

Phone: (775) 423-5104 Fax: (775) 423-8874



LIQUOR LICENSE APPLICATION

Application Type:	New	☐ Owner Change	☐ Manager	Change	Loca	ation Cha	inge
Applicant Name:	Teleda - Tu	lamantes Br	4 CV	Application l	Date: <u>0 կ</u>	1161	1024
Title: Owner		_		Phone:	775 6	aa 25	03
Date of Birth			Driver's License	Number			
Date of Birti			Dilver's Licerise	200 10 10			
List all addresses in	n which you have r	esided at for the past fiv	e (5) years.	Otato			
Begin/End	Physical Addre	SS		City		State	Zip
06/72 - Presen	1 420 Pin	tail dr		Fallon W 894			8940
09/18-06/2	1060	Lee Ave		Fullon NU 8946		89400	
Business Name: Business Owner(s) Name		Address 420 Pinto		9406	Title	eV	
Business Address:	310 5.	Maine st	Fal	ON	N	8	9406
Provide a brief desc		on to be occupied by the	e establishment fo			State ought:	Zip
Is the premises to be Name of the owner Name of the owner What type of licens	of the premises: 's authorized agen	Claudia C	Yes No Casey Retail (Off Premises)	Drinkir	ng Establish	nment (On	Premises)
Have you owned or	managed any oth	er business?	Yes 🛮 No				



CITY OF FALLON CLERK'S OFFICE

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If Yes, list the bu	siness(es) you have owned	or managed.					
Begin/End	Name	Address		City		State	Zip
					A. 1		
-1 -	1						
Have you ever b	een issued a business or a	liquor license?	☐ Yes	□No			
If Yes, when?			What Agency?				
Have you ever h	ad a business or liquor lice		☐ Yes	No			
If Yes, when?			What Agency?				
Have you ever b	een denied a business or li	quor license?	☐ Yes	No			
If Yes, when? Wha			What Agency?				
Have you received any specialized training for serving alcoholic be			nolic beverages?	☐ Yes	☑ No		
If Yes, explain:							
Have you ever b	een arrested? Yes	□No					
If Yes, provide th	e following information:						
Date	Charge		Arresting A	Agency		Di	sposition
	* - 1.0						
List five (5) refer	ences not related to you w	ith daytime phor	ne numbers:				
Name			Phone	Phone Relationsh			
Suscen Boadella 775-217-5620			0 775 7	775 217 1330 Frien			
claudia c casel Branna Cerumter				27-7943	tees	. 0	rorel
NICK Casey Duyson Abe 777.666-0739				27 8288	Lee	SOVF	neel
Humberto veluzquez &			_	6 6 N	cowo	ner	
Alberto Alanis A			5625	87 2380			

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

- 1. That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code Alcoholic Beverage Sales;
- 2. 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
- 3. 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.

Applicant's Signature

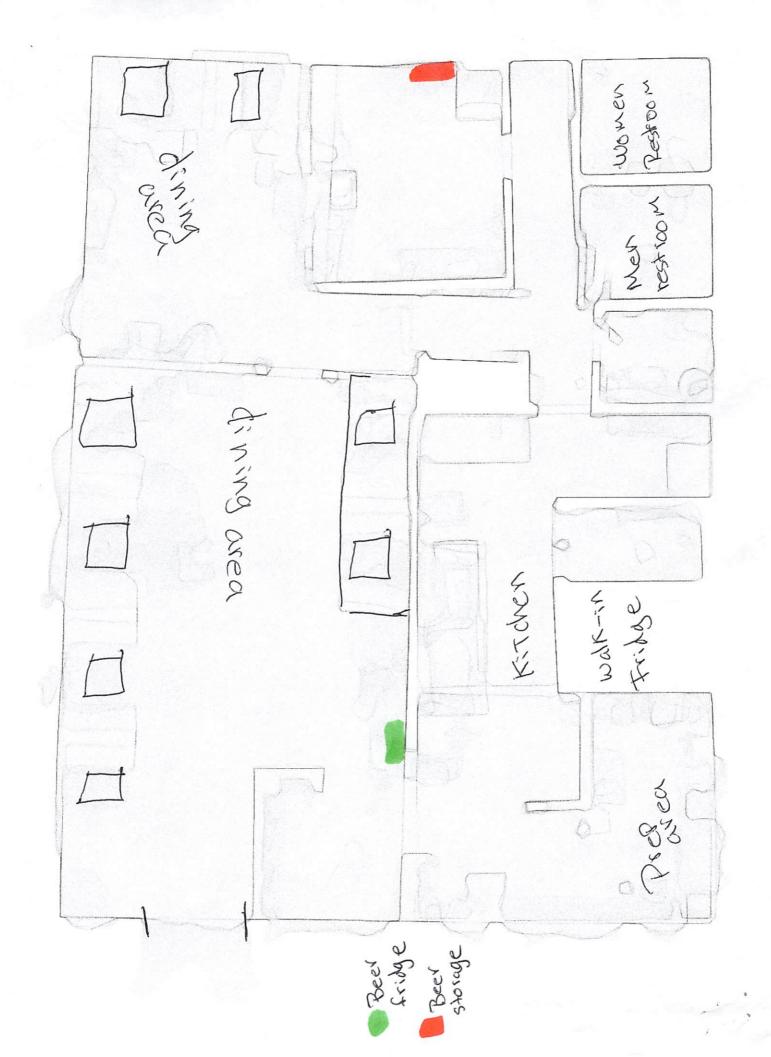


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AUTHORIZATION AND RELEASE

and to release the results of said	, auth	horize the Fallon	Police Department to	perform a background check
City Council in public documents	and/or discussion at	a public meeting		at or privileged nature, to the
				P
			Applicant's Signatu	ro
			Applicant's Signatu	ie
	v.			
	OFFIC	IAL USE ONL	Y	
City of Fallon	Approve	Appro	ve with Conditions	Disapprove
Chief of Police	away			
Engineering/Building Department	1) 1/1	7		
Attorney's Office	THE STATE OF THE S			
City Clerk's Office				
Fallon/Churchill Fire Dept	MULL			
	VIVI)			
Conditions required for approval				
Recommendation for application:	Approve	Approve with	n Conditions	Disapprove
	OFF	FICIAL USE ONLY		
Account No.	License No.		Payment Received By:	



FALLON POLICE DEPARTMENT

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

Fax: 423-6527

Ron Wenger Chief of Police

May 2, 2024

On April 19, 2024 the Fallon Police Department received an application for City Liquor License from Mr. Bryan Tejeda-Talamontes of 420 Pintail Drive Fallon, Nevada 89406. Mr. Tejeda-Talamontes is seeking an "on-premise" city liquor license for his new business, Uzumaki Restaurant, located at 810 South Maine Street within the City of Fallon.

A review of Mr. Tejeda-Talamantes' 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. Tejeda-Talamantes has no known violatons of law.

On May 2, 2024 I interviewed Mr. Tejeda-Talamantes and learned that he would be responsible for restaurant and the service of alcoholic beverages.

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

I have concluded that Mr. Tejeda-Talamantes has passed a limited background check.

Sincerely,

Ronald D Wenger Chief of Police

Liquor License Application Interview Supplement

APPLICANT Bryan Tejeda-Talamantes DATE 05/2/2024
BUSINESS NAME – <u>Uzumaki Restaurant</u>
810 S Maine Street Fallon, Nv 89406
If not, the on-site supervisor will be I understand that if the on-site supervisor changes, I am responsible to notify the City Clerk's Office. Initials
I acknowledge that as the license holder, I am personally responsible for what is sold at the store. Initials
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
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

Witness: Ronald D Wenger, Chief of Police