<u>CITY OF CARLIN</u> <u>APPLICATION FOR LIQUOR LICENSE</u>

TO THE HONORABLE BOARD OF COUNCILMEN OF THE CITY OF CARLIN, IN THE COUNTY OF ELKO, STATE OF NEVADA:

Ladies/Gentlemen:				
In accordance with the City Code, 5-3-5, I he	reby apply for a liquor license.			
Name:	Name:			
Mailing Address:				
Social Security Number:	Social Security Number:			
Date of Birth:				
Is applicant a partnership: Yes _ of partners:	No If yes, provide names and address			
Is applicant a corporation:Yes _ incorporation as well as names and addresses				
Investigation and application Fee:	\$ 25.00			
Class of license applied for:				
Retail License:				
-Beer and Wine Only	\$ 300.00 per year			
-Beer, Wine, and Liquor (First	Bar) \$ 330.00 per year			
Packaged License:				
-Beer and Wine Only	\$ 200.00 per year			
-Beer, Wine, and Liquor	\$ 330.00 per year			
Wholesale License:				
-Beer and Wine Only	\$ 210.00 per year			
-Beer. Wine, and Liquor	\$ 330.00 per year			

Fraternal, S	ocial, and Civic Club	License:	\$ 60.00 per year
a · in	4 T.		
Special Ever		l . ,	\$ 10.00 por day
	Beer and Wine OnlAll Liquors	ıy	\$ 10.00 per day \$ 25.00 per day
	-An Elquois		\$ 25.00 per day
			Total Fee Paid
License to be	e issued in the Business		
Business Stre			
Name and ad	dress of the owner of t	he premise	s, if different from the applicant(s):
			at have a lease for the premises to be licensed:
	Yes No	Date Lea	se Expires:
			this license request ever had a liquor license ed, cancelled, revoked, restricted, or
	Yes No	If yes, att	ached statement.
			to obtain a City of Carlin General Business ense before the actual license will be issued.
application is applicant(s) s Chapter 3, en	approved and a licens ubject to the terms, contitled "LIQUOR REGIONAL TERMS"	e granted, a nditions an ULATION	rally, hereby covenant and agree that if this any license granted will be accepted by the d provisions of Carlin City Code, Section 5, S" and such other rules and regulations as may resolution or ordinance by the Board.
Dated this	day of	, 20	
A	l'anatana		Applicant's Cianature
Applicant's S	ignature		Applicant's Signature
Submit To: Phone:	City of Carlin PO Box 787 Carlin, NV 89822 775-754-6354		

Fax: 775-754-6912