



# 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: VALENTIN PAUL Application Date: 4 FEB 2026  
Last First MI

Title: ADJUTANT/JUDGE ADVOCATE Phone: [REDACTED]

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
5/2023 - Present	295 E PARK ST	FALLON	NV	89406
5/2018 - 5/2023	452 SILVER SPUR DR	FALLON	NV	89406

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

Business Name: AMERICAN LEGION POST 16

Business Owner(s):

Name	Address	Title
JACOB TAYLOR		COMMANDER
PAUL VALENTIN		ADJUTANT
ALEX RIDOLE		FINANCE OFFICER

Business Address: 90 N ADA 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)  
ESTABLISHED BAR AND NON-PROFIT.

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

updated 10/29/24



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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: FL BARTENDERS COURSE, CHURCHILL COALITION COURSE

Have you ever been arrested?  Yes  No  
 If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition
<u>2015</u>	<u>DUI</u>	<u>BEAUFORT POLICE DEPT</u>	<u>NOT GUILTY</u>

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

Name	Phone	Relationship
<u>MICHELLE DIEDRICHSEN</u>	[REDACTED]	<u>GIRL FRIEND</u>
<u>LEAH LAZENBY</u>		<u>FRIEND</u>
<u>KELSEY HURLBURT</u>		<u>FRIEND</u>
<u>SHERRI DUMMAR</u>		<u>FRIEND</u>
<u>GREG HARTON</u>		<u>FRIEND</u>

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, PAUL VALENTIN, 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:		
Account No.	License No.	Payment Received By:

# Liquor License Application Interview Supplement

APPLICANT: Valentin, Paul

DATE 02/10/2026

BUSINESS NAME: American Legion Post 16, 90 North Ada Street, Fallon, NV  
89406

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

If not, the on-site supervisor will be N/A

I understand that if the on-site supervisor changes, I am responsible for notifying the City Clerk's Office. Initials PV

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

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 PV

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 PV

Witness: Daniel Babiarz, Chief of Police

# FALLON POLICE DEPARTMENT

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

Daniel Babiarz  
Chief of Police

February 10, 2026

This letter certifies that Paul Valentin, American Legion Post 16, located at 90 North Ada Street, Fallon, NV 89406, has completed and passed his 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 his responsibilities as the holder of the liquor license.

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'DB' followed by a stylized flourish and the year '2026'.

Daniel Babiarz  
Chief of Police



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## Privilege License Supplemental Approval Form

Application Date: 2/4/26

Applicant: Paul Valentin

Business: American Legion Post 16

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>DS</u>		
Chief of Staff	<u>[Signature]</u>		
Engineering/Building Department	<u>72</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: _____			
Committee recommendation for application: <u>Approved</u> <u>Approved with Conditions</u> <u>Disapproved</u>			

### OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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