



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
 Phone: (775) 423-5104
 Fax: (775) 423-8874



LIQUOR LICENSE APPLICATION

Application Type: New Owner Change Manager Change Location Change

Applicant Name: Arora Rajkumar Singh Application Date: 5/15/2026
Last First MI

Title: Owner Phone: 916-715-9595

Date of Birth: [REDACTED] Driver's License Number: [REDACTED]
 State: [REDACTED]

List all addresses in which you have resided at for the past five (5) years.

Begin/End	Physical Address	City	State	Zip
- Present	822 W. Richards St	Fallon	NV	89406
August 24 - December 25 2025	962 Conifer Dr	Fallon	NV	89406
August 2019 to August 2024	2301 Evergreen Ave	W. Sacramento	CA	95691

Business Entity Type: Sole Proprietor Partnership Limited Liability Company DBA
 Corporation Association Other: _____

Business Name: KA Stores LLC DBA Grand Slam Market

Business Owner(s):

Name	Address	Title
Rajkumar Singh Arora	822 W. Richards St, Fallon, NV	Owner

Business Address: 101 Freeport Cir Fallon NV 89406
City State Zip

Provide a brief description of the portion to be occupied by the establishment for which the license is sought: (Attach drawing of layout)

Beer would be in coolers and alcohol would be outside on the sides and behind counters.

Is the premises to be licensed leased by the applicant? Yes No

Name of the owner of the premises: Rajkumar Arora

Name of the owner's authorized agent, if any: _____

What type of license for which the application is made: Retail (Off Premises) Drinking Establishment (On Premises)

Have you owned or managed any other business? Yes No

Updated 10/25/24



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If Yes, list the business(es) you have owned or managed.

Begin/End	Name	Address	City	State	Zip
2021 to 2024	Harbor Truck Stop	2816 W. Capitol Ave	Fallon W. Sacramento	CA	95695

Have you ever been issued a business or a liquor license? Yes No
 If Yes, when? 2024 What Agency? City of Fallon

Have you ever had a business or liquor license revoked? Yes No
 If Yes, when? _____ What Agency? _____

Have you ever been denied a business or liquor license? Yes No
 If Yes, when? _____ What Agency? _____

Have you received any specialized training for serving alcoholic beverages? Yes No
 If Yes, explain: _____

Have you ever been arrested? Yes No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

List five (5) references not related to you with daytime phone numbers:

Name	Phone	Relationship
Brisa Garcia	[REDACTED]	Friend.
Vivek Bhatia	[REDACTED]	Friend.
Naveet Dhillon	[REDACTED]	Friend
Manyad Singh	[REDACTED]	Friend
Jay	[REDACTED]	Friend

I declare under penalty of perjury that the foregoing is true and correct:

- That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
- That upon approval of a Liquor License, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business; and
- That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.

Rajmwan Singh Arora
Applicant's Signature



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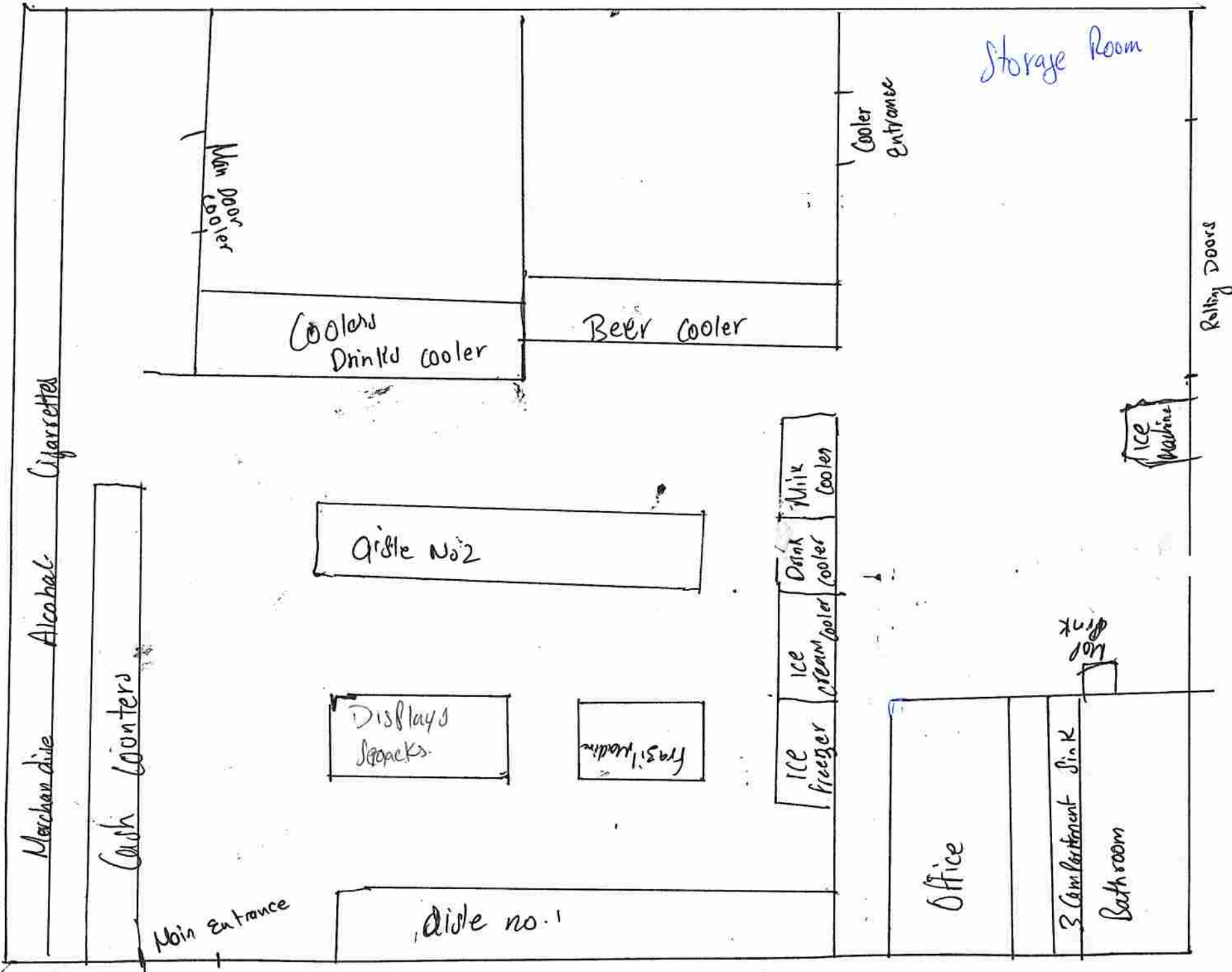
AUTHORIZATION AND RELEASE

I, Rashwant Singh Arora, authorize the Fallon Police Department to perform a background check and to release the results of said investigation, which may include information of a confidential or privileged nature, to the City Council in public documents and/or discussion at a public meeting.

Rashwant Singh Arora
Applicant's Signature

OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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Merchandise Cigarettes

Cash Counters

Main Entrance

Aisle no. 1

Displays Seeks.

Frag. Machine

Aisle No. 2

Ice Freezer
Ice cream cooler
Drink cooler
Milk cooler

Office

3 Compartment Sink

Bathroom

Kop Drink

Ice Machine

Rolling Doors

Storage Room

Cooler Entrance

Man Door Cooler

Coolers Drink cooler

Beer cooler

FALLON POLICE DEPARTMENT

55 West Williams Avenue
Fallon, Nevada 89406-2941
775-423-2111
Fax: 423-6527

Daniel Babiarz
Chief of Police

May 20, 2026

On May 15, 2026 the Fallon Police Department received an application for City Liquor License modification from Mr. Raghuwant Singh Arora of 822 W. Richards Street Fallon, Nevada 89406. Mr. Arora is seeking a modification to the "off-premise" city liquor license in the form of an owner change.

A review of Mr. Arora's references were all very favorable, with all speaking very highly of him.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Mr. Arora has no known violatons of law.

On May 20, 2026 I interviewed Mr. Arora and learned that he would be responsible for the store and the sales of alcoholic beverages.

I have also provided a supplemental form in which Mr. Arora signed, indicating that he understands his responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Mr. Arora has passed a limited background check.

Sincerely,

A handwritten signature in blue ink that reads "John C Riley" with the date "2025" written at the end of the signature.

John C Riley
Support Services Captain

Liquor License Application Interview Supplement

APPLICANT: Arora, Raghuwant Singh

DATE 5/20/24

BUSINESS NAME: KA Stores DBA Grand Slam Market

I (will/will not) be the on-site supervisor.

If not, the on-site supervisor will be _____

I understand that if the on-site supervisor changes, I am responsible for notifying the City Clerk's Office. Initials AS

I acknowledge that as the license holder, I am personally responsible for what is sold at the store/location. Initials AS

I further acknowledge that as the license holder, I am responsible for alcohol sales from the business and may be held personally responsible for alcohol sales that violate any law or ordinance. Initials AS

I have received, read and understand the Liquor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials AS

Witness: John Riley, Support Services Captain



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Privilege License Supplemental Approval Form

Application Date: 5/15/26
 Applicant: Raghuwant Singh Arora
 Business: KA Stores LLC dba Grand Slam Market
 License Type: Liquor License

Application Type: New Owner Change Name Change Manager Change Location Change

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>[Signature]</u>	_____	_____
Chief of Staff	<u>[Signature]</u>	_____	_____
Engineering/Building Department	<u>[Signature]</u>	_____	_____
Attorney's Office	<u>[Signature]</u>	_____	_____
City Clerk's Office	<u>[Signature]</u>	_____	_____
Fallon/Churchill Fire Dept	<u>[Signature]</u>	_____	_____
Conditions required for approval: _____			
Committee recommendation for application: <u>Approved</u> <u>Approved with Conditions</u> <u>Disapproved</u>			

OFFICIAL USE ONLY:		
Account No.	License No.	Payment Received By: