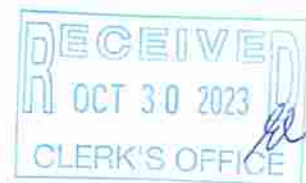




# CITY OF FALLON CLERK'S OFFICE

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



## CABARET LICENSE APPLICATION

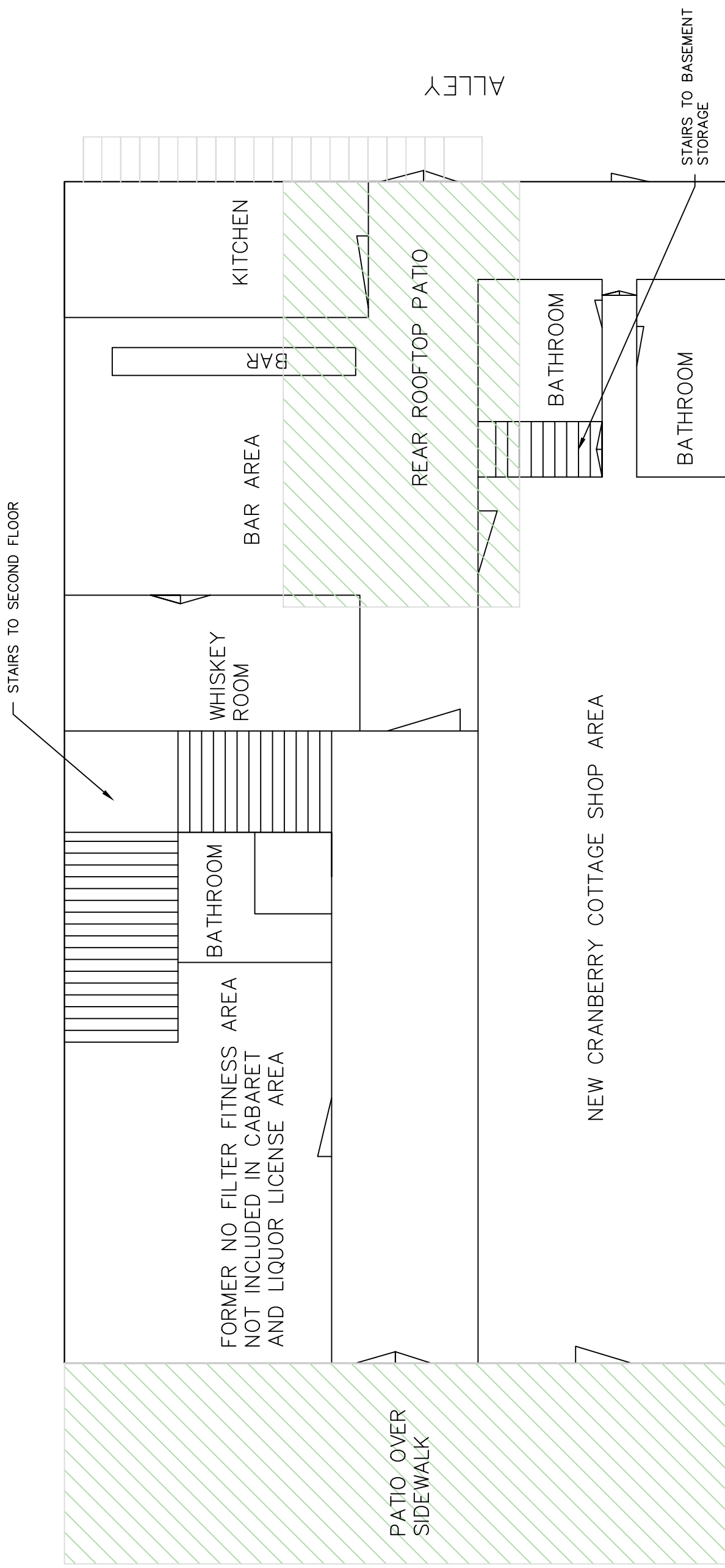
Application Type:	<input type="checkbox"/> New	<input type="checkbox"/> Owner Change	<input type="checkbox"/> Manager Change	<input checked="" type="checkbox"/> Location Change
Application Duration:	<input type="checkbox"/> Annual (Per calendar year - \$400 annual fee)		<input type="checkbox"/> Temporary (Not to exceed 48 hours - \$200 fee)	
Name:	<u>Yost</u>	<u>Pamella</u>	<u>Kaye</u>	Application Date: <u>10/30/23</u>
	<small>Last</small>	<small>First</small>	<small>MI</small>	
Title:	<u>Owner</u>		Phone:	<u>775-427-5079</u>
Business Entity Type:	<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> DBA
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Other: _____	
Business Name:	<u>Cranberry Cottage</u>			
Business Owner(s): Name	<u>Pamella Kaye Yost</u>			Title
				<u>Owner</u>
Business Location:	<u>143 S. Maine St. Fallon</u>		<u>NV</u>	<u>89406</u>
	<small>City</small>	<small>State</small>	<small>Zip</small>	
Room Description (Attach Floorplan):	<u>Speak Easy Lounge, 2nd Story Balcony (Front of Building) and Deck (Back of Building 2nd Story)</u>			
Specific description of live entertainment, attach additional pages if necessary (i.e., DJ, karaoke, live band, etc.):	<u>Live band, karaoke, DJ, Trivia night, craft classes, private parties, costume nights/contests/parties,</u>			

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.

Pamella Kaye Yost  
Applicant

SOUTH MAINE STREET



UPSTAIRS PATIO AREAS

- CRANBERRY COTTAGE  
 143 SOUTH MAINE STREET  
 CABARET AND LIQUOR LICENSE  
 APPLICATION  
 PER FIRE MARSHAL OCCUPANCY:
- SHOP AREA - 25
  - BAR AREA - 113
  - FRONT UPSTAIRS PATIO - 40
  - REAR UPSTAIRS PATIO - 40
- TOTAL - 218  
 BUILDING TOTAL - 247  
 BUILDING 9,120 SF





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## Privilege License Supplemental Approval Form

Application Date: 10/30/2023

Applicant: Pam Yost

Business: Cranberry Cottage

License Type: Cabaret

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>[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: _____			
_____			
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: