



# 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: Kille-Reese Stephanie N Application Date: 9/29/24  
Last First MI

Title: Owner Phone: 775 224 4467

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

State: Nevada

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

Begin/End	Physical Address	City	State	Zip
09/2020 - Present	1005 Deena Way	Fallon	NU	89406
06/2018 - 09/2020	145 W. Surge St SPC 37	Reno	NU	89506

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

Business Name: Bites and Bottles (Bites and Bottles LLC)

Business Owner(s):

Name	Address	Title
Stephanie Kille-Reese	1005 Deena Way Fallon NU 89406	Owner

Business Address: 65 S. Maine St Fallon NU 89406  
City State Zip

Provide a brief description of the portion to be occupied by the establishment for which the license is sought:

100% wine and food bar. front area will be for seating with the back part of building being the kitchen and office.

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

Name of the owner of the premises: Roghe Realty

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

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



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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:

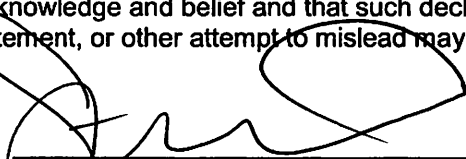
Date	Charge	Arresting Agency	Disposition

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

Name	Phone	Relationship
Stephanie Penfold	208-599-2109	FRIEND
Colleen Tschumperlin	760-445-3675	CO-WORKER
Raeann Magnee	775 854 9319	FRIEND
Stephanie Gill	918 766 5998	FRIEND
Rayton Hummel	775 385 5421	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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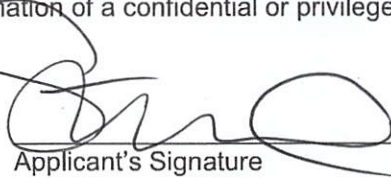
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## AUTHORIZATION AND RELEASE

I, Stephanie Kille-Riese, 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

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police		_____	_____
Engineering/Building Department		_____	_____
Attorney's Office		_____	_____
City Clerk's Office		_____	_____
Fallon/Churchill Fire Dept		_____	_____
Conditions required for approval: _____			
_____			
_____			
Recommendation for application:	<u>Approve</u>	<u>Approve with Conditions</u>	<u>Disapprove</u>

### OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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# Liquor License Application Interview Supplement

APPLICANT Stephanie Kille-Reese DATE 10/23/2024

BUSINESS NAME – Bites and Bottles LLC

65 South Maine Street Fallon, Nv 89406

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

If not, the on-site supervisor will be Jonathan Reese or Cateen Tschumperlin

I understand that if the on-site supervisor changes, I am responsible to notify the City Clerk's Office. Initials SKR

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

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 SKR

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 SKR

  
Witness: Ronald D Wenger, Chief of Police

# FALLON POLICE DEPARTMENT

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

Ron Wenger  
Chief of Police

October 23, 2024

On October 18, 2024 the Fallon Police Department received an application for City Liquor License from Ms. Stephanie Kille-Reese of 1005 Deena Way in Fallon, Nevada 89406. Ms. Kille-Reese is the owner of Bites and Bottles and is seeking a city liquor license to sell Off and On Premise at 65 South Maine Street within the City limits of Fallon Nevada.

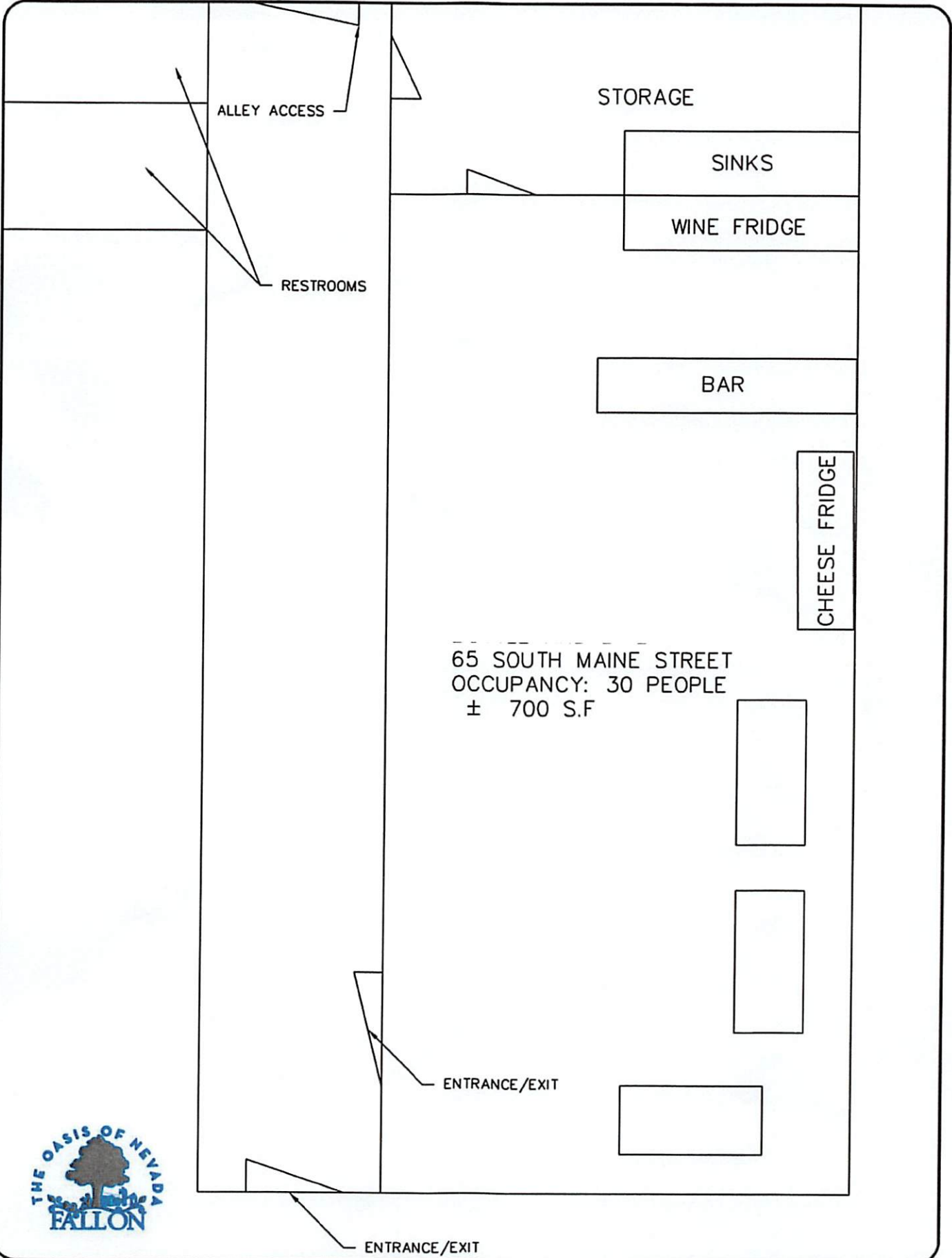
A review of Ms. Kille-Reese's references were all very favorable, with all speaking very highly of her.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found no criminal violations of law.

On October 23, 2024 I interviewed Ms. Kille-Reese about her application. I have provided a supplemental form in which Ms. Kille-Reese signed, indicating she understands her responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Ms. Kille-Reese has passed a limited background check.

  
\_\_\_\_\_  
Ronald D Wenger  
Chief of Police



STORAGE

SINKS

WINE FRIDGE

RESTROOMS

ALLEY ACCESS

BAR

CHEESE FRIDGE

65 SOUTH MAINE STREET  
OCCUPANCY: 30 PEOPLE  
± 700 S.F

ENTRANCE/EXIT

ENTRANCE/EXIT

