-8](#) , § I, 4-20-2017)

Acknowledgement: Printed Name: \_\_\_\_\_

Signature : \_\_\_\_\_

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



## Carson City Business License Division

108 E. Proctor Street  
Carson City, Nevada 89701  
(775) 887-2105 – Hearing Impaired: 711  
buslic@carson.org  
www.carson.org/businesslicense

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### ACKNOWLEDGEMENT AND WAIVER OF NOTICE

The undersigned acknowledges having been notified of the time and place of the meeting of the Carson City Liquor and Entertainment Board where the undersigned's application will be reviewed and acted on. The undersigned hereby waives the notice requirements under NRS 241.033 requiring written notice be delivered personally to the applicant at least 5 working days before the meeting or if sent by certified mail, at least 21 working days before the meeting.

All correspondence will be sent to the email address provided on the application. If an email address is not provided, it will be sent by certified mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Liquor License Applicant

\_\_\_\_\_  
Signature of Liquor License Applicant



**Carson City Business License Division**  
**108 E. Proctor St.**  
**Carson City, Nevada 89701**  
**(775) 887-2105**

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**CARSON CITY LIQUOR LICENSE**

**RULES & REGULATIONS REGARDING LIQUOR LICENSES**

I/we, \_\_\_\_\_, \_\_\_\_\_,  
(Print applicant A's name) (Print applicant B's name)  
\_\_\_\_\_, the undersigned, understand that:  
(Print applicant C's name)

- I/we cannot sell alcohol until the Carson City Liquor Board, consisting of the Board of Supervisors and the Carson City Sheriff, approves my/our liquor license OR there is a temporary management agreement with the present owner of the establishment (who has a valid liquor license) on file with the Carson City Business License Division.
- I/we may not take control of or transfer ownership of said business before my/our liquor license is approved OR a management agreement is on file with the Carson City Business License Division.
- Taking control of or transferring ownership of said business before my/our liquor license is approved could hinder my/our chances of getting a liquor license.
- If any changes are made after completing said liquor license application (i.e., change of business name, location, nature of business, partner or corporate officer change, etc.) the Carson City Business License Division MUST be notified and a new liquor license application MUST be completed BEFORE the change occurs.
- If I am/we are issued a liquor license, the fees for said liquor license MUST be paid on or before the 1<sup>st</sup> day of July. If the annual liquor license fees are not paid by the 1<sup>st</sup> day of July, a 50% penalty charge will be assessed, without exception, and this delinquency becomes grounds for revocation of the liquor license.
- I/we also understand that if my/our liquor license is revoked by the Liquor Board, I/we cannot reapply for a new liquor license for 6 (six) months from the date of the board's action. I/we also understand that after reapplying, I/we MUST have the unanimous approval of all members of the Liquor Board.
- A liquor license is issued to a given owner at a specific location and is non-transferable to a different owner or different location. A new liquor license application must be filed for ANY change.
- The application fee and the investigation fee, paid at the time of application for a liquor license, are non-refundable.

*I/We have read and fully understand the above and have received a copy thereof.*

\_\_\_\_\_  
*Applicant A's signature*

\_\_\_\_\_  
*Applicant B's signature*

\_\_\_\_\_  
*Applicant C's signature*

\_\_\_\_\_  
*Witnessed by*

\_\_\_\_\_  
*Date*



**Carson City Business License Division**  
108 E. Proctor St.  
Carson City, Nevada 89701  
(775) 887-2105

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**CARSON CITY LIQUOR LICENSE**

**APPLICANT'S AUTHORITY TO RELEASE INFORMATION**

Having made application for a Carson City Liquor License, I wish Carson City to be informed as to my personal history and finances to help in determining my suitability for a liquor license.

For this specific purpose I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Carson City, upon presentation of this waiver or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original, even though it does not contain an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to:

Arrests, detentions, field contacts, field interview cards, officer's records, jail/custody booking records, traffic citations, traffic accident information, district attorney's records, court records and reports, probation and parole reports and records, laboratory reports and results, any other criminal justice records, reports or information source, employment history, including: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving; education history and records and any other such information you may have concerning my criminal justice history, employment history, medical history and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

**Full Name (Print):** \_\_\_\_\_

**Address (Print):** \_\_\_\_\_

**Telephone:** (W) (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notarial Officer

Background Investigation Questionnaire  
Carson City Liquor License  
Business Owner Questionnaire

City of Carson City  
Sheriff's Office  
911 E Musser St.  
Carson City, NV 89701  
775) 887-2500

Date: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
Number of Employees at this business location? \_\_\_\_\_  
Weekdays and Hours of Operations: \_\_\_\_\_

1. Amount of your investment: \$ \_\_\_\_\_ Percentage of ownership: \_\_\_\_\_%
2. Has your interest in the business 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 whole?    Yes    No    If yes: explain: \_\_\_\_\_  
\_\_\_\_\_

3. List the names of all persons, banks, firms, or corporations which have or will advance/loan monies to you to assist in financing your investment.

Name/Entity	Relationship	Loan Amount \$	Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Is there a lease agreement?    Yes    No  
If yes, what is the monthly lease amount and length of lease? \_\_\_\_\_
5. Will the owner(s) of this business be onsite participating in the daily operation?    Yes    No  
If no, who will be onsite managing this business? \_\_\_\_\_
6. Have you as a business owner, ever obtained a liquor license before?    Yes    No  
If Yes: where? \_\_\_\_\_ when? \_\_\_\_\_
7. Have you ever been denied a liquor license or had a liquor license suspended or revoked?    Yes    No  
If yes, where, when and the reason: \_\_\_\_\_
8. What other events or activities will take place at this establishment?  
\_\_\_\_\_

Additional Remarks:

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CERTIFICATION:

I, \_\_\_\_\_, being duly sworn, depose and say that I have read the forgoing  
(Print your name)

application and know the contents thereof, that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a liquor license; that I am voluntarily submitting this application with full knowledge that I hereby expressly waive, release, and forever discharge the City of Carson City, Nevada, the Carson City Sheriff's Office, and their agents from any, and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall, or may have against the City of Carson City, Nevada, the Carson City Sheriff's Office, and their agents as a result of my applying for a liquor license in the City of Carson City, Nevada.

\_\_\_\_\_  
(Your signature)

Subscribed and Sworn To before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
(Notary Public)

(SEAL)

Carson City Liquor License  
**Personal History Statement**  
**Liquor Manager**

City of Carson City  
Sheriff's Office  
911 E Musser St.  
Carson City, NV 89701

**GENERAL INSTRUCTIONS:** Type or print legibly and answer every question. You, the applicant, are solely responsible for the accuracy of the information provided in this document and attest to that by signing this document. Each statement herein is subject to verification. \*\*\* Failure to complete this form in full, misrepresenting information or omitting any information may result in denial of your application.

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Business Name (DBA): \_\_\_\_\_  
Business Address: \_\_\_\_\_

**APPLICANT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

List all other names you have been known by: \_\_\_\_\_

Current residence address: \_\_\_\_\_

List your past residences for the last 10 years. (Use the remarks page or a separate sheet of paper if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer (include business name if self-employed): \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

How long have you been employed with this business? \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Citizenship: Check One Box, attach appropriate documentation, and include Registration or Certificate number if applicable. United States Citizen (Born in the USA) Alien Resident: # \_\_\_\_\_  
Naturalized Citizen: # \_\_\_\_\_ Other: \_\_\_\_\_

Spouse/Partner/Significant Other: (If None check box )

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias or Maiden Names: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

Employer: \_\_\_\_\_

1. Do you have a financial interest/ownership in this business?    Yes    No  
If yes ownership percentage: \_\_\_\_\_ %
  
2. Have you ever applied as a liquor manager before?    Yes    No  
If Yes: where? \_\_\_\_\_ when? \_\_\_\_\_  
Were you approved? \_\_\_\_\_
  
3. Have you ever had a liquor license or work permit denied, suspended, or revoked or committed an act which was or would have been grounds for revocation of a liquor license or permit?    Yes    No  
If yes, where, when and the circumstances: \_\_\_\_\_  
\_\_\_\_\_
  
4. Will you be onsite daily?    Yes    No  
If no, list the name of the person who will be onsite and managing the business.  
\_\_\_\_\_
  
5. Have you ever applied for a gaming license?    Yes    No    If Yes: where, when and was it approved?  
\_\_\_\_\_
  
6. Have you ever been Arrested, Detained, Charged, Indicted or Summoned to answer for any criminal offense/violation regardless of the disposition of the case? (Whether you were arrested or not)  
**Excluding minor traffic violations?**    Yes    No  
\*If yes provide charges, dates, and final court disposition.

<u>Charge(s)</u>	<u>Date</u>	<u>City/State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have you ever been convicted of a Misdemeanor?    Yes    No    OR    Felony?    Yes    No  
If yes, list the crime(s) and location(s): \_\_\_\_\_
  
8. Have you ever been a party to any lawsuit as a defendant?    Yes    No    If yes, list and briefly explain  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Have you ever served in the Military?    Yes    No    If Yes: Discharge Status: \_\_\_\_\_  
If Yes: were you ever arrested for an offense which resulted in Summary Action, Trial, or Special or General Court Martial? (Excluding article 15)    Yes    No    If Yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Has any member of your family, your spouse's/partners or significant other's family been convicted of a Felony?    Yes    No    \*\* If yes, list their name and charges.

<u>Name</u>	<u>Relationship</u>	<u>Charge(s)</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide further information in the remarks section or on a separate piece of paper.



**CERTIFICATION:**

I, \_\_\_\_\_ being duly sworn, depose and say that the  
(Print your name)

above statements are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested is deemed sufficient cause for the refusal to issue or revocation of a liquor license. Further, that applicant is voluntarily submitting this application under oath with full knowledge that N.R.S. 199.120 provides "any person making false oath in any matter before either the board or commission shall be guilty of perjury".

\_\_\_\_\_  
(Your signature)

**RELEASE OF ALL CLAIMS:**

I, \_\_\_\_\_ have filed with the Carson City Sheriff's Office  
(Print your name)

an "application," as that term is defined in Carson City Municipal Code Title 4. In consideration of the assurance by the Hearings Officer, that no decision on said "application" will be taken except after a deliberate, intensive, and thorough investigation including, but not limited to my background, associates, and finances, I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the State of Nevada, the Carson City Sheriff's Office, its members, officers, and employees, from all and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all, of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my "application."

I \_\_\_\_\_ have read this release and understand all terms and conditions.  
(Print your name)

I execute it voluntarily and with full knowledge of its significance.

In witness thereof, I have executed this release at \_\_\_\_\_, \_\_\_\_\_, on the  
(City) (state)  
\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

\_\_\_\_\_  
(Your Signature)

Subscribed and Sworn To before me this  
\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

\_\_\_\_\_  
(Notary Public)

(SEAL)



Carson City Sheriff's Office  
911 E Musser St.  
Carson City, NV 89701  
(775) 887-2500

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## CARSON CITY LIQUOR LICENSE APPLICANTS AUTHORITY TO RELEASE INFORMATION

Having made application for a Carson City Liquor License, I wish the City of Carson City and the Carson City Sheriff's Office to be informed as to my personal history and finances to help in determining my suitability for a liquor license.

For this specific purpose I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to the Carson City Sheriff's Office, upon presentation of this waiver or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original, even though it does not contain an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to:

Arrests, detentions, field contacts, field interview cards, officer's records, jail/custody booking records, traffic citations, traffic accident information, district attorney's records, court records and reports, probation and parole reports and records, laboratory reports and results, any other criminal justice records, reports or information source, employment history, including: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving; education history and records and any other such information you may have concerning my criminal justice history, employment history, credit history, and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

Full Name: (Print): \_\_\_\_\_

Address (Print): \_\_\_\_\_

Telephone: (W) (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

Signature of Notarial Officer: \_\_\_\_\_



Carson City Sheriff's Office  
911 E. Musser St.  
Carson City, NV 89701  
(775) 887-2500

**AUTHORIZATION TO RELEASE  
CRIMINAL HISTORY INFORMATION**

To Carson City Sheriff's Office:

I hereby give my written consent for the Carson City Sheriff's Office to disseminate my record of criminal history to:

\_\_\_\_\_ The City of Carson City \_\_\_\_\_

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

I hereby release, discharge and exonerate the Sheriff of Carson City, its agents and representatives, and any person for furnishing information, from any and all liability of every nature and kind arising out of the dissemination and inspection of my records of criminal history.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Type of identification:

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Carson City Alpha/MNI Number: \_\_\_\_\_

\_\_\_\_\_  
Sheriff's Office Employee Signature



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

**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.

**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.

**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.

If you have a criminal history record, you should be afforded a reasonable amount of 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.

0S0SRCCD-003(08/2020rev)  
Fingerprint Background Waiver

Applicant:

\_\_\_\_\_

*Initial*

\_\_\_\_\_

*Date*

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>.

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.)

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.

I hereby authorize Carson City Sheriff's Office (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.

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: \_\_\_\_\_

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Agency Account#: \_\_\_\_\_

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

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

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



<b>LIQUOR LICENSE</b>	
APPROVED	DENIED
MNI _____	
BILLING CODE - 880136	
DATE _____	

NAME:			
ALIAS or MAIDEN NAMES:			
DOB:	HEIGHT:	WEIGHT:	PLACE OF BIRTH:
SEX:	ETHNICITY:	HAIR:	EYES:
PHONE NUMBER:			
HOME ADDRESS:			
CITY:	STATE:	ZIP:	
DRIVERS LICENSE#:	STATE:	SOCIAL SECURITY NUMBER:	
CITIZENSHIP:		ALIEN REG#:	
ASSOCIATED BUSINESS: _____			
BUSINESS ADDRESS: _____			
BUS. PHONE NUMBER: _____			

HAVE YOU EVER BEEN ARRESTED? YES  NO  \*\*\*\* If yes list arrests below.

Date:	Charge(s):	City/State:	Case Disposition:

\*\*\* Failure to list all arrests, **regardless of conviction or dismissal**, may result in the denial or revocation of your application.

Applicant Signature: \_\_\_\_\_

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

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

# CARSON CITY LIQUOR LICENSE

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## CHILD SUPPORT STATEMENT

Per Carson City Municipal Code 4.13.125 2(d), a person who is in arrears in child support payments may not be suitable for a liquor license. Please check the appropriate box below and complete the remainder of the form.

Failure to mark one of the three and completion of the form may result in denial of the application.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order;
- or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant Name (*please print*) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_