

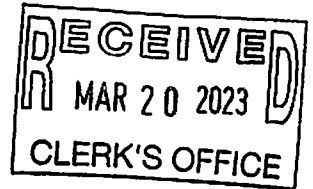


CITY OF FALLON CLERK'S OFFICE

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: Adakai Kristen E Application Date: 3/14/23
Last First MI

Title: Owner Phone: (253) 359 8747

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
Oct 22 - Present	550 Marina Gateway Dr Apt #1238	Sparks	NV	89434
Dec 19 - Oct 22	17 St Helens Ave Apt #100	Tacoma	WA	98402

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

Business Name: MK INNOVATIONS LLC / DBA The Scooby Shack

Business Owner(s):

Name	Address	Title
Kristen Adakai	550 Marina Gateway Dr Apt #1238	Owner
Ryan Adakai	5381 Desert Peach Dr	owner
Madison McCoy	12549 Peppergrass Dr	owner

Business Address: 195 E Center St Fallon NV 89400
City State Zip

Provide a brief description of the portion to be occupied by the establishment for which the license is sought:
Retail establishment. (See separate page for picture)

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

Name of the owner of the premises: Cynthia Kent Dillon

Name of the owner's authorized agent, if any: Kent's Rents

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
Oct 22 - present	BABS	1455 Maine St	Fallon	NV	89406

Have you ever been issued a business or a liquor license? Yes No *A*

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
Kylee Nyday	(505) 228 1159	Friend
Cynthia Kent Dillon	(775) 741 3727	landlord
Lucy Carnahan	(775) 217 4074	friend
Christy Evers	(775) 530 4582	landlord
Joel Moore	(360) 728 4572	friend

I declare under penalty of perjury that the foregoing is true and correct:

- That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
- 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
- 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.

Auleri

 Applicant's Signature

Heidi Sweeney

From: Kristen Adakai <adakai94@gmail.com>
Sent: Friday, March 31, 2023 3:30 PM
To: Heidi Sweeney
Subject: [EXTERNAL] - Kristen Adakai Liquor License | References

Hello Heidi, here are my references. Thank you so much!

Grace Berrier
Friend
(253) 929 4232

Kylee Ventura
Lifelong Friend
(775) 232 2238

Donald Abbott
Family Friend
(775) 771 8674

Elyse Hawk
Lifelong Family Friend
(775) 835 1265

--
Kristen Adakai

FALLON POLICE DEPARTMENT

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

Ronald D. Wenger
Chief of Police

April 14, 2023

This letter certifies that Ms. Kristen Adakai, co-owner of The Scooby Shack, located at 195 East Center 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 owner of the business.

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

Sincerely,



Ronald D Wenger
Chief of Police



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AUTHORIZATION AND RELEASE

I, Kristen Adakai, 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.

Kristen Adakai
Applicant's Signature

OFFICIAL USE ONLY			
10 Print Card	_____	Spillman Entry	_____
Photo	_____		
Local records	_____		
NCJIS	_____		Recommended by Chief of Police or Designee
Municipal Code	_____		
Fee	\$ _____		Not Recommended by Chief of Police or Designee
REVIEWED BY:			
City of Fallon Engineering/Building Department	_____		Date: _____
City of Fallon Chief of Police	_____	<i>[Signature]</i>	Date: <u>5/31/23</u>
City of Fallon/Churchill County Fire Dept.	_____	<i>[Signature]</i>	Date: <u>5-30-23</u>
City of Fallon Attorney's Office	_____	<i>[Signature]</i>	Date: <u>5-31-23</u>

OFFICIAL USE ONLY:		
Account No.	License No.	Payment Received By:

Liquor License Application Interview Supplement

APPLICANT Kristen Adakai

DATE 04/14/2023

BUSINESS NAME – The Scooby Shack 195 East Center Street Fallon, Nv 89406

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

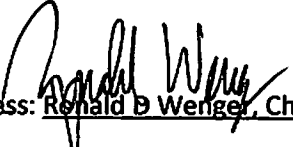
If not, the on-site supervisor will be Darrell McCoy

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

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

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 KA

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 KA


Witness: Ronald D. Wenger, Chief of Police

S. Broadway St.

F Center St

Must be 21 years old to enter posted on door

Front Door

Scooby Shack
195 E Center Street
1,864 SF
Occupancy 15 per Fire Marshal

Mobile POS

Vodka Rum Whiskey Tequila
750ml + larger
Gin Bourbon

Mixers/Non-alcoholic
Gardola Double
Seltzers

Locked Door

Domestic Beers

Back Door

3 door fridge
Craft + Beers

Bathroom

Office

Miniature / travel size bottles

Backstock/storage

Side Door
Locked Door

