



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: Lopez Nancy U Application Date: 05/15/2024
Last First MI

Title: Owner Phone: (775) 301-9909

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

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

Begin/End	Physical Address	City	State	Zip
06/01/20 - Present	1617 Maple Creek Lane	Carson City	NV	89701
02/17/19-06/01/20	129 Windtree Circle	Carson City	NV	89701
06/01/17-02/17/19	3247 E Moreno Lane	Yuma	AZ	85365

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

Business Name: Suavecitos Mobile Bar & Events

Business Owner(s):

Name	Address	Title
<u>Nancy Lopez</u>	<u>1617 Maple Creek Lane Carson City NV 89701</u>	<u>Owner</u>

Business Address: 1617 Maple Creek Lane Carson City NV 89701
City State Zip

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

This is a mobile bar

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

Name of the owner of the premises: Nancy Lopez

Name of the owner's authorized agent, if any: N/A

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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AUTHORIZATION AND RELEASE

I, Nancy Lopez, 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.

[Signature]
Applicant's Signature

OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>[Signature]</u>	_____	_____
Engineering/Building Department	<u>[Signature]</u>	_____	_____
Attorney's Office	_____	<u>[Signature]</u>	_____
City Clerk's Office	_____	<u>[Signature]</u>	_____
Fallon/Churchill Fire Dept	<u>[Signature]</u>	_____	_____
Conditions required for approval:	<u>Applicant to sell liquor at special events and private parties only.</u>		
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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FALLON POLICE DEPARTMENT

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

Ron Wenger
Chief of Police

June 6, 2024

On May 28, 2024 the Fallon Police Department received an application for City Liquor License from Ms. Nancy Lopez of 1617 Maple Creek Lane in Carson City, Nevada 89701. Ms. Lopez is seeking a city liquor license to participate in private events within the City limits of Fallon Nevada.

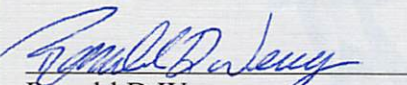
A review of Ms. Lopez' references were all very favorable, with all speaking very highly of her.

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 June 6, 2024 I interviewed Ms. Lopez about her application, specifically her entry of two arrests, which were not listed in the CPClear database. Ms. Lopez advised me that one arrest and conviction, had been sealed by a court and the other was was not related to violence or narcotics.

I have provided a supplemental form in which Ms. Lopez signed, indicating she understands her responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Ms. Lopez has passed a limited background check.


Ronald D Wenger
Chief of Police

Liquor License Application Interview Supplement

APPLICANT Nancy Lopez DATE 06/6/2024

BUSINESS NAME – Suavecitos Mobile Bar & Events

1617 Maple Creek Lane Carson City, Nv 89701

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

If not, the on-site supervisor will be Miguel Macias

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

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

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 ll

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 ll

Witness: Ronald D Wenger, Chief of Police

