



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874



CABARET LICENSE APPLICATION

Application Type: New Owner Change Manager Change Location Change

Application Duration: Annual (Per calendar year - \$400 annual fee) Temporary (Not to exceed 48 hours - \$200 fee)

Name: Fain Whytnee T Application Date: 1.7.25
Last First MI

Title: Co Owner Phone: 775-217-1196

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

Grey Area Productions
 DBA:
 Business Name: The Venue Troys DoubleShot Event Bar & Catering

Business Owner(s): Name <u>Whytnee Fain</u>	Title <u>Co Owner</u>
<u>Nicole Mayer</u>	<u>Co Owner</u>

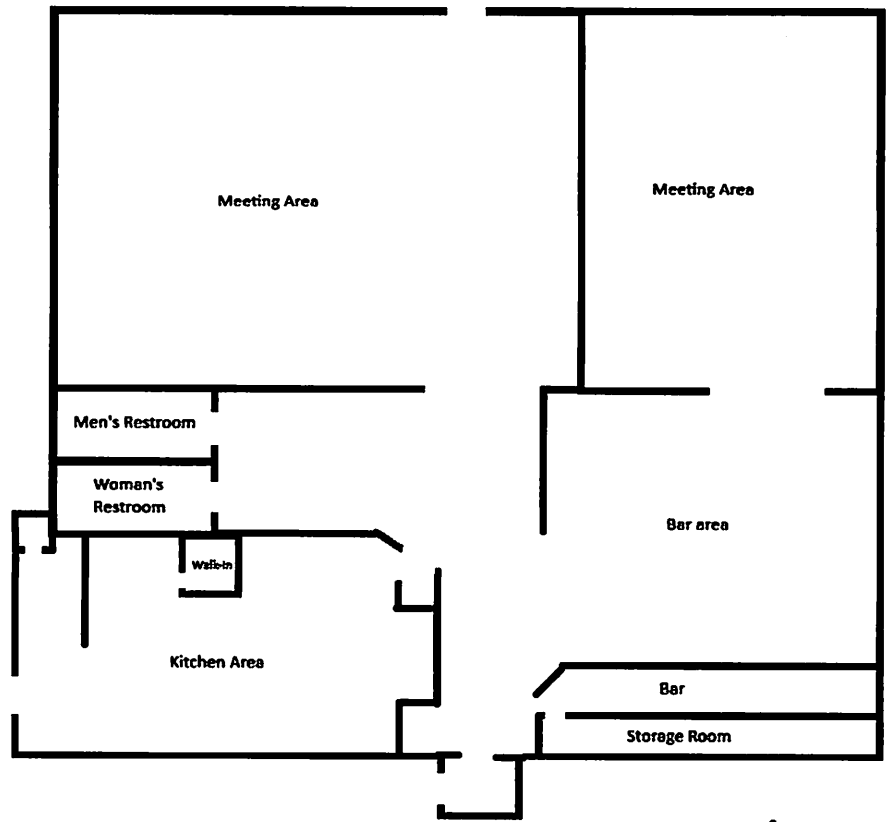
Business Location: 111 S. Allen Rd. Fallon Nv 89406
City State Zip

Room Description (Attach Floorplan): Bar area with 2 large dining/dance rms with an additional seperate extra large dining/dance stage area

Specific description of live entertainment, attach additional pages if necessary (i.e., DJ, karaoke, live band, etc.):
DJ, Karaoke, live band, Dancing, Acts

- I declare under penalty of perjury that the foregoing is true and correct:
1. That no person not named in the application shall be directly or indirectly interested in the business to be conducted under such license;
 2. That each and every person designated in this application is of legal age and a citizen or lawful resident of the United States;
 3. That the general public shall have access to the premises during all hours in which business is conducted;
 4. That the building specifications of said premises are attached hereto and made a part of this application.
 5. That I have received and read a copy of Chapter 5.12 of the Fallon Municipal Code – Cabarets and Drinking Establishments;
 6. That upon approval of a Cabaret 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
 7. 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.

Whytnee Fain
 Applicant





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Privilege License Supplemental Approval Form

Application Date: 1/7/25

Applicant: Whytnee Fain

Business: Grey Area Productions dba The Venue Troys Double Shot Event Bar & Catering

License Type: Cabaret

Application Type: New Owner Change Name Change Manager Change Location Change

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>Ronald Wang</u>		
Chief of Staff	<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: _____			
Committee recommendation for application: <u>Approved</u> <u>Approved with Conditions</u> <u>Disapproved</u>			

OFFICIAL USE ONLY:		
Account No.	License No.	Payment Received By: