



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: Eden Kathrein Application Date: January 25, 2024
Last First MI

Title: Assistant Store Director Phone: (775) 428-2330

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
- Present	550 Country Drive	Fernley	NV	89408

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

Business Name: Safeway Inc.

Business Owner(s):

Name	Address	Title
<u>SAFEWAY, INC</u>		

Business Address: 890 W. Williams Ave, 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:
890 W. Williams Ave, Fallon, NV 89406

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

Name of the owner of the premises: Safeway Inc.

Name of the owner's authorized agent, if any: Owen Mackedon, and Kaempfer Crowell, Ltd.

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



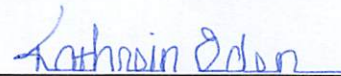
CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
 Phone: (775) 423-5104
 Fax: (775) 423-8874

If Yes, list the business(es) you have owned or managed.				
Begin/End	Name	Address	City	State
Have you ever been issued a business or a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, when? _____ What Agency? _____				
Have you ever had a business or liquor license revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, when? _____ What Agency? _____				
Have you ever been denied a business or liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, when? _____ What Agency? _____				
Have you received any specialized training for serving alcoholic beverages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain: <u>Alcohol Awareness Training Card</u>				
Have you ever been arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
Andrea McHone	831-227-3483	Friend		
Betsy Caron	775-848-6285	Co-Worker / Friend		
Kynic Benton	775-481-7773	Co-Worker / Friend		
Ashley Saccucci	775-666-5845	Co-Worker / Friend		
Stacey Smith	435-669-3759	Co-Worker / 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



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874

AUTHORIZATION AND RELEASE

I, Eden Kathrein, 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		
10 Print Card _____	Spillman Entry _____	
Photo _____		Recommended by Chief of Police or Designee _____
Local records _____		
NCJIS _____		Not Recommended by Chief of Police or Designee _____
Municipal Code _____		
Fee \$ _____		
REVIEWED BY:		
City of Fallon Engineering/Building Department _____		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: _____



CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406
Phone: (775) 423-5104
Fax: (775) 423-8874

Privilege License Supplemental Approval Form

Application Date: 1/25/2024

Applicant: Kathrein Eden

Business: Safeway, Inc.

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>DSB</u>		
Engineering/Building Department	<u>DZ</u>		
Attorney's Office	<u>TD</u>		
City Clerk's Office	<u>RL</u>		
Fallon/Churchill Fire Dept	<u>MY</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:

FALLON POLICE DEPARTMENT

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

Ron Wenger
Chief of Police

February 9, 2024


On January 26, 2024, the Fallon Police Department received an application for a City Liquor License from Ms. Kathrein Eden of 550 Country Drive, Fallon, Nevada 89406. Ms. Eden is seeking a city liquor license as the Manager of Safeway, located at 890 W. Williams Avenue in the City of Fallon.

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

I have performed a basic criminal background check which included the Fallon Police Local Database and CPClear. I found that Ms. Eden has no reported criminal activity. I have concluded that Ms. Eden has passed the basic background check.

I have also provided a supplemental form in which Ms. Eden signed on February 9, 2024 indicating that she understands her responsibilities as they relate to the laws regarding underage drinking.

Sincerely,

A handwritten signature in blue ink that reads "John C Riley" followed by the number "2038". The signature is written in a cursive style.

John C Riley

Captain

Liquor License Application Interview Supplement

APPLICANT KATHLEEN EDEN DATE 2/9/24

BUSINESS NAME - SAFEWAY

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

If not, the on-site supervisor will be AUSTIN / KYNNE

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

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

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 KE

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 KE

Witness: Ronald D Wenger, Chief of Police

Captain John Riley, 2035