

CITY OF FALLON CLERK'S OFFICE

DECEIVED MAY 12 2023 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	Loca	ition Cha	inge
Applicant Name:	Mastro	Roberta	Rose	Application [Date: _S	11.3	3
Title: OWY	ur	CMOX		Phone:	209)34	9-161	6
Date of Birth:							
,	State: NV						
List all addresses in	which you have re	sided at for the past fiv	e (5) years.	(5/64000) (1/6 1			
Begin/End	Physical Addres		A-6-5	City		State	Zip
	4.1	y ct.		Fallor	Λ.	NV	89406
		ta Fe Dr.		Fallor		NV	89406
				Fallo		NV	89494
				Deyton		00	80031
	1000) Rust	No finance Etc.		FOOTO	(· ·		0 /1
Business Entity Type: Sole Proprietor Partnership Limited Liability Company DBA Corporation Other:							
Business Name:	MICHONE	boutique					
Business Owner(s)							
Name		Address	1 = 1	ma las	Title		
Roberta Nastro M2 Henley Ct. Fallow NV. 89406							
Business Address: 31 S. Maine St. Fallon NV. 29406							
City State Zip							
Provide a brief description of the portion to be occupied by the establishment for which the license is sought:							
provided durinks while Supporter							
Is the premises to be licensed leased by the applicant? ☐ Yes ☐ No							
Name of the owner of the premises: Roberta Nastro							
Name of the owner's authorized agent, if any:							
What type of license	e for which the appl	ication is made: 🛮 🖽 I	Retail (Off Premises)	Drinkin	ng Establish	ment (or	Premises)
Have you owned or managed any other business? ☐ Yes ☒ No							



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If Yes, list the bu	siness(es) you have owned	or managed.					
Begin/End	Name	Address		City	Sta	te Zip	
	- unima						
Have you ever h	een issued a business or a	liquor license?	□Yes	X No			
If Yes, when?		111111111111111111111111111111111111111	What Agency?				
If Yes, when? Have you ever had a business or liquor license revoked?			☐ Yes	₩ No			
If Yes, when?			y - -				
Have you ever been denied a business or liquor license?			☐ Yes	⊠ No			
If Yes, when?			\ _				
Have you received any specialized training for serving alcoholic l				☐ Yes	✓ No		
1,000	x				73		
Alta Control of March 1988	een arrested?	'No					
190.1	ne following information:	A					
Date	Charge		Arresting A	gency		Disposit	ion
List five (5) refer	ences not related to you with	n davtime phone	e numbers:				
Name				Phone Relationsh			
Phil Moore				Frien			
Lori Mayfield		12	209-484-7605 Frit				
Kathy Fouss			951-326-0806 Fri				
Stephanie Waller			2-8815	Frier			
Toxi Schacca			29-6224	Frier	11		

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;
- 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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AUTHORIZATION AND RELEASE

and to release the results of said investig City Council in public documents and/or	, authorize the Fallo gation, which may include in discussion at a public meeti	on Police Department to performation of a confidential or ping. Applicant's Signature	1.1	und check ure, to the
	Official Use Only			
Recommended by Chief of Police or Designee	6 26 23 Date	Not Recommended by Chief Designee	of Police or	Date
City of Fallon Engineering/Building Departmen City of Fallon Attorney's Office City of Fallon/Churchill County Fire Dept.	1 20 MJ		Date	6-26-2
Account No.	License No.	Payment Rece	ipt No.	

Liquor License Application Interview Supplement

APPLICANT Roberta Nastro	DATE 05/31/2023
BUSINESS NAME – Memorie Boutique	31 South Maine Street Fallon, Nv 89406
(will/will not) be the on-site supervisor.	
If not, the on-site supervisor will b	
	pervisor changes, I am responsible to
I acknowledge that as the license holder, sold at the store. Initials	, I am personally responsible for what is
I further acknowledge that as the license from the business and may be held person violate any law or ordinance. Initials	e holder, I am responsible for alcohol sales enally responsible for alcohol sales that
I have received, read and understand the requirements within the Fallon Municipa requirements. Initials	
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