

**CITY OF ELKO**  
**SPECIAL EVENT LIQUOR OR BEER AND/OR WINE LICENSE APPLICATION**  
**1751 COLLEGE AVENUE - ELKO, NEVADA**  
**PHONE: 775-777-7138 FAX: 775-777-7129**

Pursuant to Elko City Code 4-5-33 any person/organization in charge of a "Special Event" which is scheduled to be held in the Elko City limits and will include the sale/serving of liquor or beer and/or wine, is required to apply for a Special Event Liquor or Special Event Beer/Wine License by completing this application.

**Special Event Liquor**    or    **Special Event Beer and/or Wine License**    Circle one.

Business or Organization \_\_\_\_\_

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Commencing on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ thru the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Time of the event (if more than one day list time for each day) \_\_\_\_\_

Total Number of days \_\_\_\_\_ Fees: Liquor - \$60.00 per day Beer/Wine - \$24.00 per day

Total Fee paid \_\_\_\_\_

**By signing below the applicant is accepting any and all responsibility for all other person(s) who may be selling/serving alcoholic beverages during the event. The Police Chief or his designee, has the right to inspect the premises at any time during this event to ensure proper enforcement of City Codes and Nevada Laws.**

Under penalties of perjury, the undersigned declares that he/she is the applicant/authorized agent of the applicant in the foregoing application for license and knows the contents thereof; that those items contained in the application are true of his/her own knowledge except as to those matters stated on information and belief and as to such matters he/she believes it to be true.

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signautre \_\_\_\_\_ Date: \_\_\_\_\_

Please list all other person(s) who will also be selling/serving:    For additional space list on back

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In addition to completing the application the applicant is responsible for obtaining the signatures shown below from the listed departments. The applicant must contact the Nevada Department of Taxation to determine their tax requirements. Please contact the Reno Taxation Department either via their website at [www.tax.state.us.nv](http://www.tax.state.us.nv), via email at [renoontimes@tax.state.nv.us](mailto:renoontimes@tax.state.nv.us), fax at 775-688-1303 or phone at 775-687-9999. The Taxation Department will then provide you with verification of compliance which must be returned with this application. If you have a current Nevada Department of Taxation Permit you may submit it as verification of compliance.

Once the application is complete return it to the Elko City Business License Department with payment and a license will be promptly issued. Please display the license in a place visible to the public.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of verification from the Nevada  
State Department of Taxation

\_\_\_\_\_  
NV State Health Dept.  
1020 Ruby Vista Dr. #103 (775)753-1138

\_\_\_\_\_  
Chief of Police/Asst. Chief  
1401 College Ave. (775)777-7326

Private Security Needed:  
No\_\_\_\_ Yes\_\_\_\_  
Number Needed\_\_\_\_

\_\_\_\_\_  
City Clerk/Designee  
1751 College Ave. (775)777-7138

**\*\*Per NRS 369.487 all liquor sold in the state of Nevada must be purchased from a state-licensed wholesaler. A list of the wholesalers may be found on the internet at <http://tax.state.nv.us>.**