





# 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

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

Name	Phone	Relationship
Phil Moore	518-573-9304	Friend
Lori Mayfield	209-484-7605	Friend
Kathy Fouss	951-326-0806	Friend
Stephanie Waller	720-232-8815	Friend
Tori Sciacca	951-929-9224	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





# Liquor License Application Interview Supplement

APPLICANT Roberta Nastro

DATE 05/31/2023

BUSINESS NAME – Memorie Boutique 31 South Maine Street Fallon, Nv 89406

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


If not, the on-site supervisor will be \_\_\_\_\_

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

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

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 RN

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 RN

  
Witness: Ronald D Wenger, Chief of Police

# FALLON POLICE DEPARTMENT

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

Ronald D. Wenger  
Chief of Police

May 31, 2023

This letter certifies that Ms. Roberta Nastro, owner of Memorie Boutique, located at 31 South Maine Street, Fallon, NV 89406, has completed and passed her background check for a liquor license.

Additionally, I have met with the applicant regarding components of the Fallon Municipal Code, concerning alcoholic beverage sales as well as her responsibilities as owner of the business.

Furthermore, there is a supplemental form that specifically addresses the operation of the business, to include identifying the on-site manager, and acknowledgments from the applicant indicating understanding she may be held personally responsible for improper business practices.

Sincerely,



Ronald D Wenger  
Chief of Police