

CITY OF FALLON CLERK'S OFFICE

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JUN - 7 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 Chai	nge
Applicant Name:	Vidrio	LMCia		Application [Date: 06/	07/2	3
Title: MYV				Phone: 9	09-44	3.84	10_
Date of Birth:			river's License I				_,
			74 III 40 7 1 h 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State:	1:1.	_	
10 FE- 11		ided at for the past five	(5) years.	I constant		202 102	DOM:
Begin/End	Physical Address	7 1 1		City		State	Zip
202 - Present	14 1101 00			Fallo	0()	Nv.	89404
2021-2018	1049 1110	yie Ln.			Na_	1)V.	8931
2018-2019	403 N. T	amor st.		Fallo	r)	MV.	8940
2017-2014	3005 SC	HEGALC RG.		peno		$M \wedge \cdot$	89513
2014-2012	1855 Del	ROSA Ave.		San Bo	Mardino	CA.	
Business Entity Type: Sole Proprietor Partnership Limited Liability Company DBA Corporation Association Other: Business Name: VICTID VENTURES LLC.							
Business Owner(s):					No.		
Name		Address	2 / 2/11		Title		
Lucia Vidr	10	2000 Auction	ra. Fall	ONI.	own	er	
			=				
Business Address: 940 Auction Rd. Suite D. Fallon NV. 89406							
Provide a brief description of the portion to be occupied by the establishment for which the license is sought: Served beer platters all closed to -oxo.							
Is the premises to be licensed leased by the applicant? \ \text{Yes} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Name of the owner of the premises: TOSN TWAYKA							
Name of the owner's authorized agent, if any: Josh - Demay 6010							
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?							



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If Yes, list the b	ousiness(es) you have owne	ed or managed.	-				
Begin/End	Name	Address		City		State	Zip
	-				_		
Have you ever	been issued a business or a	a liquor license?	☐ Yes	⊠No		•	
If Yes, when?		·	What Agency?	—			
Have you ever had a business or liquor license revoked?			☐ Yes				
If Yes, when?	·		_				
If Yes, when? Have you ever been denied a business or liquor license?			_ ☐ Yes	I X .No			
If Yes, when?			What Agency?				
Have you recei	ved any specialized training			☐ Yes	[XNo		
If Yes, explain:		· ·	· ·	_	_ '		
Have you ever	been arrested? X Yes	□ No					
If Yes, provide	the following information:						
Date	Charge		Arresting A	gency		Di	isposition
12-15-15	Battery		RPD			di	(000eg
	0				•		-11 11
List five (5) refe	rences not related to you w	ith davtime phon	e numbers.			•	
Name		dayanto pitoti	Phone		Relation	nehin	_
David Ausano		20.	775-217-7376 Fric		·	•	
Licette Agrilar			735-420-1576 Frience				
Hannah Hansen			7-5722	1			
maria (lark	-		0-7747			
Tanish	<u> </u>			110-1242			

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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AUTHORIZATION AND RELEASE

I, <u>JMMA VIAXID</u> and to release the results of said investiga City Council in public documents and/or di	ition, which may include inf	on Police Department to perfor formation of a confidential or ping. Applicant's Signature	m a backg rivileged r	round check nature, to the
	Official Use Only			
Recommended by Chief of Police or Designee	6 15 23 Date	Not Recommended by Chief Designee	of Police (or Date
City of Fallon Engineering/Building Department City of Fallon Attorney's Office City of Fallon/Churchill County Fire Dept.	DE OUNGING		Date Date Date	1/11/23 7/11/23 1-1/-23
Account No.	License No.	Payment Rece	ipt No.	

CERTIFICATE OF FICTITIOUS BUSINESS NAME

THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE NEW RENEWAL OR REPLACE EXISTING (PRIOR RELATED FILING NUMBER) STATE OF NEVADA **COUNTY OF CHURCHILI** or the County of Churchill, State of Nevada, under a designation not showing the name(s) of the person(s) interested in conducting or carrying on said business in the City of Fallon and/or the County of Churchill, State of Nevada, under the designation not showing the name(s) of the person(s) interested in carrying on such business under the fictitious name of: Avunon D. Fallon NV. (BUSINESS STREET ADDRESS) (BUSINESS PHONE/EMAIL) The name(s) of the person(s) interested in or carrying on such business: (NAME OF INTERESTED PARTY - TYPE/PRINT) (BUSINESS OR RESIDENCE ADDRESS) (CITY, STATE, ZIP) (BUSINESS OR RESIDENCE ADDRESS (BUSINESS OR RESIDENCE ADDRERS) (CITY, STATE, ZIP) NOTARIZED SIGNATURE OF: OWNER. PARTNER OR AUTHORIZED OFFICER AND TITLE STATE OF NEVADA **COUNTY OF CHURCHILL** 20 22 before me personally appeared Lucia Vidio known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that executed the same freely and voluntarily, and for the uses and purposes therein stated. in witness whereof I have hereunto set my hand and affixed my official seal this dayof

> Notary Public/Deputy County Cler Church II County, Idevada

Liquor License Application Interview Supplement

APPLICANT Lucia Vidrio	DATE	6/27/2023
BUSINESS NAME – <u>Antojitos located at 96</u> 89406	<u>0 Auction Road Su</u>	ite D, Fallon, Nv
I (will) will not) be the on-site supervisor.		
If not, the on-site supervisor will be _		
I understand that if the on-site super notify the City Clerk's Office. Initials		n responsible to
I acknowledge that as the license holder, I a sold at the store. Initials	am personally resp	onsible for what is
I further acknowledge that as the license he from the business and may be held personal violate any law or ordinance. Initials	•	
I have received, read and understand the Li requirements within the Fallon Municipal C 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

June 27, 2023

On June 7, 2023 the Fallon Police Department received an application for City Liquor License from Ms. Lucia Vidrio of 2000 Auction Road #1, under Vidrio Ventures LLC. Ms. Vidrio has applied for a Retail/Off-Premise Liquor License for her take out food store, Antojitos, located at 960 Auction Road Suite D within the City Limits of Fallon Nevada.

The police department has contacted the provided references and received no negative comments and Ms. Vidrio has no known criminal convictions.

I have made a personal visit to the business and learned that the Off-Premise Liquor License would enable Ms. Vidrio to sell, food and snack boxes that contain alcoholic beverages. I learned that there is no inside seating at the business and all food and alcohol sales will be "take out" only.

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.

This letter certifies that Ms Vidrio has passed a basic background check which consists of a local records, reference contacts and a CPClear records inquiry.

Sincerely,

Ronald D Wenger Chief of Police