



# 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: Parker Jamie L Application Date: 9/7/2023  
Last First MI

Title: Co Owner Phone: 775-217-6391

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
<u>2018</u> - Present	<u>547 Cicada St.</u>	<u>Fallon</u>	<u>NV</u>	<u>89406</u>

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

Business Name: No Filter Fitness LLC

Business Owner(s):

Name	Address	Title
<u>Jamie Parker</u>	<u>547 Cicada St.</u>	<u>Co Owner</u>
<u>Karen Isbister</u>	<u>712 Dani St.</u>	<u>Co Owner</u>

Business Address: 40 E Center #1 + #2 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:

Wine bar, balance & bubbly workouts, retail

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

Name of the owner of the premises: Ray Ferguson

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

updated 5/9/19



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**If Yes, list the business(es) you have owned or managed.**

Begin/End	Name	Address	City	State	Zip
2013-2016	Lean Lemon	96 Glen Carran Cir #103	Sparks	NV	89431

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: \_\_\_\_\_

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
Valerie MacFarlane	775-223-9490	Friend
Elizabeth Birch	904-229-6854	Friend
Tom Falter	402-517-5834	Friend
Tami Edgmon	775-217-3841	Friend
Meg Antoniono	847-867-7945	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, Jamie Parker, 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.

Jamie L Parker  
Applicant's Signature

OFFICIAL USE ONLY			
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>Ronald Wong</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:

ENTRANCE/EXIT  
COMMON AREA TOWN SQUARE

MASSAGE ROOM

WINE BAR

RESTROOM

TABLE

COUCH

RETAIL AREA

FITNESS AREA

NO FILTER FITNESS  
40 EAST CENTER STREET  
SUITES 1 & 2  
±1,200 S.F.  
OCCUPANCY PER FIRE  
MARSHAL: 50 PEOPLE

ENTRANCE/EXIT  
OUTSIDE

ENTRANCE/EXIT  
OUTSIDE



# FALLON POLICE DEPARTMENT

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


Ronald D. Wenger  
Chief of Police

September 11, 2023

On September 8, 2023 the Fallon Police Department received an application for change of address on a City Liquor License from Ms Jaime Parker of 547 Cicada Street Fallon, Nevada 89406. Ms. Parker is moving her business, No Filter Fitness LLC, from 131 South Maine Street Suite #101 to South Maine Street to 40 E Center Street Suite #1 and #2.

This letter certifies that there have been no changes in Ms Parker's status and she has passed a basic background check which consists of a local records check and reference contacts.

Sincerely,

  
\_\_\_\_\_  
Ronald D Wenger  
Chief of Police