

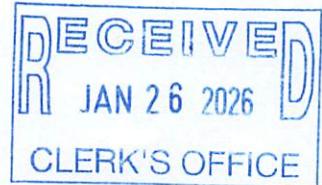


CITY OF FALLON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874



CABARET LICENSE APPLICATION

Application Type: New Owner Change Manager Change Location Change

Application Duration: Annual (Per calendar year - \$400 annual fee) Temporary (Not to exceed 48 hours - \$200 fee)

Name: BARKLEY David C Application Date: 1-26-26
Last First MI

Title: Owner Phone: 775-427-4719

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

Business Name: Overland Hotel & Saloon

Business Owner(s): Name	<u>DAVID BARKLEY</u>	Title	<u>OWNER</u>
	<u>VICTORIA Summons</u>	Phone	<u>775 777 5895</u>
			<u>Mngr</u>

Business Location: 125 E CENTER ST Fallon Nv 89406
City State Zip

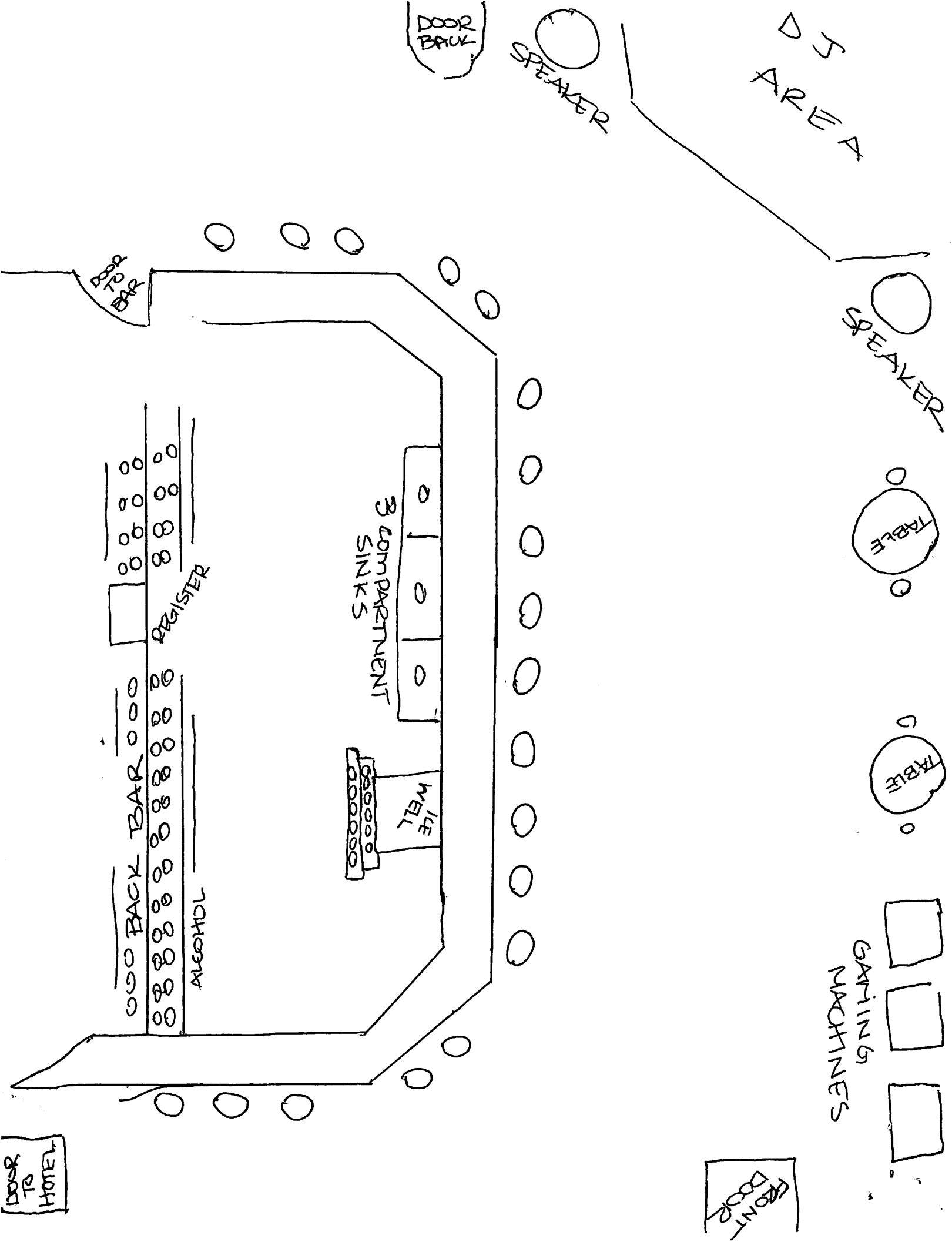
Room Description (Attach Floorplan):
1 floor - 2L

Specific description of live entertainment, attach additional pages if necessary (i.e., DJ, karaoke, live band, etc.):
Karaoke

I declare under penalty of perjury that the foregoing is true and correct:

1. That no person not named in the application shall be directly or indirectly interested in the business to be conducted under such license;
2. That each and every person designated in this application is of legal age and a citizen or lawful resident of the United States;
3. That the general public shall have access to the premises during all hours in which business is conducted;
4. That the building specifications of said premises are attached hereto and made a part of this application;
5. That I have received and read a copy of Chapter 5.12 of the Fallon Municipal Code – Cabarets and Drinking Establishments;
6. That upon approval of a Cabaret 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
7. 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.

David C. Barkley
Applicant





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Privilege License Supplemental Approval Form

Application Date: 1/26/26

Applicant: David Barkley

Business: Overland Hotel & Saloon

License Type: Cabaret 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

SB

Chief of Staff

TM

Engineering/Building Department

DW 17

Attorney's Office

TE

City Clerk's Office

EE

Fallon/Churchill Fire Dept

BB

Conditions required for approval: _____

Committee recommendation for application: Approved Approved with Conditions Disapproved

OFFICIAL USE ONLY:

Account No.

License No.

Payment Received By: