



# 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: Bosales Natalia Anamaria Application Date: 3/24/26  
Last First MI

Title: Treasurer Phone: 775-666-5904

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
2023 - Present	1605 Russell Street	Fallon	NV	89406
2021 - 2023	240 Serpa Place unit A	Fallon	NV	89406

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

Business Name: OASIS Adult Softball Assoc. League

Business Owner(s):

Name	Address	Title
Quentin Owens	4999 Alcorn Rd Apt B Fallon NV	President
Danielle Harris	1900 Steven Dr Fallon NV 89406	V. President
Natalia Rosales	1605 Russell Street Fallon NV	Treasurer
Gladys Werle	2759 Ponderosa Pl unit A Fallon NV	Secretary

Business Address: 437 North Main  
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)

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

Name of the owner of the premises: City of Fallon

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 10/29/24



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

Begin/End	Name	Address	City	State	Zip

Have you ever been issued a business or a liquor license?       Yes       No  
 If Yes, when? \_\_\_\_\_ What Agency? \_\_\_\_\_

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
Tyler Hall		Friend
Monique Martinez		Friend
Cierra Worring		Friend
Brittany Deems		Friend
Colton Wenger		Friend

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

I, Natalia A. Rosales, 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.

Applicant's Signature 

#### OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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Ken Tedford  
MAYOR



Kelly Frost  
Councilwoman

Karla Kent  
Councilwoman

Paul W. Harmon  
Councilman

March 09, 2026

Oasis Adult Softball Association  
447 North Maine Street  
Fallon, Nevada, 89406

Dear Oasis Adult Softball Association,

As you are starting a new season, I am trying to keep up on our contact information for your organization. If you could please fill this out and return it with your first payment that would be great. If you have any questions, please let me know.

**Mailing Address:** 160 S Russell Street Fallon NV 89406

**President Name:** Quentin Owens

Phone: 775-493-4371

**Treasurer Name:** Natalia Rosales

Phone: 775-666-5904

**Secretary Name:** Gladys Werle

Phone: 619-961-6601

**Main Contact:** Quentin Owens

Phone: 775-493-4371

# Liquor License Application Interview Supplement

APPLICANT: Rosales, Natalia AnaMaria

DATE 4-22-26

BUSINESS NAME: Oasis Adult Softball Association

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

Emergency If not, the on-site supervisor will be Gladys Werke

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

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

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 JM

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 JM

Witness: John Riley, Support Services Captain

# FALLON POLICE DEPARTMENT

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

Daniel Babiarz  
Chief of Police

April 23, 2026

On April 15, 2026, the Fallon Police Department received an application for a City Liquor License from Ms. Natalia Rosales of 160 South Russell Street, Fallon, Nevada 89406. Ms. Rosales is seeking a city liquor license modification for the Association President change of Oasis Adult Softball, which does business at 447 North Maine Street in the City of Fallon.

A review of Ms. Rosales' references was all very favorable, with all speaking very highly of her.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Ms. Rosales has no reported criminal activity. I have concluded Ms. Rosales has passed the basic background check.

Ms. Rosales was also provided with a copy of the applicable Fallon Municipal Codes and Nevada Revised Statutes so she could hold trainings with her on-site supervisors.

I have also provided a supplemental form in which Ms. Rosales signed on April 22, 2026 indicating that she understands her responsibilities as they relate to the laws regarding underage drinking.

Sincerely,

A handwritten signature in blue ink that reads "John C. Riley" followed by the year "2026".

John C Riley

Support Services Captain



**Cierra Worrying                      Friend**

Ms. Worrying and Ms. Rosales were neighbors and have become friends over the past 11 years. Ms. Worrying has zero questions about Ms. Rosales' reputation and is sure she will adhere to the rules and regulations that come along with a liquor license. Ms. Worrying is not aware of any issues that would be a problem with Ms. Rosales operating a business that serves alcohol. Ms. Worrying concluded by assuring me that Ms. Rosales will do good job.

**Brittany Deems                      Friend**

Ms. Deems and Ms. Rosales have been friends for 10 plus years. Ms. Deems has no questions about Ms. Rosales' reputation for honesty, trustworthiness, or good character and when asked if Ms. Rosales would adhere to the legal constraints of a liquor license she commented "absolutely". She was not aware of any issues that would preclude Ms. Rosales from being allowed to operate a business that serves alcohol and concluded that Ms. Rosales was really nice, very honest and has no filter, which is good.

**Colton Wenger                      Friend**

Mr. Wenger has been family friends with Ms. Rosales' family for about 8 years. Mr. Wenger has no questions about Ms. Rosales' reputation for honesty, trustworthiness or good character, saying that she was upstanding in all of those categories. Mr. Wenger has no questions about Ms. Rosale's ability to run a business that serves alcohol. Mr. Wenger was absolutely sure that Ms. Rosales would adhere to all the legal constraints that apply to a liquor license.

Thank you,



PSA Heidi Sweeney #9023



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## Privilege License Supplemental Approval Form

Application Date: 4/15/26

Applicant: Natalia Rosales

Business: Oasis Adult Softball Association

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 <b>CAPTAIN</b>		_____	_____
Chief of Staff		_____	_____
Engineering/Building Department		_____	_____
Attorney's Office		_____	_____
City Clerk's Office		_____	_____
Fallon/Churchill Fire Dept		_____	_____
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: