

CITY OF FALLON CLERK'S OFFICE

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



CABARET LICENSE APPLICATION

Application Duration: Annual (Per calend	wner Change
Title: BAR MANAGER	Phone: $(916)201-9543$
Business Entity Type: Sole Proprietor Corporation Business Name: ELKS La	□ Partnership □ Limited Liability Company □ DBA □ Association ☑ Other: □ 176 € 773 9
Business Owner(s): Name FAATERNAL OATER OF ELK Sitle EARY BUTURI EXALGED RULER PAT AVERY SECRETARY TED BALASH TREASURER	
Business Location: 93 W. CENTER ST FALLON NV 8940 (Scity State Zip) Room Description (Attach Floorplan): Description of live entertainment (i.e. DJ. karaoke, live band, etc.): SPACE RENTAK FOR ACTIVITA	
Description of live entertainment (i.e. DJ, karaoke, live band, etc.): I declare under penalty of perjury that the foregoing is true and correct: 1. That no person not named in the application shall be directly or indirectly interested in the business to be conducted under such license; 2. That each and every person designated in this application is of legal age and a citizen or lawful resident of the United States; 3. That the general public shall have access to the premises during all hours in which business is conducted; 4. That the building specifications of said premises are attached hereto and made a part of this application. 5. That I have received and read a copy of Chapter 5.12 of the Fallon Municipal Code – Cabarets and Drinking Establishments; 6. That upon approval of a Cabaret 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 7. 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.	
OFF City of Fallon Engineering/Building Department City of Fallon Chief of Police City of Fallon/Churchill County Fire Dept. City of Fallon Attorney's Office	Date: Date: Date: Date: Date: Date: Date:
Account No. License No.	OFFICIAL USE ONLY: Payment Received By:

