

PRIVILEGED BUSINESS LICENSE APPLICATION

Business Name: _____

Start Date: _____

Physical Address: _____

Phone #: _____

Initial each activity below that will apply to your business operation

| | |
|--|---|
| Alcohol Catering (RMC 5.07.190) | Alcoholic Beverage Manufacturer (RMC 5.07.070) |
| Dining Room Alcohol (RMC 5.07.180) | Dining Room Wine and Beer (RMC 5.07.100) |
| On-Premises Alcohol (RMC 5.07.160) | On-Premises Wine and Beer (RMC 5.07.150) |
| Off-Premises Sales-Packaged Alcohol (RMC 5.07.120) | Off-Premises Sales-Packaged Wine and Beer (RMC 5.07.110) |
| Wholesaler-Alcohol (RMC 5.07.090) | Wholesaler-Wine and Beer (RMC 5.07.080) |
| Nonprofit-Alcohol (RMC 5.07.140) | Nonprofit-Wine and Beer (RMC 5.07.130) |
| Add-On Cabaret (Live Entertainment) (RMC 5.07.170) | Alcoholic Manufacturer's Package Alcohol (RMC 5.07.075) |
| Auctioneer (RMC 5.09.020) | Adult Interactive Cabaret (RMC 5.06.020) |
| Peddler (RMC 5.12.030) | Escort Services (RMC 5.10.011) |
| Tobacco Paraphernalia Retailer (RMC 5.19.020) | Gaming (RMC 5.11.020) - # of Slot Machines Applied for: _____ |

Proposed Hours of Operations

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|---|
| OPEN | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| CLOSE | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| CABARET CLOSE TIMES <i>if applicable</i> | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |

Acknowledgment

The Reno Police Department may recommend denial of an application if the applicant has been convicted during the past 5 years of any of the offenses set forth in RMC Section 5.05.00B(j)(5), as amended.

If granted a Privileged License, I will conduct the business in accordance with the provisions of the laws of the State of Nevada and the ordinances of the City of Reno applicable to the conduct of such business, and that if such license be granted, it shall be subject to revocation in accordance with the provisions of the ordinance. Furthermore, I am a licensee named in this application, and I declare under penalty of perjury, that I have read the foregoing application, know the contents of the same, and it is true to the best of my knowledge and belief.

Signature of Applicant

Date

Print Name of Applicant

| | | | | |
|--------------------------------|---|----------------------|-------------------------------|-----------------------------------|
| FOR INTERNAL USE ONLY | <input type="checkbox"/> New License: Alcohol <input type="checkbox"/> New License: Gaming <input type="checkbox"/> New License: Privileged <input type="checkbox"/> New License: Cabaret <input type="checkbox"/> Supplemental/Add-On <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Annual Inspection Required | Council Ward: | Annual License Number: | |
| Fees Paid: | | | | |
| Date Paid: | | | | |
| # of Background Checks: | | | Council Recommendation | Privileged License Number: |
| Parcel #: | | | | |
| Business Activity: | | | | |