

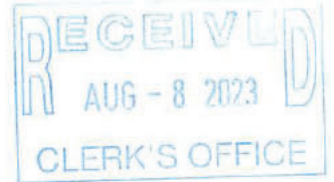


CITY OF FALLON CLERK'S OFFICE

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: MCCUSKER RICK F Application Date: 8-8-23
Last First MI

Title: BAR MANAGER Phone: (916) 201-9543

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
2018-Present	2487 HARVEY DR	FALLON	NV	89406

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

Business Name: ELKS LODGE 2239

Business Owner(s):

Name	Address	Title
FRATERNAL ORDER OF ELKS		

Business Address: 93 W. CENTER 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:

BAR, DINING ROOM

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

Name of the owner of the premises: _____

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

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: OUT BY PREVIOUS BAR MANAGER

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
JOHN RILEY	217-6770	FRIEND
AL KIRBY	423 9372	FRIEND
JIM COOPER	714 856 6934	"
BLAKE JOHNSON	287-8952	"
SHAWN GARZA	303 681-3143	SISTER
<u>RAM JASON FENNER</u>		<u>FRIEND</u>

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.

[Handwritten Signature]

Applicant's Signature



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AUTHORIZATION AND RELEASE

I, RICK F. MCOWSKEN 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.

[Handwritten Signature]
Applicant's Signature

OFFICIAL USE ONLY

10 Print Card _____	Spillman Entry _____	
Photo _____		Recommended by Chief of Police or Designee _____
Local records _____		
NCJIS _____		
Municipal Code _____		
Fee \$ _____		Not Recommended by Chief of Police or Designee _____

REVIEWED BY:

City of Fallon Engineering/Building Department	<u>See attached</u>	Date: _____
City of Fallon Chief of Police	_____	Date: _____
City of Fallon/Churchill County Fire Dept.	_____	Date: _____
City of Fallon Attorney's Office	_____	Date: _____

OFFICIAL USE ONLY:

Account No. _____	License No. _____	Payment Received By: _____
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Privilege License Supplemental Approval Form

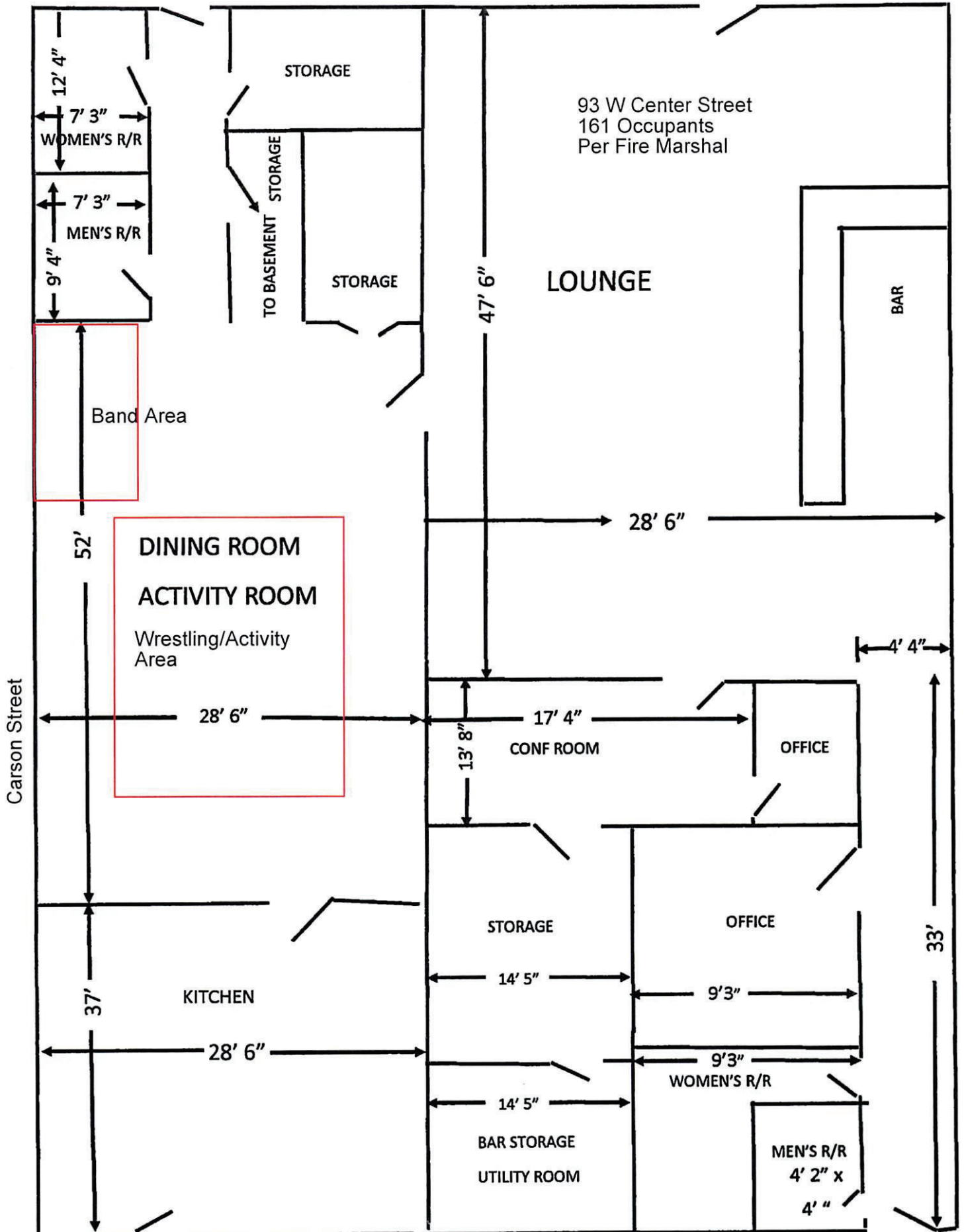
Application Date: 8/8/23
Applicant: Rick McCusker
Business: Elk's Lodge 2239
License Type: Liquor License

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><i>Ronald Weng</i></u>	_____	_____
Engineering/Building Department	<u><i>Dave MPT</i></u>	_____	_____
Attorney's Office	<u><i>[Signature]</i></u>	_____	_____
City Clerk's Office	<u><i>[Signature]</i></u>	_____	_____
Fallon/Churchill Fire Dept	<u><i>[Signature]</i></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. 1010881	License No. 7451	Payment Received By:

Center Street



FALLON POLICE DEPARTMENT

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

Ronald D. Wenger
Chief of Police

August 22, 2023

On August 8, 2023 the Fallon Police Department received an application for City Liquor License from Mr. Rick McCusker of 2487 Harvey Lane Fallon Nevada. Mr. McCusker is the Bar Manager for Elks Lodge #2239 located at 93 West Center Street, within the City Limits of Fallon Nevada. Mr McCusker is requesting an "On Premise Liquor License" for the Bar within the Elks Lodge.

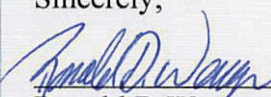
The police department has contacted the provided references and has received no negative comments.

I have met with Mr McCusker regarding components of the Fallon Municipal Code concerning alcoholic beverage sales as well as his 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 his understanding he may be held personally responsible for improper business practices.

This letter certifies that Mr McCusker has passed a basic background check which consists of a local records check and reference contacts.

Sincerely,



Ronald D Wenger
Chief of Police

Liquor License Application Interview Supplement

APPLICANT Rick McCusker

DATE 8/22/2023

BUSINESS NAME – Elks Lodge #2239 93 West Center Street Fallon, Nv 89406

I (will) be the on-site supervisor.

If not, the on-site supervisor will be EARLY AUTORI CALTEKANTE

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

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

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 RFM

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 RFM

Witness: Ronald D Wenger, Chief of Police