



Liquor License Checklist

Finance Department – Business Licensing
401 California Ave., Boulder City, NV 89005
Phone 702-293-9219

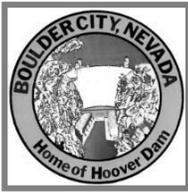
www.bcnv.org
licensing@bcnv.org

***All Class G liquor license applications must be granted or denied by the Liquor License Board at a meeting in accordance with Nevada Open Meeting Laws.**

***Each application must be completed in full and filed with the business license office. All Class G licenses will be scheduled for hearing before the Liquor License Board no earlier than 30 days following the receipt of a completed application.**

To apply for a liquor license, you will need to submit the following items with your application.

- Copy of your Boulder City Business License** – or proof of application for a new business.
- Copy of letter or lease agreement signed by the owner of the property or property manager giving permission for the event, or evidence of ownership.**
- Copy of Fictitious Firm Name certificate, if applicable** - Information or to apply visit: www.clarkcountynv.gov/clerk/Services/Pages/FictitiousFimNames.aspx
- Copy of applicant's driver's license or other government issued ID**
- Completed authorization for investigative consumer reports**
- Letter detailing planned liquor operations and planned layouts.**



**CITY OF BOULDER CITY
LIQUOR LICENSE SPECIAL EVENT APPLICATION**

401 California Ave. Boulder City NV 89005
Phone 702-293-9240 Fax 702-844-8509

www.bcnv.org
licensing@bcnv.org

| |
|--|
| OFFICE USE |
| Date received: |
| Staff review: |
| Payment received: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Comments: |

Each application must be completed in full and filed with the business license office. Class G licenses will be scheduled for hearing before the Liquor License Board no earlier than thirty (30) days following the receipt of a completed application by the City.

| BUSINESS INFORMATION | | |
|--|--|---|
| BUSINESS NAME: | ENTITY TYPE: : <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor | |
| DBA: | BUSINESS PHONE: | BUSINESS EMAIL: |
| CURRENT BUSINESS LOCATION: | CITY: | STATE: ZIP: |
| APPLICANT INFORMATION: (must be an owner) | | |
| APPLICANT'S NAME: | PHONE: | ARE YOU 21 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MAILING ADDRESS: | CITY: | STATE: ZIP: |
| THIS LICENSE IS IN CONJUNCTION WITH THE FOLLOWING SPECIAL EVENT: | | |
| EVENT NAME: | EVENT DATES: (Allow 30 days) | |
| EVENT LOCATION: (if event is being held on private property, a letter of authorization must be provided from the property owner) | SPECIAL EVENT BUSINESS LICENSE #: | |
| DESCRIPTION OF EVENT: | | |
| REQUIRED TAM cards: NRS 369.600 – Alcoholic Beverage Awareness Programs For further information, please contact the Nevada Department of Taxation at 702-486-7330 or kdwest@cpe.state.nv.us. Web address: www.cpe.state.nv.us. | | |

| LICENSE CLASSIFICATION AND FEES: (Check which one you are applying for) | |
|---|--|
| <input type="checkbox"/> Class "G" SPECIAL EVENT LICENSE \$25.00 per day <i>(All alcoholic beverages)</i> | <input type="checkbox"/> Class "G-1" SPECIAL EVENT LICENSE \$15.00 per day <i>(Beer, Wine, Wine Coolers)</i> |

| AFFIDAVIT | |
|---|--|
| Have you or any of the persons reflected as officer of the organization, ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", attach a list of the individuals who have been so convicted and give complete details including name of arresting agency, date of conviction, age, charge, court and location, and disposition. | |

I do hereby certify that I understand and will abide by the BOULDER CITY, NEVADA LIQUOR CONTROL ACT and any amendments thereto; and, further certify that if this application is approved and a license issued, it will be accepted by me subject to the terms and provisions of the LIQUOR CONTROL ACT, and such other rules and regulations as may at any time hereafter be adopted or enacted by resolution or ordinance of the City Council of Boulder City, Nevada.
I further acknowledge the power and authority of the License Board, or other authorized representative of the City, to enter any store, building or any other place in which such special event is being conducted at any time for the purpose of protecting the public peace, safety and welfare.
I further acknowledge that this application, together with supplemental information, is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of this license.

Signature of Applicant _____
Date

| | |
|---|--------------|
| Application <input type="checkbox"/> approved <input type="checkbox"/> rejected this _____ day of _____, 20____, subject to the following restrictions: | |
| _____ | |
| _____ | _____ |
| Date Paid | Payment Type |

Bus Acct ID

Date Issued

License Officer



City of Boulder City
401 California Ave.
Boulder City, NV 89005

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS
OR INVESTIGATIVE CONSUMER REPORTS**

The City of Boulder City may obtain consumer reports on you as an applicant for a liquor license. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For liquor license screening purposes, the City of Boulder City may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. **You have the right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.**

AUTHORIZATION

I authorize the City of Boulder City to obtain consumer reports and/or investigative consumer reports regarding me for the purpose of determining my eligibility for a liquor license.

Signature:

Date

Print Name

Social Security Number

Driver's License Number

State

States Other Driver's Licenses Were Held (Past 5 years)

Maiden Name or Aliases (AKA)

Date of Birth (To be used ONLY for proper identification)