



# 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: Yost Pamella Kaye Application Date: 10/30/23  
Last First MI

Title: Owner Phone: 775-427-5079

Date of Birth: [REDACTED] Driver's License Number: \_\_\_\_\_  
State: Nevada

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

Begin/End	Physical Address	City	State	Zip
<u>1995 - Present</u>	<u>255 N. Downs Lane</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: Cranberry Cottage

Business Owner(s):

Name	Address	Title
<u>Pamella Kaye Yost</u>	<u>255 N. Downs Lane Fallon, NV 89406</u>	<u>Owner</u>

Business Address: 143 S. Maine Street 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:

Retail Store and a Speak Easy drinking Lounge

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

Name of the owner of the premises: Bret O Yost and Pamella K. Yost

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



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If Yes, list the business(es) you have owned or managed.

Begin/End	Name	Address	City	State	Zip
2011-Present	Cranberry Cottage	25 S. Maine St.	Fallon	NV	89406

Have you ever been issued a business or a liquor license?       Yes       No  
 If Yes, when? \_\_\_\_\_ What Agency? City of Fallon

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

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

Name	Phone	Relationship
Audrey Jacobson	707-803-2197	Friend
Kellie Klodman	775-690-5348	Friend
Misty Weston	775-303-4748	Friend
Marcie Moncrief	702-496-2348	Friend
Kim Beechly	775-427-0792	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



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## AUTHORIZATION AND RELEASE

I, Pamella Kay Post, 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.

Pamella Kay Post  
Applicant's Signature

### OFFICIAL USE ONLY

City of Fallon	Approve	Approve with Conditions	Disapprove
Chief of Police	<u>[Signature]</u>		
Engineering/Building Department	<u>[Signature]</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: _____			
_____			
_____			
Recommendation for application:	<u>Approve</u>	<u>Approve with Conditions</u>	<u>Disapprove</u>

### OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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# FALLON POLICE DEPARTMENT

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

Ron Wenger  
Chief of Police

November 09, 2023

On October 30, 2023, the Fallon Police Department received an application for a change of address on a City Liquor License from Mrs. Pamela K. Yost, owner of the Cranberry Cottage, 25 South Maine Street, Fallon, NV 89406. Mrs. Yost is moving her business, Cranberry Cottage, from 25 South Maine Street to 143 South Maine Street.

This letter certifies that there have been no changes in Mrs. Yost's status, and she has passed a basic background check which consists of a local records check and reference contacts.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DB' followed by a flourish and the year '2023'.

Daniel Babiarz  
Captain – Operations Division