

CITY OF LAS VEGAS
Complimentary Alcoholic Beverage Permit Application

GENERAL INSTRUCTIONS:

1. Complete the entire questionnaire in a legible manner, either hand printed or typed in black ink.
2. If a particular area does not apply to you, answer it with N/A (not applicable).
3. If the space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block.
4. Do not misstate or omit any material fact(s) since the statements made by you in this application are subject to verification. You must initial each page as provided in lower right corner to indicate that you have read the information provided and it is correct.
5. Any applications that are submitted must be complete. Incomplete applications will be returned to you, thus lengthening the time needed to complete the investigation.
6. This application is an official document and misrepresentation or failure to reveal information requested is sufficient cause for the denial of a license or permit.

Complete business address: Number, Street, City, Zip

Section I Personal Information:

1. Last name	First name	Middle name
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Aliases, nicknames, maiden name, other name changes – legal or otherwise

2. Present residence address (<i>number/street or RFD</i>)	City	State/Zip
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Present business address	City	State/Zip
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Type of work	Phone (<i>residence</i>) ()	(<i>business</i>) ()
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Section II Residences:

3. List ALL residences for the last five years, Beginning with the most recent. (Use additional pages if necessary).

FROM – TO (month/year)	ADDRESS (Number & Street)	CITY / STATE/ZIP	COUNTRY (if not USA)

Section III Employment:

4. Begin with your most recent employment and list your work history, businesses you have been involved in, and/or periods of unemployment back for the last five years (Use additional pages if necessary)

From date	Name and mailing address of employer/business	
To date	Job title	Why did you leave?

Salary	Name of supervisor	Description of duties
From date	Name and mailing address of employer/business	
To date	Job title	Why did you leave?
Salary	Name of supervisor	Description of duties

Section IV Licensing History:

5. In the last five years, have you held any type of business or professional license in any state? Yes No
 If yes, please provide further information below (Use additional pages if necessary):

Dates held: FROM – TO (mo/yr)	Type of license	City, county, and state in which held

6. In the last five years, have you appeared before any licensing agency or similar authority within the State of Nevada, or any other state or country, for any reason whatsoever? Yes No
 If yes, please provide further information below (Use additional pages if necessary):

Date (mo/yr)	Location (City, State)	Agency	Reason

7. In the last five years, have you been denied any business or professional license whatsoever, or denied a finding of suitability, or been a participant in any organization which has been denied a license or finding of suitability? Yes No
 If yes, please provide further information below (Use additional pages if necessary):

Date (mo/yr)	Location (City, State)	Agency	Organization	Reason

8. In the last five years, have you had any business or professional license whatsoever suspended, revoked, or otherwise disciplined, or been a participant in any organization which has had any license whatsoever suspended, revoked, or been otherwise disciplined? Yes No
 If yes, please provide further information below (Use additional pages if necessary):

Date (mo/yr)	Location (City, State)?	What agency?	What organization?	Why?

Section V Legal History:

9. Have you ever been arrested for ANY REASON WHATSOEVER, or issued a citation (excluding speeding and parking citations)? Yes No

If yes, please provide further information below (Use additional pages if necessary) LIST ALL CASES.

Date (mo/yr)	Age	Location (City, State)	Arresting agency	List all charge(s)	Disposition

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10. Have you ever been involved in any court action, civil or criminal (not including divorces)? Yes No
If yes, please provide further information below (Use additional pages if necessary) LIST ALL CASES.

Date (mo/yr)	Court & location (City, State)	Parties to the action	Explanation	Disposition

Have you ever had a record, civil or criminal, sealed by a court order? Yes No
If yes, provide details including where sealed and when, on a separate sheet of paper. LIST ALL CASES WITHOUT EXCEPTION.

The undersigned makes the following declarations subject to the penalty for perjury and says:

I, _____ do hereby certify that I have read and understand
(Print your name)

the Complimentary Alcohol Beverage Permit ordinance,
(state type of permit applied for)

and will abide by its entirety or any amendments thereto. I further agree that, if this application is approved and a license or work card issued, it will be accepted by me, subject to the terms and provisions of the applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing board. I acknowledge the authority of the licensing and regulating authorities and their representatives to enter any business establishment wherein the licensed business is being conducted at any time during business hours, for the purpose of determining compliance with the applicable ordinance or to determine the true parties or interest, including any person(s) having an interest in the licensed business, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

X _____
Signature of Applicant

Date