

CITY OF ELKO
LIQUOR LICENSE APPLICATION PROCESS
1751 COLLEGE AVE. ELKO, NV 89801
PHONE (775) 777-7138
FAX (775) 777-7129

In accordance with Section 4-5-4 of the Elko Municipal Code all Liquor License applicants must complete the information contained in this packet including a background/fingerprint check by the Elko City Police Department. Once this check is complete, the Chief of Police shall place the application on the agenda of the Elko City Council for approval or denial. The Council meetings are held on the second and fourth Tuesday of each month. The applicant will be notified when their application will be on the agenda.

An applicant wishing to open their business immediately and begin selling liquor may complete the enclosed Temporary Liquor License Application along with all the attached forms. Upon approval by the Chief of Police, the Temporary Liquor License will be issued for 30 days pending approval of the permanent license.

Pursuant to Elko City Code 4-5-7 it is unlawful for any person or association to sell, serve, give away or distribute any liquors within one hundred feet (100') of any church or within one hundred feet (100') of any school wherein public school is conducted, as measured from the point of distribution to the nearest exterior wall of a church and/or school.

Following are the steps necessary to complete the application.

1. If the Temporary Liquor License Application is completed the applicant must obtain signatures from each department shown on this form before a license will be issued. You must register with the Nevada Department of Taxation and provide verification that you are registered with them. The Taxation forms are enclosed in this application and for questions regarding these forms you may contact them at the Reno Office number indicated on the Nevada Business Registration Form Instructions. If you currently hold a regular Elko City Business License and are just adding liquor to the business the only signature you will need is from the Nevada State Health Department and the verification from the Nevada Department of Taxation. ***The Chief of Police will be the last to sign after all other signatures have been obtained.***
2. The applicant must complete all of the attached forms. If you currently hold a regular Elko City Business License and are just adding liquor to the business you will only need to complete the Business License Application and the Work Permit Application.
3. The Supplemental Liquor License Approval form will only be used if a Temporary Liquor License application has not been completed.
4. After all the forms have been completed and when obtaining the signature from the Chief of Police the following fees must be paid at the Police Department:
Fingerprint/Background Investigation fee of \$21.00 (cash only)
Bar Card fee of \$25.00 (cash only)
5. The Police Department requires a copy of the lease/deed for the property being used for the license.
6. Upon completion at the Police Department, all remaining forms should be turned in at the Elko City Business License Department at the address shown above and the quarterly Liquor License fee must be paid. These fees may be paid by check, cash, money order or credit card. Following is the quarterly liquor license fee schedule:

<u>Retail Liquor License - one bar</u>	<u>\$222.00 per quarter</u>
<u>Each additional bar, including service bar</u>	<u>\$117.0 per quarter</u>
<u>Retail Wine and/or Beer</u>	<u>\$117.00 per quarter</u>
<u>Wholesale Liquor License</u>	<u>\$132.00 per quarter</u>
<u>Brew Pub</u>	<u>\$117.00 per quarter</u>
<u>Wholesale Beer and/or Wine</u>	<u>\$108.00 per quarter</u>
<u>Packaged Liquor</u>	<u>\$192.00 per quarter</u>
<u>Packaged Beer and/or Wine license</u>	<u>\$102.00 per quarter</u>
<u>Fraternal, Social and Civic Club License</u>	<u>\$30.00 per quarter</u>
<u>Caterer's Liquor License</u>	<u>\$60.00 per quarter</u>

Following approval by the Elko City Council a permanent liquor license will be issued. All liquor license fees are due quarterly by January 1, April 1, July 1, and October 1 of each year. These fees may be paid in advance up to one year, but no less than one full quarter of the year. Any license fee, which has not been paid on or before the fifth day of the month in which it becomes due, shall be increased by a penalty of ten percent (10%), which shall be added to the fee and collected with the fee prior to issuance of the license. A copy of the entire Liquor Ordinance is available upon request. All city forms are also available on the Elko City website at elkocity.com.

PLEASE CONTACT THE ELKO CITY BUSINESS LICENSE DEPARTMENT AT THE NUMBER SHOWN ABOVE FOR INSTRUCTIONS ON MAKING CHANGES TO YOUR LIQUOR LICENSE.

CITY OF ELKO
TEMPORARY LIQUOR LICENSE APPLICATION

Date License Issued: _____ 20____

Date License Expires: _____ 20____

The undersigned applicant hereby applies for a Temporary Liquor License which shall be valid for thirty (30) days or until approval or denial of the final application by the City Council.

Name of applicant(s): _____

Phone Number: _____

Address: _____
Street City/State

Business Name: _____

Address: _____
Street City/State

Name/Address of the property owner of the premises to be licensed if other than above: _____

Class of License: _____

Fee: _____ (One quarterly license fee must be paid now.)

Signature of applicant/agent

Date: _____

The Police Chief shall not sign until all other signatures have been obtained.
APPROVED BY:

ELKO CITY FIRE MARSHAL
911 W. Idaho St. Elko, NV 89801
775-777-7345

ELKO CITY BUILDING DEPT.
1755 College Ave. Elko, NV 89801
775-777-7221

ELKO CITY PLANNING DEPT.
1751 College Ave. Elko, NV 89801
775-777-7160

PUBLIC HEALTH DEPT.
1020 Ruby Vista Dr. Ste. 103
Elko, NV 89801 775-753-1138

ELKO CITY DEVELOPMENT DEPT.
1755 College Ave. Elko, NV 89801
775-777-7213

ELKO CITY POLICE DEPT.
1401 College Ave. Elko, NV 89801
775-777-7326

Type of Verification from Nevada Dept. of Taxation _____



City of Elko, Nevada
Business License Application
 1751 College Avenue
 Elko, NV 89801
 Phone (775)777-7138 Fax (775)777-7129

Information on this form must be printed or typed.

1. Check all that apply: New Business Change in Location Change in Name Change in Mailing Address
 Other _____

2. Corporate Name _____
 Corporate Telephone _____

3. Federal Tax Identification Number _____

4. Corporate Address _____
Street Number, Direction (N, S, E, W) Name, Suite, Unit or Apt. City, State, Zip Code

5. Business Name (dba) to be shown on the license: _____
 Business Telephone _____ Cellular Telephone _____
 Fax _____

6. Mailing Address _____
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

7. Physical Address _____
Street Number, Direction (N, S, E, W) Name, Suite, Unit Or Apt. City, State, Zip Code

8. Type of Business Entity: Sole Proprietor S. Corp Privately Held Corp. Partnership
 Limited Liability Partnership Limited Liability Company

9. Name of All Owner(s), Partners, Corporate Officers, Members, etc. Attach additional sheets if necessary

Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
------------------------	--------------------------------------	---------------

Residence Address	City, State, Zip	Residence Phone
-------------------	------------------	-----------------

Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
------------------------	--------------------------------------	---------------

Residence Address	City, State, Zip	Residence Phone
-------------------	------------------	-----------------

Name (Last, First, MI)	Title (Owner, Officer, Member, etc.)	Percent Owned
------------------------	--------------------------------------	---------------

Residence Address	City, State, Zip	Residence Phone
-------------------	------------------	-----------------

10. Describe the Nature of Your Business in Detail. _____

11. If this business requires a State License (i.e. contractors, cosmetologists, realtors, etc.) list the license number and expiration date: _____

12. If you have acquired the business from another owner or have changed the name of the business please list prior owner and/or prior name.

Previous Owner _____

Previous Business Name _____

13. I certify the information provided in this application is true, correct and complete to the best of my knowledge and belief. If partnership more than one signature is required.

Signature/Original	Print Name & Title	Date
--------------------	--------------------	------

Signature/Original	Print Name & Title	Date
--------------------	--------------------	------