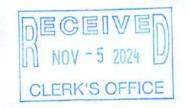


## CITY OF FALLON CLERK'S OFFICE

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	ation Ch	ange
Applicant Name:	William's	Joshua J.	Application Date: 11	15/2-	1
Title: Own	er		Phone: 858-37	8-54	03
Date of Birth:	which you have re	Driver's License N	Number: State:		
Begin/End	Physical Address		City	State	Zip
APR - Present		MAINE ST #308 FALLON, NUS 9406	<b>A</b>	W	89406
MINERAL CONTRACTOR OF THE PARTY		RST STE#5	FALLON	NU	8140
		- X	FALLON	NU	89406
	APRIZ USS ABRAHAM LINKOW		SAN DIEGO	CA	90019
		40 E CENTER ST FACCON, but			
		650 N. MAINE ST #30	8 ALLON, UN		
Business Address:	40 E. Ca	enter St Ste 5 Fallon	NV 8940	4	
Provide a brief desc drawing of layout)		city to be occupied by the establishment for		State	z <sub>ip</sub> attach
Name of the owner's		Rayamond Feguson if any:	☑ Drinking Establis	hment (0	n Premises)
Have you owned or	managed any other	r business? Yes No			



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If Yes, list the I	business(es) you have owned	or managed.					
Begin/End	Name	Address		City	Sta	ate	Zip
MAY23	TIGER SUSHE	40 E CENTER	STFALWALAN	FALLEN	10	V	84408
,,	11000		<u> </u>				
Have you ever	been issued a business or a	liquor license?	Yes	☐ No			_
If Yes, when?	2023	V	What Agency?	CHURCHILL	COUNTY		
Have you ever	had a business or liquor licer	nse revoked?	☐ Yes	<b>⊡</b> ∕No			
If Yes, when?		v	What Agency?				
Have you ever been denied a business or liquor license?			☐ Yes	<b>⊘</b> No			
If Yes, when?		v	What Agency?				
Have you received any specialized training for serving alcoholic				☐ Yes	₩No		
If Yes, explain:							
Have you ever	been arrested? Yes	□No					
If Yes, provide	the following information:						
Date	Charge		Arresting A	gency		Dis	position
JAN 23	DIDNT REVIEW REC	ISTRATION	FERNO	EY			
List five (5) refe	erences not related to you wi	th daytime phone	numbers:				
Name	erences not related to you wi	ur daytime priorie	Phone		Relationsh	in	
BLIANNA MALDEZ				97 2998	i-RIENE		
PRISCILLA POUCE			775 276		FRIPNI		
			213 357				
ATOM NGYVEN					FRIEND		
GILBER JAVIER			619 771	_	FRIEND		
1 10/- N	JES MENDOZA		1 477 5	38 <i>92</i> 42	POIE	u  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.

Applicant's Signature



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#### **AUTHORIZATION AND RELEASE**

City Council in public documents	s and/or discussion a	n may include information of a confidential a public meeting.	
		Applicant's Signature	e
	OFFI	CIAL USE ONLY	
City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	A Way	<b>~</b>	
Engineering/Building Departmer	nt Nw/	/	
Attorney's Office	2003	age -	
City Clerk's Office	1111		
Fallon/Churchill Fire Dept	Way -	~	
Conditions required for approve	al:		
Recommendation for application	n: Approve	Approve with Conditions	<u>Disapprove</u>
		FFICIAL USE ONLY:	
Account No.	License No.	Payment Received By:	

# **Liquor License Application Interview Supplement**

APPLICANT Joshua Williams	DATE_11/14/2024
BUSINESS NAME – Krab Kingz	
40 E Center Street	Fallon, Nv 89406
I will will not) be the on-site supervisor.	
If not, the on-site supervisor will be _	VICTORIA SIMMONS
I understand that if the on-site super notify the City Clerk's Office. Initials	
I acknowledge that as the license holder, I a sold at the store. Initials <u>Juw</u>	am personally responsible for what is
I further acknowledge that as the license ho from the business and may be held persona violate any law or ordinance. Initials	ally responsible for alcohol sales that
I have received, read and understand the Li requirements within the Fallon Municipal C requirements. Initials	
Witness: Rohald D Wenger, Chief of Police	

# FALLON POLICE DEPARTMENT

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

> Ron Wenger Chief of Police

November 14, 2024

On November 5, 2024 the Fallon Police Department received an application for City Liquor License from Mr. Joshua Williams of 650 North Maine Street #308 in Fallon, Nevada 89406. Mr. Williams is the co-owner of Krab Kingz Fallon LLC and is seeking a city liquor license to sell On Premise at his restaurant located at 40 East Center Street within the City limits of Fallon Nevada.

A review of Mr. Williams' references were all very favorable, with all speaking very highly of him.

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 November 4, 2024 I interviewed Mr. Williams about his application. I have provided a supplemental form in which Mr. Williams signed, indicating he understands his responsibilities as they relate to the laws regarding underage drinking.

I have concluded that Mr. Williams has passed a limited background check.

Ronald D Wenger Chief of Police

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