

## 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			
	ot to exceed 48 hours - \$200 fee)			
Name: Yost Pamella K Application Date:	9/8/23			
Title:	7-5079			
Business Entity Type:	/ Company DBA			
☐ Corporation ☐ Association ☐ Other:				
Business Name: Cranberry Cottage				
Business Owner(s): Name	Title			
Pamella K. Yost	Owner			
Business Location: 25 S. Maine St. Fallon	NV 89404			
Cay	State Zp			
Room Description (Attach Floorplan): Lounge Area				
Specific description of live entertainment, attach additional pages if necessary (i.e., DJ, karaoke, live band, etc.):				
Live music, D.J.				

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;
- 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
- 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

Cabaret License Application - Page 1 of 3

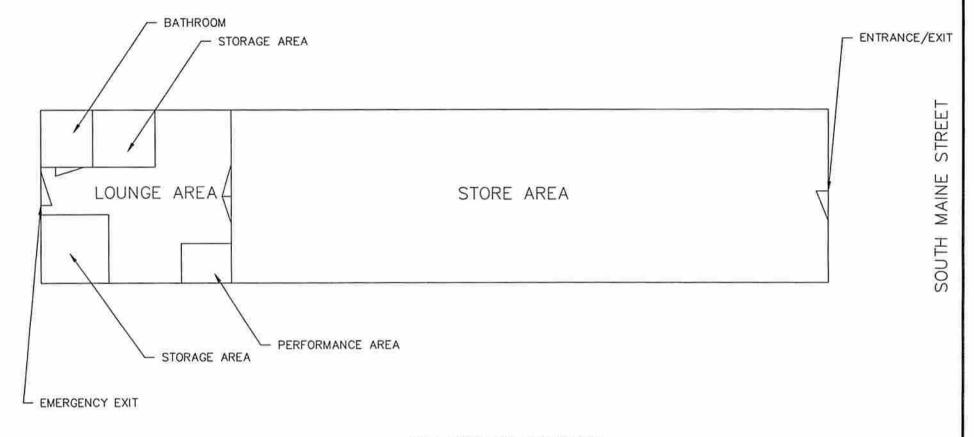


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## Privilege License Supplemental Approval Form

Application Date: 9/8/23	3		
Applicant: Pamella You	st		
Business: Cranberry C	ottage		
icense Type: Cabaret			
Application Type: 🕢 Ne	ew Owner Change	Name Change Manager Cl	nange Location Change
	OFFICIA	L USE ONLY	
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police Engineering/Building De Attorney's Office City Clerk's Office Fallon/Churchill Fire Dep Conditions required for a	Elsuffer My		
Committee recommenda	ation for application: Approved	Approved with Conditions	Disapproved
		IAL USE ONLY:	
Account No.	License No.	Payment Received By:	



CRANBERRY COTTAGE
25 SOUTH MAINE STREET
±1,476 S.F.
OCCUPANCY: 50 PEOPLE
PER FIRE MARSHAL
\*OWNER TO LIMIT LOUNGE AREA TO 15
PEOPLE BY SQUARE FOOTAGE.

