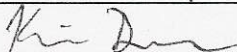




NEVADA STATE LIQUOR LICENSE APPLICATION

The Board of County Commissioners or Incorporated Cities Governing Body Members must forward the approved and signed Form LTD 06 application to the Nevada Department of Taxation (NRS 369.200). Please note Per NRS 369.220 (3) the Nevada State Liquor License is nontransferable.

1	Application is being submitted for <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input checked="" type="checkbox"/> Additional Location		Taxpayer ID: 1016796544
2	Application is for: <input type="checkbox"/> Importer/Wholesaler Liquor License <input checked="" type="checkbox"/> Manufacturer Liquor License		
3	Importer/Wholesaler License Type (Check all that apply): <input type="checkbox"/> Importer and Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Importer and Wholesaler of Beer <input type="checkbox"/> Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Wholesaler of Beer		
4	Manufacturer License Type (Check all that apply): <input type="checkbox"/> Brew Pub <input checked="" type="checkbox"/> Brewer <input type="checkbox"/> Craft Distillery <input type="checkbox"/> Estate Distillery <input type="checkbox"/> Instructional Wine Facility <input type="checkbox"/> Winemaker <input type="checkbox"/> Rectifier		
5	Business Type: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:		
6	Date Incorporated/Organized: 3/3/14	State where Incorporated/Organized: NV	
7	Anticipated Start Date of Location: 6/21/19	Federal Tax ID: 46-2011285	
8	Name of Business: Alibi Ale Works		Phone Number: 775-298-7001
9	DBA, if any: Alibi Incline		Fax Number:
10	Business Address: 931 Tahoe Blvd, Incline Village, NV 89451		
11	Location of Operation: 931 Tahoe Blvd, Incline Village, NV 89451		
12	Mailing Address: 931 Tahoe Blvd, Incline Village, NV 89451		
13	Email Address: kevin@alibi.beer		
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.		
	Name: Kevin Drake	Title: President	SSN: [REDACTED]
	Residence Address: [REDACTED]		% Owned: 50
	Name: Richard Romo	Title: CEO	SSN: [REDACTED]
	Residence Address: [REDACTED]		% Owned: 50
	Name:	Title:	SSN:
	Residence Address:		% Owned:
	Name:	Title:	SSN:
	Residence Address:		% Owned:

15	If Partnership, is the agreement recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what county and city is it recorded in?
16	Operating under a Fictitious Firm Name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Supply a certified copy of the certificate to the Department)	In what county and city is it recorded in? Carson City, NV
17	Has applicant applied for a local County or City license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, where? Washoe County
18	Has applicant secured all necessary Federal permits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TTB Permit Number (Supply a copy of permit): BR-NV-21040
19	Is the location of operations shared with any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following:	
	Business Name:	Type of Operations:
	Business Name:	Type of Operations:
	Business Name:	Type of Operations:
20	Does any person listed on this application engage in manufacturing, importing, wholesaling or retailing alcoholic beverages through another company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following:	
	Person's Name:	% Owned:
	Business Name:	Type of Operations:
	Person's Name:	% Owned:
	Business Name:	Type of Operations:
21	Have any individuals with interest, financial or otherwise, in the applicant's business, ever been convicted of a violation of Federal or any state liquor laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, provide the following:	
	Name:	When:
	Explain:	
22	APPLICANT'S AFFIRMATION: By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a liquor license, I understand that I am expected to comply with all liquor laws, including, but not limited to NRS 369 and 597, Nevada Administration Code, and all Federal laws. Noncompliance can result in fines, suspension or revocation of my license, and criminal prosecution.	
	Name of responsible party: KEVIN DRAKE	Title: PRESIDENT
	Signature: 	Date: 5/30/19
APPLICATION SUBMITTAL LOCATIONS		
If the location of business operations is in one of the following cities, Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca or Yerington, then Submit page 1, 2 and 3 to that Incorporated Cities Governing Board for review.		
All other locations, submit page 1, 2 and 4 to the Board of County Commissioners for review.		

COUNTY COMMISSIONERS APPROVAL PAGE

For all Non-Incorporated Cities

FOR OFFICIAL USE ONLY

Remarks and recommendations by the County Commissioners:

Board of County Commissioners:

Chairman: _____

Member: _____

Member: _____

Member: _____

Member: _____

[seal]

ATTEST:

_____, County Clerk

On this _____ day of _____, 20____, the application for a Nevada State Liquor License

for _____ has been ☐ Approved ☐ Denied