

7/25/24 @ 10:30
Via phone



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: Avila-Diaz Ismael Application Date: 7/3/2024
Last First MI

Title: Member Phone: 702-772-7404

Date of Birth: [Redacted] Driver's License Number: [Redacted]
email - duanavila03@gmail.com State: Nevada

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

Begin/End	Physical Address	City	State	Zip
11/2023 - Present	3145 E Flamingo Rd apt. 1078	Las Vegas	NV	89121
11/2022 - 11/2023	5400 South Maryland Pkwy apt 79	Las Vegas	NV	89119
11/2019 - 11/2022	2801 N Rainbow Blvd. apt 116	Las Vegas	NV	89108

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

Business Name: Fajitas Gourmet LLC

Business Owner(s):

Name	Address	Title
Ismael Avila-Diaz	3145 E Flamingo Rd Apt 1078	Member

Business Address: 125 S Maine St. Fallon NV 89406
City State Zip

Provide a brief description of the portion to be occupied by the establishment for which the license is sought:
Full service restaurant with table service of beer, wine & mixed drinks.

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

Name of the owner of the premises: Julio Guillermo Canjura

Name of the owner's authorized agent, if any: _____

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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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: Sheriff's Card Las Vegas Police Dept. non-gaming ID # 8759437

Have you ever been arrested? Yes No State Alcohol Certificate ID # 21477165
TAM of NV OE 2023055334 Card # 24013036

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
<u>Dr. Amaury Rosales</u>	<u>702-703-9070</u>	<u>friend</u>
<u>Ernesto Perez</u>	<u>702-929-9973</u>	<u>friend</u>
<u>Humberto Valdez</u>	<u>702-931-2576</u>	<u>friend</u>
<u>Ricardo Quintana</u>	<u>702-355-9225</u>	<u>friend</u>
<u>Jose Luis Castrejon</u>	<u>702-217-2301</u>	<u>friend</u>

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, Ismail Arila Diaz, 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: _____			

Recommendation for application:	<u>Approve</u>	<u>Approve with Conditions</u>	<u>Disapprove</u>

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

FALLON POLICE DEPARTMENT

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

Ron Wenger
Chief of Police

July 25, 2024

On June 11, 2024 the Fallon Police Department received an application for City Liquor License from Mr. Ismael Avila-Diaz of 3145 E Flamingo Rd Apt #1078 in Las Vegas, Nevada 89121. Mr. Avila-Diaz is seeking a city liquor license to sell on/off premise at his restaurant, Fajitas Gourmet LLC, located at 125 South Maine Street within the City limits of Fallon Nevada.

A review of Mr Avila-Diaz' references were all very favorable, with all speaking very highly of him.

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 July 25, 2024 I interviewed Mr Avila-Diaz about his application. Mr Avila-Diaz indicated that he would be relocating to Fallon and would be living at 462 Discovery Way.

I have provided a supplemental form in which Mr Avila-Diaz signed, indicating he understands his responsibilities as they relate to the laws regarding underage drinking. During the interview Mr. Avila-Diaz indicated he will be offering take-out as well as dine in and this would include to-go orders that would contain closed and unsealed beer or wine.

I have concluded that Mr. Avila-Diaz has passed a limited background check.



Ronald D Wenger
Chief of Police

Liquor License Application Interview Supplement

APPLICANT Ismael Avila-Diaz DATE 07/25/2024

BUSINESS NAME – Fajitas Gourmet LLC

125 South Maine Street Fallon, Nv 89406

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

If not, the on-site supervisor will be Javier Serrano Gonzalez

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

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

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 IAD

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 IAD



Witness: Ronald D Wenger, Chief of Police