



**RECEIVED**  
 SEP 18 2024  
 FALLON  
 POLICE  
 DEPT.

**OFFICE OF FALLON CLERK'S OFFICE**  
 55 West Williams Avenue, Fallon, Nevada 89406  
 Phone: (775) 423-5104  
 Fax: (775) 423-8874

**RECEIVED**  
 SEP 18 2024  
 CLERK'S OFFICE

**LIQUOR LICENSE APPLICATION**

Application Type  New  Owner Change  Manager Change  Location Change

Applicant Name Scott Kimberly D Application Date 9-18-24

Title Manager Phone 775 224 7362 - mess 9/24

Date of Birth [REDACTED] Driver's License Number [REDACTED]

State Nevada

List all addresses in which you have resided at for the past five (5) years

Begin/End	Physical Address	City	State	Zip
- Present	<u>338 Beth Way</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 Nevada Restaurant Services, Inc

Business Owner(s):

Name	Address	Title
<u>Richard Craig Estey</u>	<u>3645 Losec Rd. NLV, NV 89030</u>	<u>Dir/Chair Sec/Tres</u>
<u>Allyson Estey 2016 Irrevocable Trust</u>	<u>3645 Losec Rd. NLV, NV 89030</u>	<u>Non voting stock member</u>
<u>Estey Family 2020 Irrevocable Trust</u>	<u>3645 Losec Rd. NLV, NV 89030</u>	<u>Non voting stock member</u>

Business Address Dotty's 79 2111 W Williams & Dotty's #106 2197 Casey Rd Ste 101

Provide a brief description of the portion to be occupied by the establishment for which the license is sought

Tavern with gaming, alcohol, dining, tobacco and over the counter misc. sales.

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

Name of the owner of the premises Dotty's #79-3130 Fairview, LLC/Dotty's #106 Bladwell Properties, LLC

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
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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

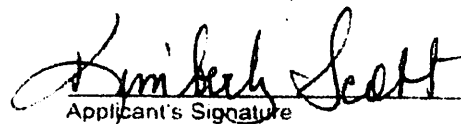
Date	Charge	Arresting Agency	Disposition
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List five (5) references not related to you with daytime phone numbers

Name	Phone	Relationship
Jessica Clayton	775-437-2723	Friend/colleague
Angela Espinosa	775-276-2031	Friend/colleague
Sharon-Mullen Echave	775-217-1524	Friend
Carol Frazier	458-224-4778	Friend/neighbor
Dawn Casey Morales	775-430-2958	Friend/colleague

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

  
Applicant's Signature



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## AUTHORIZATION AND RELEASE

I, Kimberly D Scott 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.

Kimberly D Scott  
Applicant's Signature

### OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<i>[Signature]</i>		
Engineering/Building Department	<i>[Signature]</i>		
Attorney's Office	<i>[Signature]</i>		
City Clerk's Office	<i>[Signature]</i>		
Fallon/Churchill Fire Dept	<i>[Signature]</i>		

Conditions required for approval: \_\_\_\_\_

Recommendation for application: Approve Approve with Conditions Disapprove

### 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

September 26, 2024

On September 18, 2024 the Fallon Police Department received an application for City Liquor License from Ms. Kimberly Scott of 338 Beth Way in Fallon, Nevada 89406. Ms. Scott is the manager of Dotty's Casino and is seeking a city liquor license to sell Off and On Premise at two Dotty's Casino locations; Store #79 at 2111 West Williams Avenue and Store #106 located at 2197 Casey Road, both within the City limits of Fallon Nevada.

A review of Ms. Scott's references were all very favorable, with all speaking very highly of her.

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found no criminal violations of law.

On August 2, 2024 I interviewed Ms. Scott about her application. I have provided a supplemental form in which Ms. Scott signed, indicating she understands her responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Ms. Scott has passed a limited background check.



Ronald D Wenger  
Chief of Police

# Liquor License Application Interview Supplement

APPLICANT Kimberly Scott DATE 09/26/2024

BUSINESS NAME – Dotty's Casino #79 and #106

#79 @ 2111 W Willimas Avenue Fallon, Nv 89406

#106 @ 2197 Casey Road Fallon, Nv 89406

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

If not, the on-site supervisor will be Angela Espinosa / Jessica Clayton

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

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

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 KS

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 KS

  
Witness: Ronald D Wenger, Chief of Police