



# 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: Tate David S Application Date: 10-31-24  
Last First MI

Title: President Phone: (775) 423-3101

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
02/2022 - Present	7172 Sandhill Rd	Fallon	NV	89406
08/2013 - 08/2022	2390 Range View Ct.	Reno	NV	89519

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

Business Name: Ole Nugget Corporation dba Fallon Nugget

Business Owner(s):

Name	Address	Title
W.C.W Corporation		
owned by David Scott Tate	562 North Maine Street, Fallon NV 89406	President

Business Address: 70 South 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)

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

Name of the owner of the premises: W.C.W Corporation

Name of the owner's authorized agent, if any: N/A

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
	WCW Corp Fallon Nugget	70 South Maine Street	Fallon	NV	89406
	WCW Corp Comstock	1975 S. Taylor Street	Fallon	NV	89406
	WCW Corp Bonanza Inn	855 W. Williams Avenue	Fallon	NV	89406

Have you ever been issued a business or a liquor license?  Yes  No  
 If Yes, when? 1995 What Agency? City of Fallon

Have you ever had a business or liquor license revoked?  Yes  No  
 If Yes, when? N/A What Agency? \_\_\_\_\_

Have you ever been denied a business or liquor license?  Yes  No  
 If Yes, when? N/A What Agency? N/A

Have you received any specialized training for serving alcoholic beverages?  Yes  No  
 If Yes, explain: Alcohol Awareness Training - 11-13-2023

Have you ever been arrested?  Yes  No

If Yes, provide the following information:

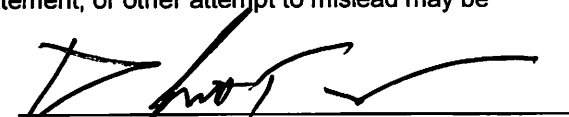
Date	Charge	Arresting Agency	Disposition
	N/A		
	N/A		
	N/A		

List five (5) references **not related** to you with daytime phone numbers:

Name	Phone	Relationship
Frank Woodliff	775-423-6065	Business acquaintance
John Boyd	602-738-1528	Business acquaintance
Andy Zimmerman	702-918-6125	Business acquaintance
Josh Dehmer	601-368-2242	Friend
Tom Howell	775-742-6908	Business acquaintance

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

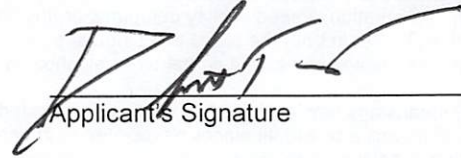


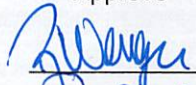

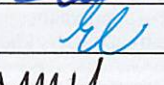
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## AUTHORIZATION AND RELEASE

I, David S. Tate, 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.

  
 Applicant's Signature

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police		_____	_____
Engineering/Building Department		_____	_____
Attorney's Office		_____	_____
City Clerk's Office		_____	_____
Fallon/Churchill Fire Dept		_____	_____
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


November 22, 2024

On November 13, 2024 the Fallon Police Department received an application for City Liquor License from Mr. Scott Tate of 7172 Sandhill Road in Fallon, Nevada 89406. Mr. Tate is the owner of WCW Corporation and is seeking a city liquor license to sell On Premise at his Casino's located at 70 S Maine Street, 855 W Williams Avenue and 1975 S Taylor Street within the City limits of Fallon Nevada.

Mr. Tate has previously held a City of Fallon Liquor License for all the establishments listed above and has successfully passed a background check conducted by the State Gaming Board.

On November 22, 2024 I interviewed Mr. Tate about his application. I have provided a supplemental form in which Mr. Tate signed, indicating he understands his responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Mr. Tate has passed a limited background check.

  
Ronald D Wenger  
Chief of Police

# Liquor License Application Interview Supplement

APPLICANT Scott Tate DATE 11/22/2024

BUSINESS NAME – WCW corp.

70 S Maine Street Fallon, Nv 89406

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

If not, the on-site supervisor will be Kiran Taylor  
WAT Goodman  
Tammie Baltazar

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

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

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 ST

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 ST

Ronald D Wenger  
Witness: Ronald D Wenger, Chief of Police