



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: MOORE LANI RAE Application Date: 9-25-2026
Last First MI

Title: OWNER Phone: 775-217-9615

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

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

Begin/End	Physical Address	City	State	Zip
x - Present	1683 Tumbleweed Rd	Fallon	NV	89406

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

Business Name: BURN THE SHIPS LLC / DBA: BLACK DOOR EVENTS CENTER

Business Owner(s):

Name	Address	Title
LANI R. MOORE	1683 TUMBLEWEED RD	OWNER
	FALLON NV 89406	

Business Address: 406 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: (Attach drawing of layout)

KITCHEN / BAR

PATIO BAR

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

Name of the owner of the premises: LANI R. MOORE

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
1993-1996	Summer House	W. Williams Ave	Fallon	NV	89406
Have you ever been issued a business or a liquor license? ☒ Yes ☐ No					
If Yes, when? 1993		What Agency? Summerhouse Restaurant			
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:					
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	
Debra Clifford		775-427-2047		Friend	
Jim Saline		775-217-5147		Neighbor	
Andrea Reynolds		775-527-8690		Friend	
Brandon Bird		775-426-8075		Friend	
Karen King		775-217-8813		Friend	

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, LANI RAE MOORE, 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.

Lani R. Moore
Applicant's Signature

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

Daniel Babiarz
Chief of Police

October 22, 2026

This letter certifies that Lani R Moore, Burn the Ships LLC / DBA: Black Door Events Center, located at 406 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 the holder of the liquor license.

Furthermore, there is a supplemental form that specifically addresses the operation of the business, including identifying the on-site manager, and acknowledgments from the applicant indicating understanding that she may be held personally responsible for improper business practices.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DB' followed by a stylized flourish and the number '1048'.

Daniel Babiarz
Chief of Police

Liquor License Application Interview Supplement

APPLICANT: Moore, Lani R

DATE 10/22/2026

BUSINESS NAME: Burn the Ships LLC / DBA: Black Door Events Center

406 South Maine Street, Fallon, NV 89406

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

If not, the on-site supervisor will be N/A

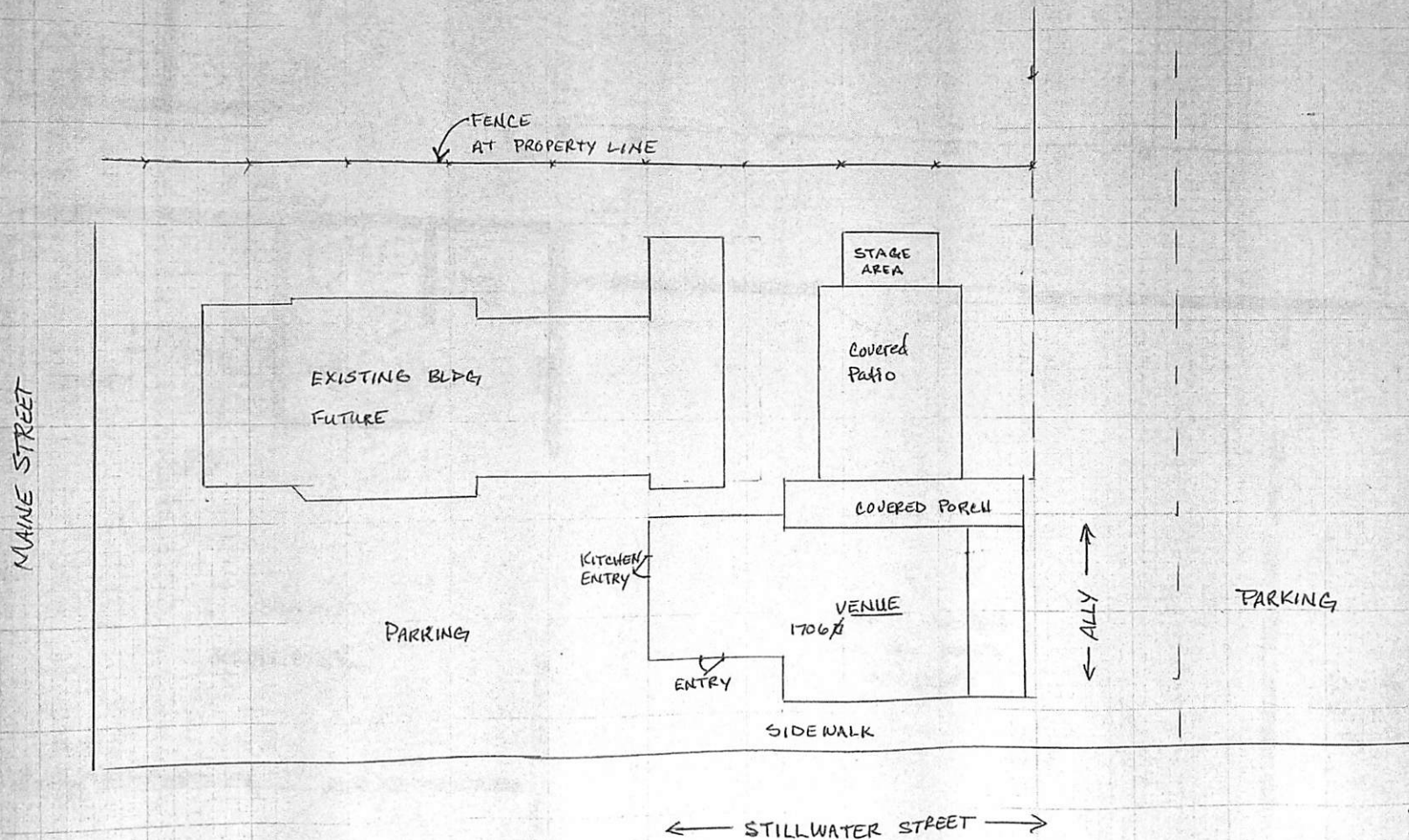
I understand that if the on-site supervisor changes, I am responsible for notifying the City Clerk's Office. Initials L.M.

I acknowledge that as the license holder, I am personally responsible for what is sold at the store/location. Initials L.M.

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 L.M.

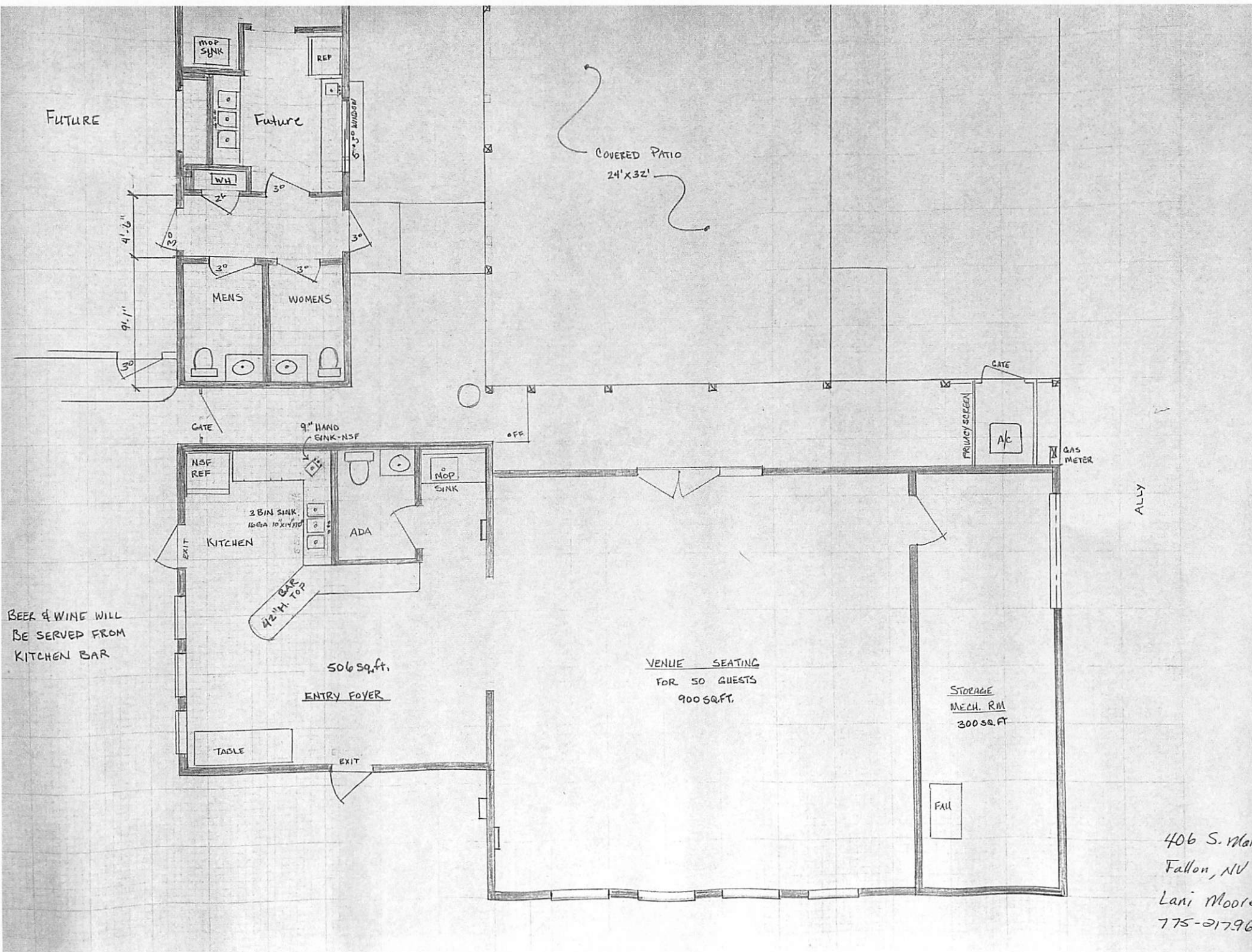
I have received, read and understand the Liquor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials L.M.

Witness: Daniel Babiarz, Chief of Police



PLOT PLAN
 $\frac{1}{4}" = 4'-0"$

ADDRESS
 406 S. MAINE ST.
 FALLON NV
 DBA: BLACKDOOR
 EVENTS CENTER
 OWNER: LANI R. MOORE
 775-217-9615



BEER & WINE WILL
BE SERVED FROM
KITCHEN BAR

406 S. Main
Fallon, NV
Lani Moore
775-217-96.



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Privilege License Supplemental Approval Form

Application Date: 10/23/2026

Applicant: Lani Moore

Business: Burn the Ships LLC dba: Black Door Events Center

License Type: Liquor License

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>[Signature]</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: