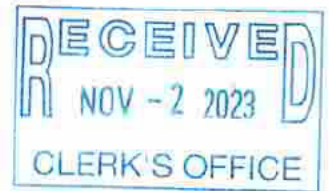




CITY OF FALLON CLERK'S OFFICE

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: Penfold Stephanie Application Date: 11/2/23
Last First MI

Title: Owner/manager Phone: 208-599-2109

Date of Birth: [REDACTED] Driver's License Number: [REDACTED]
State: NV

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

Begin/End	Physical Address	City	State	Zip
7/18 - Present	575 Drumm Lane	Fallon	NV	89406

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

Business Name: TSDW Enterprises LLC DBA P & Q's Tavern

Business Owner(s):

Name	Address	Title
Theo Penfold	575- Drumm Lane	Owner/manager
David Steele	1870 Ryan Way	Owner/manager
Wende Steele	1870 Ryan Way	Owner/manager

Business Address: 85 S. main Street 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:

100% to be used lay out staying the same
map (rough) is attached

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

Name of the owner of the premises: Gregg and Laura malkovich

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: Went through a Safe Serve while working @ The Grid

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
<u>Stephanie Gill</u>	<u>918-766-5998</u>	<u>Friend</u>
<u>Stephanie Kille-Reese</u>	<u>775-224-4467</u>	<u>Friend</u>
<u>Wendy Kramer</u>	<u>360-801-9079</u>	<u>Friend</u>
<u>Valerie Atkinson</u>	<u>707-583-6513</u>	<u>Friend</u>
<u>Kristy Mills</u>	<u>360-473-3725</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, Stephanie Penford, 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.

Stephanie Penford
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:
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P's & Q's TAVERN
(FORMERLY "THE PEAK" BAR)
85 SOUTH MAINE STREET
±875 S.F.
OCCUPANCY PER THE FIRE
MARSHAL: 50 PEOPLE

OUTSIDE STORAGE

RESTROOM

RESTROOM

FRIDGES/
STORAGE

TABLE

TABLE

TABLE

TABLE

TABLE

BAR

TABLE

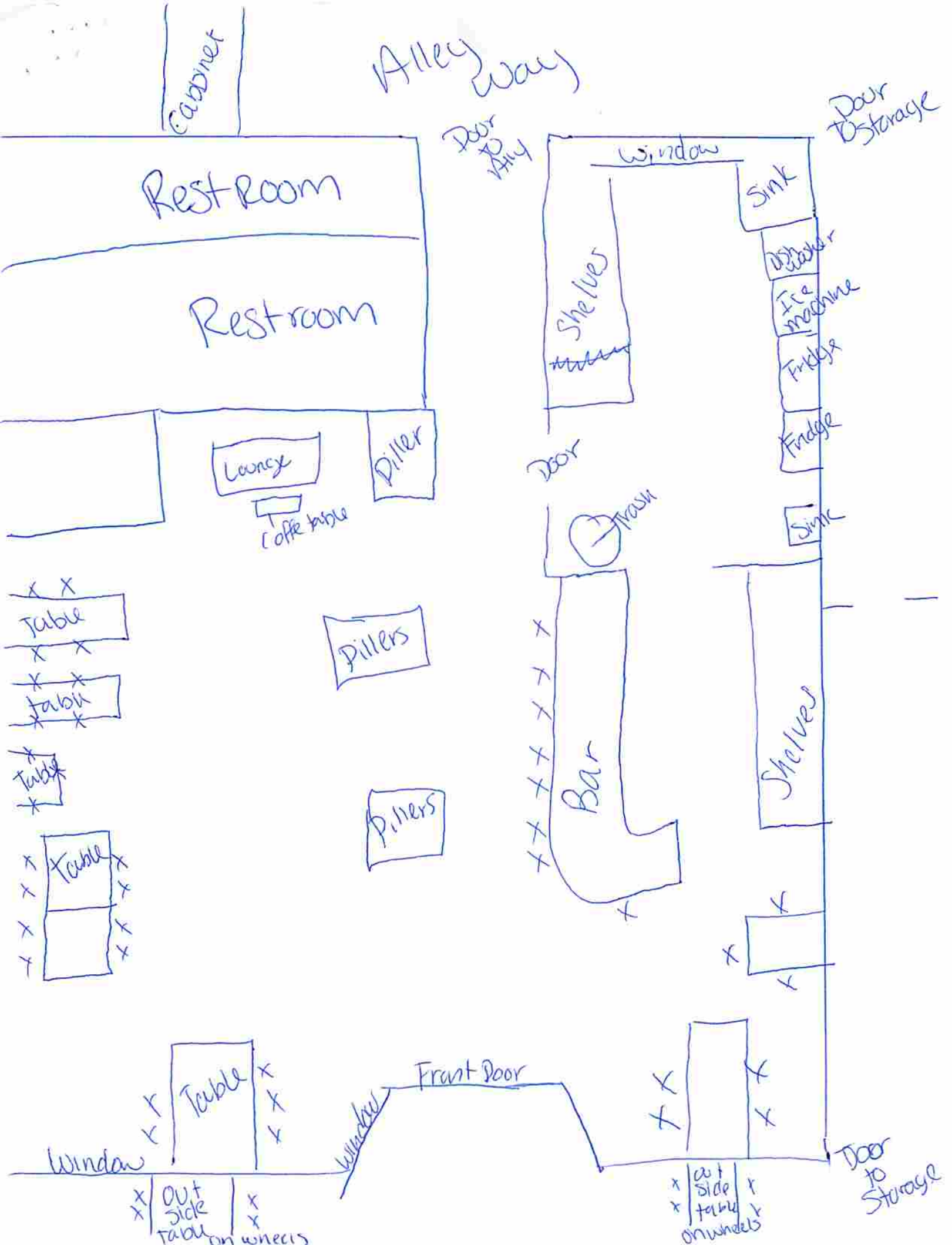
TABLE

STORAGE ROOM - NOT ACCESSIBLE TO PUBLIC

VACANT TATTOO SHOP

FALLON THEATERS

SOUTH MAINE STREET



FALLON POLICE DEPARTMENT

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

Ron Wenger
Chief of Police

November 13, 2023

On November 2, 2023 the Fallon Police Department received an application for a City Liquor License from Mrs. Stephanie Penfold of 575 Drumm Ln, Fallon, Nevada 89406. Mrs. Penfold is seeking a city liquor license to operate the bar at P's & Q's Tavern, located at 85 S. Maine Street in the City of Fallon.

A review of Mrs. Penfold's references were all very favorable, with all speaking very highly of Mrs. Penfold.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Mrs. Penfold has no reported criminal activity. I have concluded that Mrs. Penfold has passed the basic background check.

I have also provided a supplemental form in which Mrs. Penfold signed on November 13, 2023 indicating that she understands her responsibilities as they relate to the laws regarding underage drinking.

Sincerely,



John C Riley

Captain

Liquor License Application Interview Supplement

APPLICANT Stephanie Penfold DATE 11/13/23

BUSINESS NAME - P's and Q's Tavern

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 [Signature]

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

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 [Signature]

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 [Signature]

Witness: Ronald D Wenger, Chief of Police

[Signature] 2038