





# CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874

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
<del>1-16-2016</del>	<del>M.A.C.</del>	<del>Sheriff RW Juvencio</del>	<del>Dismissed - non-prosecute.</del>

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

Name	Phone	Relationship
<del>Sancho Torres</del> Katherine Bradley	<del>775-775-217-8233</del>	Friend
Branden Beeghly	775-427-3334	Friend
Adrian Berumen	775-750-5270	Mentor
Gabriel Torres	775-217-5835	Friend
Ramiro Sanchez	775-217-6190	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.

*Michal Angeles*  
 Applicant's Signature



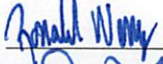
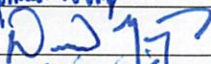
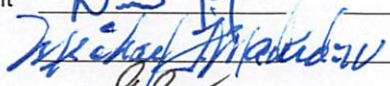


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## AUTHORIZATION AND RELEASE

I, Michael Angelo Porras, 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:

# FALLON POLICE DEPARTMENT

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

Ron Wenger  
Chief of Police

January 4, 2024

On March 14, 2024 the Fallon Police Department received an application for City Liquor License from Mr. Micheal Porras of 9290 Allen Road Fallon, Nevada 89406. Mr. Porras is seeking a city liquor license to operate an on premise bar within his new business, Street Golf, located at 203 South Maine Street within the City of Fallon.

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

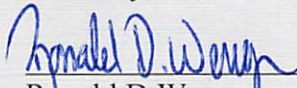
I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Mr. Porras has one violaton of law in which he had been arrested for being a minor in consumption of alcohol in 2016. Mr Porras has no known violations from that point to present.

On April 12, 2024 I interviewed Mr. Porras and learned that he would be responsible for the bar as bar manager until a permanent manager can be hired.

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

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

Sincerely,



Ronald D Wenger  
Chief of Police

# Liquor License Application Interview Supplement

APPLICANT Micheal Porras

DATE 04/12/2024

BUSINESS NAME – Street Golf

203 S Maine Street Fallon, Nv 89406

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

If not, the on-site supervisor will be n/a

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

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

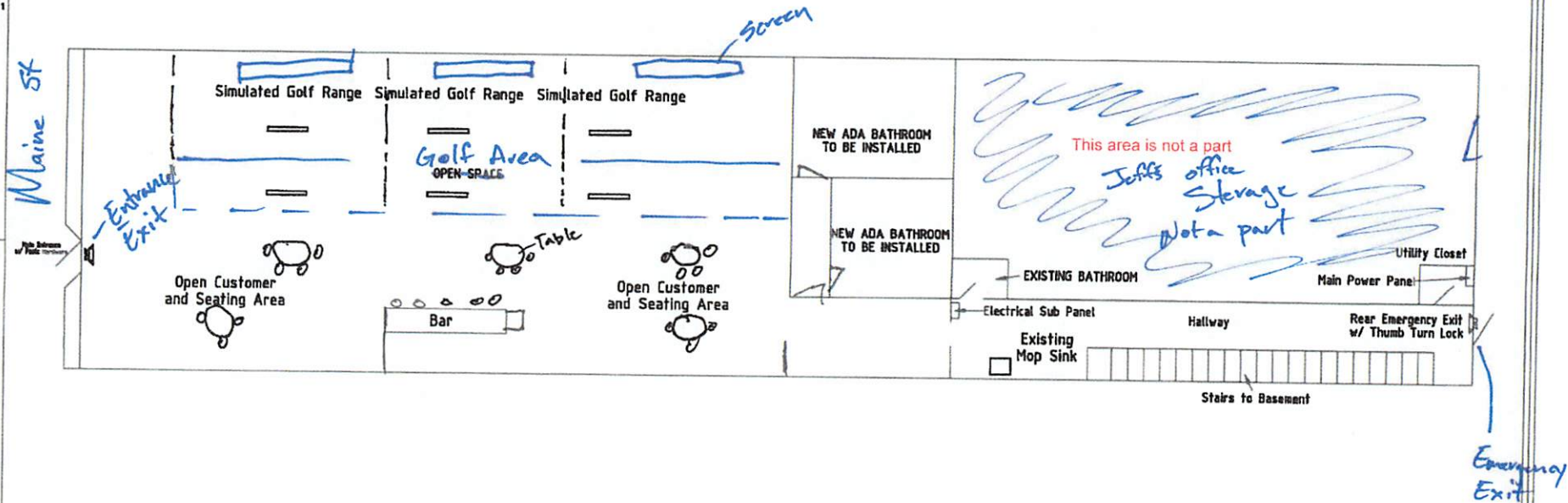
I further acknowledge that as the license holder, I am responsible for alcohol sales from the business and may be held personally responsible for alcohol sales that violate any law or ordinance. Initials mp

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 mp

Witness: Ronald D Wenger, Chief of Police

PG 3: Proposed Addition

Street Golf  
 203 South Maine Street  
 2,260 Square Feet  
 126 Occupancy



JEM  
 DRAWN BY  
 03-22-2024  
 DATE

(775) 423-4738 488 Ditch House Ln. Fallon, NV 89408  
 THE HANDY MAN, INC.  
 Jesse Morrow  
 NV Contractors Lic. 0071382 & 0071383

ADA BATHROOM  
 203 S Maine St  
 Fallon NV 89408

PG 3 NTS  
 REV SHEET SCALE