Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
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LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
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http://www.clarkcountynv.gov/businesslicense

PRIVILEGED BUSINESS LICENSE APPLICATION PACKET –Instructions, Checklist and Forms

Approved for use by Clark County
Department of Business License

Privileged Business License Instructions:

- Read the *General Instructions*
- Print the RELEVANT Privileged Business License **Forms** and *Information*.
- Return your Payment(s), Checklist and completed application to Clark County Business License.

General Application Instructions:

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION
NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. Documents requiring notarized signature will NOT be accepted if the signature is more than three-months old at time of submittal.
2. All hand written answers must be in **BLACK** ink and in block lettering. Illegible applications WILL NOT be accepted.
3. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
4. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
5. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate “Does Not Apply.” If there is nothing to disclose, indicate “None.” Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
6. Signatures and initials must be made in **BLACK** ink.
7. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
8. Additional information may be required by the Clark County Department of Business License or the Metro Police Investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
9. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
10. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

Privileged Business License Application Packet page 2

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED

FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS MAY DELAY THE PROCESSING OF YOUR APPLICATION AND MAY RESULT IN YOUR APPLICATION BEING RETURNED

Therefore, it is recommended that applicants for liquor and/or gaming licenses schedule an appointment for an application review with the Liquor and Gaming License Technician.
Applications should be mailed in/dropped off only if you are absolutely certain your application is complete.

APPOINTMENTS ARE AVAILABLE FOR PRIVILEGED LICENSES
8 A.M. TO 3 P.M.
Monday through Thursday, except Holidays

To schedule an appointment, call (702) 455-2241 or leave a message at (702) 455-4125

This Privileged Business License Application Packet includes the following:

I. Liquor/Gaming License Forms:

1. **Application Checklist**
2. **Application Form for Alcoholic Liquor License**
3. **Three (3) page Application Form for Gaming License**
4. *Notification Concerning the Issuance of Temporary Licenses*
   - Note that Temporary Gaming licenses cannot be issued prior to Nevada Gaming Commission approval
5. **Temporary Privileged License Request Form**
6. **Business Supplemental Questionnaire**
7. **Floor Plan Cover Page and Instruction Sheet**

II. Personal Suitability for Owners and Officers Forms:

Note that The Nevada Gaming Control Board 'Personal History Record' and 'Personal Financial Questionnaire' will be accepted in lieu of the LVMPD Personal History Form and Personal Financial Questionnaire. All other forms and supplemental documentation are still required.

8. **Business License Waiver**
9. **Las Vegas Metropolitan Police Department ('LVMPD') Personal History Form**
10. **LVMPD Authorization to Release Information Forms**
11. **LVMPD Personal Financial Questionnaire**
12. **LVMPD Corporate, Limited Liability Company or Limited Liability Partnership Financial Questionnaire**

III. Other:

13. *Additional Information Relevant to Privileged Licensing Process*

Privileged Business License Application Packet page 3

Application Checklist:

- Complete and return this checklist with your application. All applications must be arranged in the order listed below. A complete application will consist of the applicable documents/items listed below and any additional documents/items as may be necessary and/or required per Clark County Code.
- A cover sheet explaining your proposed business activities, including a brief description of your source of funds is appreciated.
- Applications will not be accepted in a "piecemeal" manner. All incomplete applications will be returned.

Business License Fees

- ❒ Appropriate Business License fees, as determined by Business Activity, payable to Clark County Department of Business License (CCBL)
- ❒ An Applicant application fee of $45 for each person (owner/officer/key employee) submitting an application for determination of suitability, payable to CCBL

Las Vegas Metropolitan Police Department Investigation Fees

- ❒ Liquor Investigation fee of $350 for each person submitting an application for determination of suitability, payable to LVMPD (company check, cashier's check or money order, only)
- ❒ Gaming Investigation fee of $350 for each person submitting an application for determination of suitability payable to LVMPD (company check, cashier's check or money order, only)
- ❒ Liquor **and** Gaming investigation fee of $350 for each person submitting an application for determination of suitability, payable to LVMPD (company check, cashier's check or money order, only)

Application Documents

- ❒ CCBL General Business License Application w/ NV. Dept. of Taxation Registration and Zoning Approval
- ❒ CCBL Liquor License Application (if applicable)
- ❒ CCBL Gaming/General/Convention License Applications (if applicable)
- ❒ Copy of the Nevada State Gaming License Application (if applicable):
  - ❒ For Individual(s)
  - ❒ For Business Entity(s)
- ❒ NV Dept of Taxation Importer/Wholesaler application and fees (if applicable)

Additional Documents

- ❒ Request for Temporary Liquor / Gaming License Form (if applicable)
- ❒ Business Supplemental Questionnaire (BSQ)
  - ❒ **All Required Attachments as outlined in Question 20**
  - ❒ If the Operating Entity is owned/managed by legal entities other than individuals, *provide documentation to evidence the ownership and management of all holding/parent entities*.
  - ❒ Provide explanation for items not included
- ❒ Space Lease/Participation Agreement (if applicable)
- ❒ Business Purchase Agreement (if applicable)
- ❒ Floor plan of the proposed business detailing location compliance with liquor/gaming code requirements

- ❒ Las Vegas Metropolitan Police Department ('LVMPD') Corporate/Entity Financial Questionnaire (CFQ) - *Applicable if Operating Entity has existed for three-years or more, or for any Business Entity from which the business Source of Funds are derived*
  - ❒ Original with notarized signatures
  - ❒ Complete copy
- ❒ Most recent three months' bank account statements for the business/entity
  - ❒ (Two Sets)
- ❒ Most recent three years Federal Income Tax Returns for the business/entity
  - ❒ (Two Sets)

Initials _____/_____

Privileged Business License Application Packet page 4

Personal Suitability Application for Owner(s)/Officer(s)/Revenue Sharing/Lender(s)

- All officers and/or owners with 10% or more ownership interest in the business must file a Personal Suitability Application
- *The Nevada Gaming Control Board* '*Personal History Record'* and '*Personal Financial Questionnaire'* (two complete copies of each) will be accepted in lieu of the LVMPD Personal History Questionnaire-Long Form and Personal Financial. All other forms and supplemental documentation are still required.
- Include a separate checklist for each individual applicant

❒ CCBL Waiver (if applicable)
❒ LVMPD Personal History Form (PHF)
  ❒ Original with original notarized signatures
  ❒ Complete copy
❒ Two LVMPD Authorization to Release Information forms attach:
  ❒ Color passport sized photo
  ❒ Copies of
    ❒ DD 214 (if applicable)
    ❒ Birth Certificate, Certificate of Naturalization, Resident Alien (Green) Card or Visa. (A valid Passport is NOT accepted in lieu of Birth Certificate)
    ❒ Driver's license or other Government Issued Photo ID. – Front & Back
    ❒ Passport (if applicable)
❒ LVMPD Personal Financial Questionnaire (PFQ)
  ❒ Original with original notarized signatures
  ❒ Complete copy
❒ Most recent three months' individual bank account statements
  ❒ (Two Sets)
❒ Most recent three years individual Federal Income Tax Returns
  ❒ (Two Sets)

Personal Suitability Application - Key Individual (if applicable)

- Any employee of a liquor and/or gaming licensee having the power to exercise a significant influence over decisions concerning any part of the operation of a liquor licensee must file a Personal Suitability Application.
- A complete copy of *The Nevada Gaming Control Board* '*Personal History Record'* will be accepted in lieu of the LVMPD Personal History Questionnaire. All other forms and supplemental documentation are still required.
- Include a separate checklist for each individual applicant

❒ Letter from Employer designating Individual as a Key Employee, and job title (NGCB application may be submitted in lieu of this letter)
❒ LVMPD Personal History Form (PHF)
  ❒ Original with original notarized signatures
❒ Two LVMPD Authorization to Release Information forms attach:
  ❒ Color passport sized photo
  ❒ Copies of
    ❒ DD 214 (if applicable)
    ❒ Birth Certificate, Certificate of Naturalization, Resident Alien (Green) Card or Visa. (A valid Passport is NOT accepted in lieu of Birth Certificate)
    ❒ Driver's license or other Government Issued Photo ID. – Front & Back
    ❒ Passport (if applicable)

APPLICATION FOR ALCOHOLIC LIQUOR LICENSE

Date: _____

TO THE LIQUOR AND GAMING LICENSING BOARD OF CLARK COUNTY:

The undersigned hereby applies for a license or licenses and if granted will accept same subject to all terms, regulations and provisions of the Ordinance or Regulation under which it is granted.

Please type or print all information. If more space is required for any item, use attached continuation sheet.

_____ DBA _____

NAME OF APPLICANT (OPERATING ENTITY) — BUSINESS NAME (As it should appear on the license)

_____ _____

BUSINESS ADDRESS (Number, Street & Zip) — BUSINESS TELEPHONE

_____

MAILING ADDRESS

_____

NAME & ADDRESS OF PROPERTY OWNER

1. Type of Organization: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other _____
2. If other than a Sole Proprietor, list each owner/officer and percentage applied for. If a Sole Proprietor, complete all items:

Name & Title	Address	Zip Code	Telephone	%	US Citizen	
					Yes	No

Number & Type of License Applied For	Quarterly Fee
_____ Main Bar (Resort Hotel)	$525.00
_____ Tavern	$300.00
_____ Service Bar	$300.00
_____ Package Liquor	$450.00
_____ (If with Tavern)	$150.00
_____ Package Beer	$125.00
_____ Individual Access	$1,000.00
_____ Portable Bar	$300.00
_____ Package Beer, Wine & Spirit Based Products	175.00
_____ Retail Beer	$100.00
_____ Retail Beer & Wine	$150.00
_____ Brewery	$250.00

Number & Type of License Applied For	Quarterly Fee
_____ Import-Wholesale	$650.00
_____ Non-Profit Club	$200.00
_____ Supper Club	$300.00
_____ Sports Facility	$
_____ Full Bar	$300.00
_____ Liquor Caterer	$200.00
_____ Public Facility (Per Bar)	$300.00
_____ Keg Beer Delivery	$350.00
_____ Brew Pub	$300.00
_____ Wine/Cordial Tasting	$300.00
_____ Master Liquor	$
_____ Filing Fee	$ 50.00

TOTAL LICENSE FEES PAID WITH THIS APPLICATION: $ _____ INVESTIGATION FEES PAID: $ _____

I hereby acknowledge and promise to pay all investigation fees in an amount equal to the actual cost incurred by the County to complete the necessary investigation, and understand that this is due and payable prior to the Liquor and Gaming Licensing Board taking final action on my application.

_____

SIGNATURE

_____

TYPED OR PRINTED NAME OF APPLICANT- TITLE

APPLICATION FOR GAMING LICENSE

Date_____

TO THE LIQUOR AND GAMING LICENSING BOARD OF CLARK COUNTY:

The undersigned hereby applies for a licensure under the Nevada Legislature, approved March 19, 1931, as amended March 20, 1939, known as the Gambling Law for the type of license and games, gaming devices and/or slot machines listed herein.

_____ DBA _____

NAME OF APPLICANT — BUSINESS NAME (As it should appear on the license)

_____ _____

BUSINESS ADDRESS (Number, Street & Zip Code) — BUSINESS TELEPHONE

_____

MAILING ADDRESS

_____

NAME & ADDRESS OF PROPERTY OWNER

1. Type of Organization: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other _____

2. If other than a Sole Proprietor, list each owner/officer and percentage applied for. If a Sole Proprietor, complete all items:

Name & Title	Address	Zip Code	Telephone	%	US Citizen	
					Yes	No

SLOTS AND LIVE GAMES

TYPE	COUNT	UNIT TAX	AMOUNT	TYPE	COUNT	UNIT TAX	AMOUNT
SLOTS		@ $30.00		Let it Ride		@ $150.00	
Craps		@ $150.00		Pai Gow		@ $150.00	
Roulette		@ $150.00		Bingo		@ $150.00	
"21"		@ $150.00		Keno		@ $150.00	
Wheel of Fortune		@ $150.00		Race Book		@ $150.00	
Baccarat		@ $150.00		Sports Book		@ $150.00	
Caribbean Stud		@ $150.00		Poker		@ $75.00	
				TOTAL			

TOTALS: SLOTS $_____ GAMES $

Additional Filing Fee for Incorporated City Location Only …… $ 50.00

TOTAL AMOUNT OF LICENSE FEES SUBMITTED HEREWITH…….…….. $ _____

Type of license for number of slot machines:

☐ Class A (1-15) ☐ Class C (More than 50)

I hereby acknowledge and promise to pay all investigation fees in an amount equal to the actual cost incurred by the County to complete the necessary investigation, and understand that this is due and payable prior to the Liquor and Gaming Licensing Board taking final action on my application.

INVESTIGATION FEES PAID: $_____

_____
SIGNATURE

_____
TYPED OR PRINTED NAME OF APPLICANT - TITLE

APPLICATION FOR COUNTY GENERAL GAMING LICENSE

Date _____

TO THE LIQUOR AND GAMING LICENSING BOARD OF CLARK COUNTY:

The undersigned hereby applies for a County Gambling License in accordance with the Regulations of Clark County Licensing Board as adopted January 1, 1981, for the type of license and games, gaming devices and/or slot machines listed herein.

_____ **DBA** _____

NAME OF APPLICANT (OPERATING ENTITY) BUSINESS NAME (As it should appear on the license)

_____ _____

BUSINESS ADDRESS (Number, Street & Zip Code) BUSINESS TELEPHONE

_____

MAILING ADDRESS

SLOTS & LIVE GAMES

Number & Type of Games:

1. Slots

SLOT	COUNT
TOTAL	

2. Live Games

TYPE	COUNT
Craps	
Roulette	
"21"	
Wheel of Fortune	
Baccarat	
Caribbean Stud	
Let It Ride	
Pai Gow	
Bingo	
Keno	
Race Book	
Sports Books	
Poker	
Other	
TOTAL	

Fees:

1. Class A Slots (1-15)

COUNT	UNIT TAX	AMOUNT
	@$39.50	
TOTAL SLOTS		

2. Slot Operators---$225.00 $ _____

3. All Others Pay on Estimated Gross Revenue:

First ……..……$	0 -- $150,000	pays .3%
Next……..… $	150,000 -- $400,000	pays .4%
Next……..… $	400,000 + $	pays .55%

Estimated Quarterly Gross Revenue $ _____

Fees (Or Bond) $ _____

4. Amount of Fees Calculated Above $ _____

Filing Fee $ 50.00

Total License Fees Paid with this Application $ _____

TYPE OF LICENSE APPLIED FOR:

☐ Class A Slots (1-15) ☐ Restricted Live Games (3, 5, 10) ☐ Bingo ☐ Sports Book

☐ Class C Slots (50+) ☐ Unrestricted Live Games ☐ Race Book

☐ OTHER: _____

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.

_____

TYPED OR PRINTED NAME OF APPLICANT -- TITLE

_____

SIGNATURE

BL-46-76 (Rev. 05/31/2013)

CLARK COUNTY BUSINESS LICENSE DEPARTMENT

LAS VEGAS CONVENTION AUTHORITY
LAS VEGAS, NEVADA

_____ DBA_____
NAME OF APPLICANT (OPERATING ENTITY) BUSINESS NAME (As it should appear on the license)

_____
BUSINESS ADDRESS (Number, Street & Zip Code)

_____ _____
MAILING ADDRESS BUSINESS TELEPHONE

_____
SLOT OPERATOR

Gaming Tax for Quarter _____ 20 _____to _____20 _____

Slot Machines	Games	Total Tax
_____@$_____	_____@$_____	_____@$ _____

The above schedule of games must correspond with the application for a County license. See the bottom section of this form for rate schedule. This Tax is due the last day of the preceding calendar quarter for which the license is issued.

Return this form with payment to Clark County Department of Business License.

I hereby certify that the above statement is correct.

Signed _____

_____

CONVENTION HALL GAMING LICENSE TAX SCHEDULE

TYPE OF GAME	**QUARTERLY FEE**
Slot machines if 12 or less in one location, each Slot	$ 1.00
machines if more than 12 in one location, each	2.50
Casinos having less than two games, per game	10.00
Casinos having 2 to 5 $^1/_2$ games, per game	25.00
Casinos having 6 or more games, per game	40.00

In determining the number of games, Craps, Roulette, Blackjack, Bingo Games, Race and Sports Books and Wire Betting Service, each shall be considered a full game. All other games shall be considered one-half game each at one-half of game charge.

Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

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January 27, 2009

NOTIFICATION CONCERNING THE ISSUANCE OF TEMPORARY LICENSES

To: Our Applicants and Business Partners:

We write to clarify the process by which liquor and gaming applications are investigated for eligibility of a temporary license. Currently Clark County Code 8.20.040 provides that the Department may issue a temporary liquor license to allow an applicant to be open to the public and operating during the investigation of the privileged license. A temporary license, if requested by the applicant, constitutes a "privilege within a privilege" in that it allows for the applicant to operate as a privileged licensee prior to the completion of the due diligence process.

The Department will issue a temporary license *only* after it has obtained:

- ✓ a preliminary determination of suitability, including preliminary financial & criminal background checks on the applicant(s)
- ✓ a determination that all individuals with an interest in a liquor or gaming establishment—including any individuals or entities that provide financial support (loans, gifts, etc.) to an applicant(s)—have filed appropriate applications for suitability
- ✓ a determination of location suitability
- ✓ approval of public safety inspections for locations not previously licensed for liquor
- ✓ applications for locations previously licensed for liquor are subject to reapproval of public safety inspections

Currently, due diligence requires 90 to 120 days to make a determination on a temporary license request depending upon the completion of the application and the cooperation of the applicant. It is important to emphasize that this "privilege within a privilege" applies only to those applications that require expedience for the purpose of maintaining goodwill, clientele, and assets of a licensed and operating liquor establishment in accordance with Clark County Code 8.20.040.

If you have any questions, please contact Liquor and Gaming Licensing Staff at (702) 455-4125.

Sincerely,

Allison Gigante
Assistant Manager Business License Operations
Liquor and Gaming Licensing

BOARD OF COUNTY COMMISSIONERS
RORY REID, Chairman • CHIP MAXFIELD, Vice Chair
SUSAN BRAGER • TOM COLLINS • CHRIS GIUNCHIGLIANI • LAWRENCE WEEKLY • BRUCE L. WOODBURY
VIRGINIA VALENTINE, P.E., County Manager

Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

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REQUEST FOR TEMPORARY LIQUOR / GAMING LICENSE

(Pursuant to Clark County Code 8.20.040 & 8.04.035)

To: The Director of Business License:

_____ has filed a liquor / gaming license application
(Name of Applicant)

for_____ located at _____
(Name of Business) Address (Number, Street)

_____, _____, Nevada.
(City, Zip Code)

_____ hereby requests a temporary_____
(Name of Applicant) (Type of Liquor/Gaming License)

liquor license. The undersigned acknowledges that if a temporary liquor license is issued, the liquor license fee paid with the application will be charged to the current calendar quarter of operations, and the undersigned will be responsible for the liquor license for each calendar quarter thereafter. If at any time the quarterly fees for the temporary liquor license become delinquent, the temporary liquor license may be revoked. The undersigned is responsible for the timely payment of quarterly fees, regardless of whether a billing is received. The quarterly payments are due on or before January 1, April1, July 1, and October 1 of each year.

Temporary liquor licenses must be activated within thirty calendar days of the date of issuance or the license shall automatically expire.

Scheduled opening date will be _____

_____ _____
Signature/Title of Applicant Date

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE
PRIVILEGED/REGULATED
BUSINESS SUPPLEMENTAL QUESTIONNAIRE (BSQ)

(FORM TO BE FILED IN DUPLICATE)

Notice to Applicants: Please read this form carefully and furnish all related documents. **Answers must be complete and truthful. Do not leave any spaces blank. Answer "N/A" to any question that is not applicable. Failure to properly complete the form and provide required accompanying documents could result in a delay processing the application or in a denial of the license.**
The Department reserves the right to request additional documents as necessary in order to conduct its background investigation.

Name of Applicant (Operating Entity) DBA (Business Name As it should appear on license)

Business Address (Number & Street Name) City State Zip Code Business Telephone (with area code)

Mailing Address (Number & Street Name) City State Zip Code

Name of Company Representative Title Business Telephone (with area code)

1. Type of license applied for: _____
2. Type of Organization: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ Other _____
3. Organized under the laws of which state? _____ When? _____
4. Qualified to do business in Nevada? ☐ Yes ☐ No Date filed in Nevada: _____
5. Name of Corporate Resident Agent: _____ Phone: _____

   Address: _____
6. Name of owner(s) of property where business will be conducted: _____

   Address of Property Owner: _____
7. Does property owner have an ownership share in the business? ☐ Yes (%) ☐ No
8. Will property owner share in profits of the business or otherwise participate in operations?
   (If yes, please provide details on a separate sheet).
   ☐ Yes ☐ No
9. Has this business entered into any agreement that could result in a transfer, pledging, or encumbrance of an ownership share in the future or does the company intend to enter into such an agreement in the future?
   ☐ Yes ☐ No

10. **Ownership**

(Provide information for all individuals or entities that have an ownership share in this business. The form must account for 100% of the capital invested in this business. If additional space is required, please use additional form. For LLCs, limited partnerships, or publicly traded corporations with numerous minor investors, individual ownership interests of less than 1% may be grouped as one line item, provided an explanation is supplied below. Use additional sheet as necessary. ***Provide stock certificate or other legal proof of ownership for each entity or individual listed below)****.*

Name & Title of Owner	Address & Telephone	Ownership Percentage	Amount
	Total Capital Invested:	**100%**	

11. **Officers and Key Personnel**

(Provide information regarding all key personnel involved in the business, including all Corporate Officers, Managing Partners, Managers in LLC, etc. Individuals having significant management authority or decision-making roles in the operation of the business must be included regardless of title. Include any individual having the authority to hire or fire employees, obtain credit or take out loans, or enter into contracts and/or sign agreements on behalf of the business.)

Name	Title	Address	Phone

12. **Statement of Pre-Opening Cash & Expenditures**
The following schedule must be completed by all companies that are three or fewer years old.

A. FUNDS AVAILABLE PRIOR TO OPENING:			
	1.	**Capital Investments** *(must agree to total of #10 above)*	**$**
	2.	**Loans from Institutions**	
		(provide copies of all loan agreements)	
	3	**Loans from individuals and business entities**	
		(provide copies of all loan agreements)	
	4.	**Other Funds** *(on lines below, specify source and provide documentation)*	
		Total pre-opening funds before expenditures: (A)	**$**
B. EXPENDITURES & OTHER DISPOSITION OF FUNDS PRIOR TO OPENING:			
	1.	**Expenditures:** *(If any category exceeds 10% of total, provide supplementary schedule including details)*	
		Business purchase price *(provide copy of purchase agreement)*	**$**
		Land	
		Buildings *(include construction, repair, and/or remodel costs)*	
		Property lease payments & deposits	
		Leasehold Improvements	
		Fixtures & equipment	
		Inventory & supplies	
		Prepaid expense *(insurance, etc.)*	
		Legal, accounting & consulting expenses	
		Advertising expense	
		Salary Expense	
		Interest Expense	
		Governmental fees & taxes *(permits, bonds, license fees, and/or taxes paid to government agencies.)*	
		Other Expenses: *(specify)*	
		Total pre-opening funds expended or disbursed: (B)	**$**
C. FUNDS AVAILABLE FOR OPERATIONS PRIOR TO OPENING:			
		Pre Opening Funds Available for Operations: (A) – (B)	**$**

13. **Ownership History**
(Provide a summary of changes in owner's equity in the past five years. Include all capital infusions and distributions. For new investment capital received, provide information regarding the use of the funds received from investors. If there have been no changes in ownership over the past five years, please so state below).

Date of Transaction	Owner's Name & address	Capital amount invested or (withdrawn)	Use of new investment capital

14. Has a tax lien ever been filed against this business by any government agency?
(If yes, provide details on a separate page. Provide any documentation regarding the lien. If the lien has been released, attach copy of the release)

☐ Yes ☐ No

15. Has this business ever filed for bankruptcy protection? *(If yes, furnish details and/or supporting documentation on a separate page)*

☐ Yes ☐ No

16. Does the business own or control any assets or liabilities outside the United States?
(If yes, furnish details and/or supporting documentation on a separate page)

☐ Yes ☐ No

17. Has this business ever filed for and been denied, or withdrawn an application for, a business or professional license in any jurisdiction or has the company ever had a business or professional license that was revoked or suspended? *(If yes, provide details and/or supporting documentation on a separate page.)*

☐ Yes ☐ No

18. If a publicly traded corporation, has this business ever been investigated by the SEC?
(If yes, please provide date, details, and sanctions, if any.)

☐ Not Applicable – Not publicly traded ☐ Yes ☐ No

19. Is this business contingently liable to any other party in a matter that is yet to be resolved?
(If yes, provide a complete description of the matter in which the company is contingently liable, describe the circumstances that would result in establishment of an actual liability, estimate the likelihood of such an event occurring, and provide a high and low estimate of the potential financial exposure).

◯ Yes ◯ No

20. Please ensure that all of the following documents and information are contained within the paperwork submitted with this application. Provide a checklist in the appropriate space below for each item listed:

	Item:	Included	Not Included	Not Applicable
a.	File-stamped articles of incorporation, articles of organization, or partnership agreement, as applicable.	☐	☐	☐
b.	Copy of filings with the Nevada Secretary of State.	☐	☐	☐
c.	Copies of any management or operating agreements.	☐	☐	☐
d.	Management organization chart indicating chain of command for the business.	☐	☐	☐
e.	Minutes of meetings of board of directors, shareholders, members/managers, or partners from the past year, including the most recent meeting.	☐	☐	☐
f.	Title or deed and mortgage statement for business premises or a signed, executed lease agreement.	☐	☐	☐
g.	If business premises are partially owned by this business, provide information regarding each interest held by another person or entity, including interests held under any mortgage, deed of trust, bond, debenture, loan, pledge of stock, voting trust agreement, or other funding or property interest device. Information must include name, address, phone number, and principal occupation of any other individuals sharing an interest in the real property. Lease or other signed agreement evidencing agreement to use of property by part owners must be included.	☐	☐	☐
h.	If company is publicly traded, copy of most recent annual and quarterly filings with the SEC.	☐	☐	☐
i.	Financial statements (audited, if available) for past three years, or since inception if fewer than 3 years. (Summary trial balances or summary general ledgers may be substituted if financial statements are not available).	☐	☐	☐
j.	Cash account activity detail from general ledger and/or check registers for previous 6 months or from first activity.	☐	☐	☐
k.	Copies of bank statements for all bank accounts for previous 3 months.	☐	☐	☐
l.	Income tax returns for the past three years or since inception.	☐	☐	☐

Item:	Included	Not Included	Not Applicable
m. Copies of all notes payable and/or loan agreements.	☐	☐	☐
n. Organizational chart showing ownership relationships of various business entities. List all officers, directors, shareholders, members, managers, or partners for each business entity.	☐	☐	☐
o. Summary of any litigation to which the company was a party over the past year. Include date filed, name and address of court, docket or case number, other parties to suit, nature of suit, date of disposition. Provide copies of all related court documents, including summons, complaint, and motion disposing of each matter.	☐	☐	☐
p. Legal agreements (include purchase and supplier contracts, capital lease or installment purchase agreements, management agreements, etc.) Include both executed, signed agreements and agreements that have been drawn up but that are not yet dated and signed.	☐	☐	☐
q. Summary of any agreements that would result in an ownership share in the company being obtained by another individual or entity (stock subscription agreements, issued stock options, profit sharing plans, etc.).	☐	☐	☐
r. Name, address, and telephone number of external accountant or CPA firm.	☐	☐	☐
s. Name, address, and telephone number of attorney of record.	☐	☐	☐

Please note that additional documents may be required during the investigation

STATEMENT OF TRUTH

STATE OF : _____

COUNTY OF: _____

} ss.

This affidavit is submitted in connection with an application for a _____ license
type of license

submitted to the Clark County Department of Business License by _____,
business name

doing business as _____.
dba

_____, being first duly sworn, deposes and says,
Name of applicant

That I understand and read the English language or I have had an interpreter read, explain, and record the answer to each and every question on the application form and all other forms required to be submitted by me in connection with the business license application for the aforementioned business.

That all statements, forms, questionnaires, supporting schedules, and other related documents supplied to the Clark County Department of Business License, as required in connection with the business license application for the aforementioned business, are correct and true and contain a full account of the information requested, to the best of my knowledge and belief. I have not omitted or otherwise failed to state a material fact.

This statement is executed with the full knowledge that any misrepresentation or failure to reveal information requested by the Clark County Department of Business License may be deemed sufficient cause for refusal of issuance of a license for the aforementioned business. Further, I am aware that later discovery of an omission or misrepresentation made in connection with the application for licensure of the aforementioned business may be grounds for subsequent revocation of such license.

That I am voluntary submitting the application and related forms and documents in connection with licensure of the aforementioned business under oath and with full knowledge that Title 6 of the Clark County Code states that the making of false, misleading, or fraudulent statements with respect to any material fact contained in a business license application shall be grounds for revocation or non-renewal of that license.

That I agree to advise the Clark County Department of Business License of any changes in the financing or investment structure of the aforementioned business that may occur during the tenure of this license.

_____
Applicant's Signature

_____
Name of Business

SUBSCRIBED AND SWORN to me this _____day

of _____, _____.

_____
Notary Public

AUTHORIZATION FOR RELEASE OF INFORMATION AND CLAIMS INDEMNITY

TO: _____,
(Do not write above this line – For Department of Business License Use only)

Submitted to the Clark County Department of Business License in connection with an application for licensure of

_____.
(dba)

NOTE: IF APPLICANT IS MARRIED, THE SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/we understand that I/we am/are applying for a privileged or regulated license from the Department of Business License, in Clark County, Nevada. As such, I/we understand that a full investigation will be made of my/our personal, business, and financial background. I/we acknowledge that the burden of establishing my/our suitability for this business, in accordance with the provisions of the Clark County Code, is solely on me/us. I/we accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss that may result from actions taken with respect to this application. This authorization to release information is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act or other similar legal provisions.

2. I/we hereby authorize and request all persons having information or documents relating to me/us, concerning me/us, or the aforementioned business, to furnish such information to an agent of the Department of Business License, upon request, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. Such agent shall be permitted to review and obtain copies of any records or correspondence pertaining to me/us personally or the aforementioned business.

3. I/we agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

4. Reproduction of this request, by Xerox or similar process, shall be, for all intents and purposes, as valid as the original.

5. In consideration of the assurance by the Department that no action shall be taken on the aforementioned application except after the financial investigation is completed, I/we and any interested third parties that may have an interest, now or in the future, hereby release, remise, and forever discharge the Clark County Department of Business License and its agents and employees, both in their individual and representative capacities, from any and all manner of actions, claims, suits, damages, and debts arising from the investigation.

6. This authorization shall be valid for a period of one full calendar year from date of signature.

IN WITNESS WHEREOF, I/we have executed this form at _____, _____
City State

On the _____ day of _____, _____.

_____ _____
Signature of Applicant or Duly Authorized Representative Signature of applicant's spouse (if applicable)

_____
Name of Business

SUBSCRIBED AND SWORN to me this _____day

of _____, _____. _____

Notary Public in and for the:

STATE OF : _____

COUNTY OF: _____

AFFIDAVIT OF FULL DISCLOSURE

STATE OF : _____

COUNTY OF: _____

ss.

This affidavit is submitted in connection with an application for a _____ license
type of license

submitted to the Clark County Department of Business License by _____,
business name

doing business as _____.
dba

_____, being first duly sworn, deposes and says,
Name of applicant

That, except as reflected on an application filed with the Clark County Department of Business License, he/she is or will be the sole beneficial owner of any direct or indirect interest in the aforementioned business for which he/she has made application to the Clark County Department of Business License, to be licensed or found suitable to own;

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to hold as agent, nominee, or otherwise any direct or indirect interest whatsoever in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability.

That, except such as have been reported in writing to the Clark County Department of Business License, he/she has no agreements or understandings with any other person and no present intent to pay any sums of money or give anything else of value as, including but without limitation, a finder's fee or commission to any person related to the acquisition or sale of any direct or indirect interest whatsoever in or to the aforementioned business for which he/she seeks licensing or a finding of suitability.

That any funds used or to be used, and any liabilities incurred or to be incurred by him/her in the acquisition of any direct or indirect interest in or to the aforementioned business or any portion thereof for which he/she seeks licensing or a finding of suitability were not provided to him/her nor made available to him/her through the efforts of anyone not disclosed to the Clark County Department of Business License.

That, except as reported in writing to the Clark County Department of Business License, no other person has provided collateral for or guaranteed payment of any loans made to him/her related to his/her application for licensing or a finding of suitability.

_____
Applicant's Signature

_____
Name of Business

SUBSCRIBED AND SWORN to me this _____day

of _____, _____.

_____
Notary Public

CLARK COUNTY BUSINESS LICENSE DEPARTMENT

1. ***Type of Liquor License:***

   On Sale [ ] ***Off Sale*** [ ] ***None*** [ ]

2. ***Date Applied for:*** _____/_____/_____

3. ***Owner(s) Name:***_____

   _____

4. ***Along with your application, please submit a floor plan of the location on an 8 ½ x 11 piece of paper. The minimum criteria is listed below. Use a straight edge ruler and black ink only. The plan should be as close to scale as possible, although exact measurement is not mandatory. (Do not submit architectural drawings).***

   a. ***Detail and label all major items in the location (bar, pooltables, booths, service bars, etc).***

   b. ***Indicate the approximate location and label all of the following:***

      1. ***Slot machines and the direction each will face***

      2. ***Amusement devices***

      3. ***Cash register (s).***

5. ***If the location caters to minors, designate how minors will be physically separated from the bar areas where alcohol is served, and from the slot machines.***

6. ***Indicate the approximate distance between the cash register(s) and slot machines as well as the distance between amusement devices and slot machines.***

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

WAIVER

I, _____, have made application for a license, permit, finding of suitability, work car, or other matter which requires that I appear before either the Clark County Board of Commissioners or the Clark County Liquor and Gaming Licensing Board. I understand that I must appear for the application of_____. (State what your application requests).

I have read the following provisions of the Nevada Revised Stature, Chapter 241 which states:

A public body shall not hold a meeting to consider the character, alleged misconduct, professional competence, or physical or mental health of any person unless it has given written notice to that person of the time and place of the meeting. Except as otherwise provided in subsection 2, the written notice must be:

a. Delivered personally to that person at least five working days before the meeting; or

b. Sent by certified mail to the last known address of that person at least 21 working days before the meeting.

A public body must receive proof of service of the notice required by this subsection before such a meeting may be held.

After reviewing the Nevada Revised Statute as set out above, I freely and voluntarily waive the notice provisions of Nevada Revised Statute, Chapter 241, provided that I, my agent or attorney receive one day prior notification before any Clark County Board or designated hearing officer holds a meeting to consider my character, alleged misconduct, professional competence or physical or mental health as related to the above listed application.,

I understand that if I choose not to waive these provisions, the hearing on this matter may be continued an additional month so that the mandated notice can be provided to me.

Date:_____ By:_____

Signature

Witnessed by: _____

Print name

_____

Name _____

Address

_____

Address

Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.clarkcountynv.gov/businesslicense

Personal History Form

Approved for use by Clark County
Department of Business License

Application Instructions:

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION
NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. All hand written answers must be in **BLACK** ink and in block lettering. Illegible applications WILL NOT be accepted.
2. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
3. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate "Does Not Apply." If there is nothing to disclose, indicate "None." Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
5. Signatures and initials must be made in **BLACK** ink.
6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
7. Additional information may be required by the Clark County Department of Business License or the Metro Police Investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
8. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
9. **IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.**

BE SURE TO:

A. Attach a recent (within the past 6 months) **passport size color photograph** of yourself.
B. **Sign and notarize** all applicable forms and pages.
C. **Initial** each page.
D. Include all required **attachments**.
E. Retain a **copy** of the application for your records
F. Read, initial and sign **TWO (2) copies of the Authorization to Release Information**.
G. Provide a **copy** of your driver's license or state issued identification card.
H. Provide a **certified copy** of your Birth Certificate or **copy** of Certification of Birth Abroad.

Personal History Form

Date form completed

License Type

Name: Last *(includes Sr., Jr., Etc., if applicable)* **First** **Middle**

Mailing Address *(number and street)* **Apt. #** **City/Town** **State/Province** **Zip/Postal Code**

Home Address *(if different from mailing address)* **Apt. #** **City/Town** **State/Province** **Zip/Postal Code**

Present Business Address *(number and street)* **Suite#** **City/Town** **State/Province** **Zip/Postal Code**

Home Telephone Number **Present Business Telephone Number** **Cell/Mobile Telephone Number**

Date of Birth **Social Security Number** **Email Contact**

Sex **Eye Color** **Hair Color** **Height** **Weight**

1. Have you ever been known by any other name or names? ◯ **Yes** ◯ **No** *If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise)*

2. Place of Birth

3. Are you a US Citizen? ◯ **Yes** ◯ **No**

If registered alien, list number **If naturalized, list certificate number**

ATTACH A COPY OF ALIEN REGISTRATION/ NATURALIZATION

Date of Naturalization **Port of Entry** **Date of Entry**

Of what country are you a citizen?

4. Have you ever been issued a passport? ◯ **Yes** ◯ **No** *If yes, please complete the table below:*

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

5. What is your current marital status?

☐ **Married/Civil Union** ☐ **Single** ☐ **Divorced** ☐ **Engaged** ☐ **Legally Separated** ☐ **Widow/Widower**

5a. Provide the following information regarding your current marriage and spouse:

Name of Spouse		Current Address	Telephone Number	Spouse's Occupation
Social Security Number	**Date of Birth**	**Place of Birth**	**Date of Marriage**	**Where Married**

6. Do you have any previous marriages? ◯ **Yes** ◯ **No** **6a. How many times have you been married?** ☐

Name of Former Spouse	Present Address and Phone	Date of Birth
Date and Place of Marriage	**Date and Location of Annulment, Separation, or Divorce**	**Docket/Case # of Divorce Action**

Name of Former Spouse	Present Address and Phone	Date of Birth
Date and Place of Marriage	**Date and Location of Annulment, Separation, or Divorce**	**Docket/Case # of Divorce Action**

7. Do you have any children? ◯ **Yes** ◯ **No** **7a. How many children do you have?** ☐

Name	Date of Birth	Birthplace	Current Address	Supported By

8. List names, residence address, dates of birth and most recent occupations of parents, parents-in-law or legal guardian. If deceased, please note.

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

Name	Relation	Living/Deceased	Date of Birth	Current Address	Phone Number	Occupation

9. Do you have any brothers, sisters, and do they have respective spouses? ◯ **Yes** ◯ **No**

Name (include Maiden)	Relation	Date of Birth	Current Address	Phone Number	Occupation
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				
	☐ Sibling ☐ Spouse				

10. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived for the past 10 years (including residences while attending college or while in military service). You do NOT need to list any addresses prior to age 18.

Date – From/To	Address	City/Town	County	State/ Province	Country	Zip/Postal Code

11. Beginning with secondary school (high school), provide the information below with respect to each school, college, graduate, or post-graduate school you have attended.

Dates – From/To	Name and Address of School, Training Program, etc.	Description of Education Program	List any Degree or Certification Attained	Graduated
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

12. Beginning with your present job and working backward, provide the following information in regards to each place you have worked for the *past 10 years*. You do NOT need to list any information prior to age 18. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence. *You may also attach a copy of your "Work History" form that is available from the Social Security Administration detailing your employment history. If you choose this option, you must also provide the additional required information referenced in Questions 12a and 12b either on this form or as an attachment.*

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

Dates – From/To	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
Salary	Job Title/Classification	Description of Duties		

With regard to the previously listed employment:

12a. Were you ever discharged, suspended, or asked to resign from employment? ◯ **Yes** ◯ **No**

12b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? ◯ **Yes** ◯ **No**

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

13. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family *(i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship).* **No person can be a reference who is a current employer, employee or business associate.**

Reference One: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

Reference Two: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

Reference Three: Name | Telephone No. | Occupation | Yrs known

Address | Business Address

14. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? *If you answer yes to this question, see instructions below…* ◯ **Yes** ◯ **No**

Country of Service	Branch of Service	Service Serial #	Highest Rank Held

Period(s) of Active Service: From/To	Date of Each Discharge/Separation	Type of Discharge(s)

Attach a copy of your DD214 if you answer yes to this question. If that is unavailable, attach a copy of the appropriate branch of the military requesting a copy of your DD214. If in reserves, attach a copy of your discharge papers. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

14a. Have you been tried by military court-martial or have you had any charges filed against you while in the military? This means any charges filed against you under article 15 of the Uniform Code of Military Justice *(Summary Court, Deck Court, Captain's Mast, Company Punishment, etc.)* ◯ **Yes** ◯ **No**

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization that filed charges	Disposition (Convicted, Acquitted, Dismissed, Pleading, etc.)	Sentence

The next question asks about arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that follow:

For purposes of the question:
"ARRESTS" include any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
"CHARGE" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
"OFFENSE" is all crimes to include: felonies, gross misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probations or any other court order.
"CITATION" is an official summons to appear.

Instructions: Answer "yes" and provide all information to the best of your ability **even if:**

You did not commit the offense charged.
The charges were dismissed or subsequently downgraded to a lesser charge.
You completed a pretrial intervention or equivalent diversionary program in other jurisdictions.
You were not convicted.
You did not serve any time in prison or jail.
The charges or offenses happened a long time ago.

15. Have you ever been arrested or issued a citation, excluding traffic related offenses such as speeding, in any jurisdiction? ◯ **Yes** ◯ **No**

Nature of Charge or Offense/Location where Incident Occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.)	Sentence

16. Have you ever been called to testify, or otherwise participated in a hearing or proceeding, before any Licensing Agency, Grand Jury, Federal Board, or Commission for any reason whatsoever? ◯ **Yes** ◯ **No**

Name of Licensing Agency/or Commission	Date(s) of Appearance(s)	Nature of Hearing	Was Testimony Given?

17. List all current motor vehicle drivers' licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc) issued to you in any jurisdiction below:

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

18. Have you ever made application for, or held, any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license? Do NOT include Alcoholic Beverage or Driver's License. ◯ **Yes** ◯ **No**
You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending.

Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application
Name on License	Type of License	Date – From/To	Name and Address of Licensing Agency/Organization	Disposition of the Application

19. Have you made application for or held a license, permit, registration, finding of suitability, qualification, or other authorization to participate in any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutual operation, lottery, sports betting, internet gaming, etc., or alcoholic beverage operation in any jurisdiction? ◯ **Yes** ◯ **No**
You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the agency for any reason, withdrawn, or is currently pending.

Name & Address of Licensing Agency/ Organization (including Country, State/ Province, County or Municipality or Town	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending, etc.)	License, Permit, Approval or Registration Number

20. Have any of the licenses, permits, or certifications applied for or held by you as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions in any jurisdictions? ◯ **Yes** ◯ **No**

Type of License, Permit, or Certificate	Name & Address of Governmental Agency/Organization	Date of Denial, Suspension, Revocation or Condition	Reason(s) for Denial, Suspension, or Revocation

21. Have you ever held a financial interest in a gambling venture, including race track, race horse, or race dog, lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada? ◯ **Yes** ◯ **No**

Provide details below

22. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation? ◯ **Yes** ◯ **No**

Governmental Agency/Organization	Nature of Charge	Date	Disposition

23. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? *Check "Yes" even if the disbarment or exclusion is no longer in effect or has been lifted.* ◯ **Yes** ◯ **No**

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

24. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc. ◯ **Yes** ◯ **No**

Date Filed	Name & Address of Court	Docket/Case Number	Other Parties to Suit

Nature of Suit	Disposition	Date of Disposition

25. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction? ◯ **Yes** ◯ **No**

Nature of Debt	When Filed	Where Filed	Current Status

26. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction? (If yes, attach copy of Discharge) ◯ **Yes** ◯ **No**

Date Filed	Docket/Case No.	Name and Address of Court	Name & Address of Filing Party	Name & Address of Trustee

27. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? (If yes, attach copy of Participation Agreement) ◯ **Yes** ◯ **No**

Name	Address.	Telephone No.	Contact Person	Date of Agreement

28. Are you currently indebted to a gaming establishment? ◯ Yes ◯ No

Provide details below

29. Do you intend to actively participate in the operation of the business for which this license is desired? ◯ Yes ◯ No

State position/reason below

30. Is entertainment to be used in this establishment? ◯ Yes ◯ No

Provide details below

31. Did another individual complete this application on your behalf? ◯ Yes ◯ No

Name	Date of Birth	Social Security Number	Address	Telephone No.,

31a. Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

DOCUMENT ATTACHMENT - REVIEW SECTION

Please review your answers to all questions carefully and attach items as requested/needed. Additional items may be requested by staff on a case-by-case basis.

STATEMENT OF TRUTH AND ACKNOWLEDGMENTS

I,_____, being duly sworn, say that I have read the foregoing Regulated License Application Personal History Form and know the contents thereof, and that the same are true; that the same contains a full and true account of the information requested; and that I executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the full knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue and/or revocation of the (remove comma) license applied for and should the license applied for be granted, I will abide by all city, county, state and federal laws, and fully understand that failure to do so may result in revocation proceedings.

Further, I attest that:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in denial of suitability for licensing.
6. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.
7. I agree to provide and disclose any information that reasonably relates to this application, the applicants qualifications, acceptability or fitness for an approval for suitability or for the requested license.
8. I agree to be fingerprinted and photographed.

I do hereby agree that Clark County Department of Business License may obtain information from my past and present employers, criminal justice agencies, financial institutions, Federal, State and local government agencies and other persons and entities and agree to release such information to Clark County Department of Business License for use in connection with this application.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge Clark County Department of Business License, its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against Clark County Department of Business License or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.

I do hereby certify that I have read and understand the_____ ordinance, and will abide by it in its entirety or any amendments thereto, and furthermore 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 applicable ordinance and such other rules and regulations as may be, at any time hereafter, adopted or enacted by resolution or ordinance of the licensing authority; and I acknowledge the power of authority of the licensing authorities or other authorized representative to enter any store or business establishment wherein the licensed business or operation is being conducted at any time during business hours, for the purpose of ascertaining compliance with the applicable ordinance, examination of its books of account, or to determine the true parties of interest, including any person(s) having an ownership interest in the licensed premises, or person(s) who may have loaned or otherwise advanced monies for the operation and conduct of such business.

State of _____

County of _____

_____
Signature of Applicant

Signed and Sworn to or Affirmed to
before me this_____ day

of_____,20_____by _____
Signature of Notarial Officer

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from the Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by the Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.

6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

   (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:
   (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
   (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.

10._____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.

11._____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

12._____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

13._____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I have executed this request at **Las Vegas, Nevada,** on the_____ day of

_____, _____

_____ Print Name

_____ Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this_____day

of_____,20____by _____

Signature of Notarial Officer

_____

Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request

Date: _____

CLARK COUNTY DEPARTMENT OF BUSINESS LICENSE

AUTHORIZATION TO RELEASE INFORMATION

APPLICANTS NAME: _____

FROM: Clark County Department of Business License

NOTE: All items must be initialed

1. _____ I understand that I am applying for a privileged license, permit or work card from Clark County Department of Business License, Nevada and acknowledge that the burden of proving my qualifications for such a privilege is at all times upon me. I further understand that a full investigation will be made of my background, character and financial responsibility by the Las Vegas Metropolitan Police Department as agent of and for use by Clark County Department of Business License and I accept any risk of adverse public notice, embarrassment, criticism or financial loss which may result from action with respect to my application. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.

2. _____ I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Las Vegas Metropolitan Police Department, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

3. _____ I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a duly appointed officer of the Las Vegas Metropolitan Police Department to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of the same, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit records, passbook records, and general ledger folio sheets.

5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Nevada, I hereby authorize and request that a duly appointed officer of the Las Vegas Metropolitan Police Department be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative and intelligence information, records of licensing and work permit agencies including the gaming control board of the State of Nevada and records of parole and pardon agencies.

6. _____ I do hereby make, constitute and appoint any duly appointed officer of the Las Vegas Metropolitan Police Department my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:

   (a) to request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally presented:
   (b) to name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
   (c) to place the name of the Las Vegas Metropolitan Police Department officer presenting this request in the appropriate location on this request.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ This power of attorney ends eighteen months from the date of execution.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with this request.

10._____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise and forever discharge the Las Vegas Metropolitan Police Department, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the Las Vegas Metropolitan Police Department, or its agents or employees, arising out of or by reason of complying with this request.

11._____ A reproduction of this request by the xerox or similar process shall be for all intents and purposes as valid as the original.

12._____ I understand that falsifying my application is a Gross Misdemeanor (NRS 199.120).

13._____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I have executed this request at **Las Vegas, Nevada,** on the_____ day of

_____, _____

_____ Print Name

_____ Signature

State of _____

County of _____

Signed and Sworn to or Affirmed to
before me this_____day

of_____,20____**by** _____
Signature of Notarial Officer

_____
Signature of the Las Vegas Metropolitan Police
Department Officer presenting this Request

Date:_____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

PERSONAL FINANCIAL QUESTIONNAIRE

Last Name	First Name	Middle Name		Date
Present Residence Address	(Number & Street)	City	State	Zip code

SUBMITTED IN CONNECTION WITH THE APPLICATION FOR A LICENSE FOR

Business Name				
Business Address	(Number & Street)	City	State	Zip code

1. Total amount that you have invested or will be investing in this business? ..... $ _____
   Percentage of ownership this will represent? ..... % _____

2. Has your interest in the business been assigned, pledged, or encumbered to any person, firm or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold either in part or in whole? ☐ Yes ☐ No *(If yes, furnish details on a separate page)*

3. Has your Federal Income Tax return ever been audited or adjusted? ☐ Yes ☐ No
   (If yes, furnish details on a separate page)

4. Last Federal Income Tax was filed _____,_____ for the year _____ at (City/State)_____.

   Applicants are advised that Federal Income Tax returns will be required during the licensing investigation.

5. Do you own or control any assets or liabilities located outside the United States? ☐ Yes ☐ No
   (If yes, furnish details on a separate page)

6. Do you control, manage or hold in trust any assets or liabilities for another person or entity?
   (If yes, furnish details on a separate page) ☐ Yes ☐ No

7. Fill in the information below even if the spouse is not applying for this license.

MONTHLY INCOME	APPLICANT	SPOUSE
Salary	$	$
Interest	$	$
Dividends	$	$
Capital Gains	$	$
Other (Describe)	$	$
Subtotal	$	$
Total Joint Income $		
MONTHLY EXPENSES		
Mortgage	$	$
Rent	$	$
Utilities	$	$
Other (describe)	$	$
Total Expenses	**$**	**$**

12. If this location is a new business or has been opened/acquired within the last 12 months, the following information must be filled in. Fill in each line, if none, mark “0”.

SOURCE AND APPLICATION OF FUNDS	
FUNDS AVAILABLE BEFORE OPENING	
Personal Funds *(provide documents showing the source and availability of your personal funds invested)*	$
Investments *(provide detail showing who invested the money and what interest they received for their investment)*	$
Loans from Lending Institutions *(provide loan documents)*	$
Loans from Individuals and Business Entities *(identify the individual or business and provide loan documents)*	$
Loans from Slot Route Operators *(attach related documents)*	$
TOTAL FUNDS AVAILABLE BEFORE OPENING	**$**
HOW THE FUNDS WERE SPENT BEFORE OPENING. *(Attach explanations giving brief descriptions of the following items)*	
Prepaid taxes and licenses	$
Other License Fees *(such as business license, liquor license, and investigative fees)*	$
Expenditures:	
Real Estate and Buildings *(including construction and repair)*	$
Business Purchase Price *(attach purchase agreement)*	$
Remodeling Costs	$
Furniture, Fixtures, and Equipment	$
Inventory and Supplies	$
All Other Pre-Opening Expenses *(such as salaries, advertising, deposits, etc.)*	$
TOTAL PRE-OPENING CASH USED	**$**
CASH AVAILABLE FOR OPERATION	
Total Funds Available, Minus, Total Pre-Opening Cash Used	**$**

NET WORTH AS OF	Month	Year

ASSETS: ***(List all assets on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate attached schedule.***

ASSETS:	SCHEDULE	ORIGINAL COST/ INVESTMENT	FAIR MARKET VALUE
Cash on hand			
Cash in banks	A		
Accounts and Notes Receivable	B		
Stocks and Bonds	C		
Business Investments	D		
Real Estate	E		
Other Assets	F		
TOTAL ASSETS			

LIABILITIES: ***(List all the liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate attached schedule.)***

LIABILITIES:	SCHEDULE	ORIGINAL AMOUNT	PRESENT BALANCE
Accounts Payable (credit cards, etc.)			
Taxes Payable			
Notes Payable	G		
Mortgages Payable	H		
Other Liabilities	I		
TOTAL LIABILITIES			
NET WORTH: Total Assets - Total Liabilities = Net Worth			
Contingent Liabilities (from schedule J)			

SCHEDULE A
CASH IN BANKS

LIST BELOW ALL ACCOUNTS, FOREIGN AND DOMESTIC, MAINTAINED BY YOU, YOUR SPOUSE OR DEPENDANT CHILDREN.

NAME AND ADDRESS OF BANK	NAMES OF PERSONS APPEARING ON ACCOUNT	ACCOUNT NUMBER	DATE OPENED	INTEREST RATE	TYPE OF ACCOUNT	BALANCE AS OF (DATE)_____
					TOTAL	

SCHEDULE B
ACCOUNTS AND NOTES RECEIVABLE

LIST BELOW ALL ACCOUNTS AND NOTES RECEIVABLE HELD BY YOU, YOUR SPOUSE OR DEPENDANT CHILDREN. INDICATE BY MEANS OF AN ASTERISK (*) IN THE FIRST COLUMN, ACCOUNTS AND NOTES RECEIVABLE HELD BY YOUR SPOUSE AND/OR DEPENDANT CHILDREN.

NAME AND ADDRESS OF DEBTOR	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	PAYMENT/ PERIOD	INTEREST RATE	MATURITY DATE	PURPOSE	COLLATERAL
							TOTAL	

SCHEDULE C
STOCKS AND BONDS

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependant children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependant children have knowledge of what stocks and bonds are so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (*). Indicate by means of a double asterisk (**) next to the first column, all stocks and bonds held by your dependant children.

DESCRIPTION OF SECURITY	LOCATION OF ACCOUNT/ STOCKBROKER'S NAME AND ADDRESS	TYPE	# OF SHARES/ UNITS OR PAR VALUE	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD AND LOCATION	MARKET VALUE AS OF (DATE)_____
						TOTAL	

SCHEDULE D
BUSINESS INVESTMENTS

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependant children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

ENTITY NAME	TYPE OF ENTITY	# OF SHARES OR UNITS	PERCENT OF OWNERSHIP	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD	OTHER OWNERS AND PERCENTAGE	MARKET VALUE AS OF (DATE)_____
							TOTAL	

SCHEDULE E
REAL ESTATE

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependant children, along with the name of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

ADDRESS/LOCATION	COUNTY/ STATE/ COUNTRY	TYPE OF ZONING	SIZE	PURCHASE PRICE/ IMPROVEMENT AT COST	DATE OF PURCHASE	OTHER OWNERS AND RELATIONSHIP TO YOU	YOUR OWNERSHIP PERCENTAGE	INCOME	MARKET VALUE AS OF
							TOTAL		

SCHEDULE F
OTHER ASSETS

List below the information requested for all other assets held by you, your spouse, dependant children or in trusts. Indicate by means of an asterisk (*) in the first column, those assets held by your spouse or dependant children. (i.e. automobiles, personal property, cash surrender value of life insurance policies, pension plan, etc.)

TYPE OF ASSET	DATE OF PURCHASE	WHERE LOCATED	OWNERSHIP PERCENTAGE	OTHER OWNERS/THEIR RELATIONSHIP TO YOU	PURCHASE PRICE	MARKET VALUE
					TOTAL	

SCHEDULE G
NOTES PAYABLE

List below the information requested for all notes payable for which you, your spouse or dependant children are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependant children are obligated, including all motor vehicle loans. (i.e. car, RV, motorcycle, boat, etc.)

NAME AND ADDRESS OF CREDITOR	DATE INCURRED	PURPOSE	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/PERIOD
							TOTAL	

SCHEDULE H
MORTGAGES PAYABLE

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependant children are obligated. Indicate by an asterisk (*) in the first column, those mortgages/liens for which your spouse or dependant children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION/ADDRESS OF REAL ESTATE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	POSITION OF MORTGAGE OR LIEN	PAYMENTS/ PERIOD
							TOTAL	

SCHEDULE I
OTHER LIABILITIES

List below the information requested for any other indebtedness for which you and/or your spouse or dependant children are obligated. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse or dependant children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF LIABILITY	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
								TOTAL	

SCHEDULE J
CONTINGENT LIABILITIES

A contingent liability is one where you may be liable if someone else does not pay. For example, if you have co-signed on a note or a loan, or have personally guaranteed a business loan, you may have to pay if the borrower defaults. List below the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

NAME AND ADDRESS OF CREDITOR	PERSONS LIABLE BESIDES YOU	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
							TOTAL		

Initials ____/____

STATE OF _____)

) ss.

COUNTY OF _____)

I,_____, being duly sworn, depose and say that the above statements and supporting schedules are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a privileged license by a municipality or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a privileged license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Clark County Code 6.04.090(g) provides that "All business license issued under the provisions of this title shall be subject to revocation or non-renewal by the board of commissioners if the applicant has made false, misleading or fraudulent statements with respect to any material fact contained in the business license application" and the City of Las Vegas Municipal Code 8.04.270 Gaming and 6.06.250 Disciplinary action--Grounds. (A) A licensee may be subject to disciplinary action as set forth in Sections 6.02.330 through 6.02.360; and (B) A principal approved for suitability may be subject to disciplinary action by the Board of Commissioners for good cause, which may include, but is not limited to: (1) The application is incomplete or contains false, misleading or fraudulent statements with respect to any information required in the application. I am voluntarily submitting this application to the appropriate municipal and county authorities charged by law with granting privileged licenses.

I agree to advise the Business License department of any changes in financing, additional loans or investors or capital investment that may occur during the tenure of this/these license(s).

X _____

Signature of Applicant

SUBSCRIBED AND SWORN TO, BEFORE ME

THIS _____ DAY OF _____ , _____.

_____

Notary Public in and for said county and state

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

CORPORATE, LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP FINANCIAL QUESTIONNAIRE

Corporation/LLC/LLP Name	Date
Corporation/LLC/LLP Business Address	

SUBMITTED IN CONJUNCTION WITH THE APPLICATION FOR

1. DBA:_____

   Address:_____

2. Contact Person, title and telephone number:_____

   _____

3. Date corporation/LLC/LLP was formed:_____

4. State in which corporation /LLC/LLP was formed:_____

5. Has this corporation/LLC/LLP ever filed bankruptcy? ☐ Yes ☐ No

   Type:_____

   Where:_____ When:_____

6. Has a tax lien ever been entered against the corporation/LLC/LLP by any government agency?

   ☐ Yes ☐ No (If yes, furnish details on a separate page, including any documentation regarding the lien. If the lien has been released, attach copy of release)

7. If publicly traded corporation, has this corporation ever been investigated by the SEC? If yes, please list when, details and sanctions, if any:_____

   _____

8. Is the landlord/property owner an affiliated entity? ☐ Yes ☐ No (If yes, please provide flowchart of affiliation)

9. Does the corporation own or control any assets or liabilities located outside the United States? ☐ Yes ☐ No (If yes, furnish details on a separate page)

10. Attach the following documents:

a. Copy of original Articles of Incorporation or Articles of Organization and any applicable amendments

b. Operating Agreement

c. Current list of corporate officers/members and managers as filed with the Nevada Secretary of State and their addresses

d. List of all owners or members and manager, percentage of company held and investment amount

e. Most recent financial statements

f. Most recent minutes

g. Income tax returns for the past three years or since inception

h. Chart of related corporations/LLCs/LLPs or other affiliated businesses

i. Certificate of Business Fictitious Firm Name as filed with the Clark County Clerk

j. If corporation applying is publicly traded corporation, please provide copy of last annual report

FURTHER DOCUMENTS MAY BE REQUIRED AS DETERMINED DURING THE INVESTIGATION

CORPORATE/LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY FINANCIAL QUESTIONNAIRE (CONTINUED)

Fill in the following chart and attach the required documentation.

Source and Application of Funds

Total Funds to be Invested. ..... $_____

1. Personal Funds ..... $_____
   (if personal funds are being invested, complete the attached supplement. If more than one individual is investing personal funds, each individual needs to complete this supplement, duplicate as needed.)

2. Corporate/LLC/LLP funds ..... $_____
   (attach documents or an explanation showing the source and availability of corporate/LLC/LLP funds invested in this project)

3. Loans from Lending Institutions ..... $_____
   (attach loan documents. If this is from a Revolving Line of Credit, have the lender provide a current balance available from the Revolving Line of Credit and the terms of the credit line.)

4. Loans from Individuals and Business Entities ..... $_____
   (identify the individual or business and attach loan documents)

5. Any other sources of funds ..... $_____
   (Explain and attach the necessary documents)

How the funds were spent before opening:
Attach explanations giving brief descriptions of the following items

6. Prepaid taxes and licenses ..... $_____

7. Other License Fees ..... $_____
   (such as business license, liquor license and investigative fee)

8. Expenditures: ..... $_____
   Real Estate and buildings (attach construction and repair costs) .....

9. Business Purchase Price (attach purchase agreement) ..... $_____

10. Remodeling costs (attach construction and remodeling costs) ..... $_____

11. Furniture, fixtures and equipment (attach copies of bids or receipts) ..... $_____

12. Inventory and supplies (attach list) ..... $_____

13. Other pre-opening expenses (attach description and costs) ..... $_____

Total Pre-Opening Cash Used ..... $_____

Cash Available for Operation ..... $_____

Total Funds Available Minus Total Pre-Opening Cash Used ..... $_____

PERSONAL FUNDS INVESTED SUPPLEMENT

1. Amount of funds to be invested $_____

2. List source of funds and attach documentation supporting it's origin:

_____

_____

_____

_____

3. Fill in the information below even if the spouse is not applying for this license.

MONTHLY INCOME	APPLICANT	SPOUSE
Salary	$	$
Interest	$	$
Dividends	$	$
Capital Gains	$	$
Other (Describe)	$	$

4. Attach three years of personal income tax returns.

NET WORTH AS OF	Month	Year

ASSETS: ***(List all assets on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate attached schedule.***

ASSETS:	SCHEDULE	ORIGINAL COST/ INVESTMENT	FAIR MARKET VALUE
Cash on hand			
Cash in banks	A		
Accounts and Notes Receivable	B		
Stocks and Bonds	C		
Business Investments	D		
Real Estate	E		
Other Assets	F		
TOTAL ASSETS			

LIABILITIES: ***(List all the liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate attached schedule.)***

LIABILITIES:	SCHEDULE	ORIGINAL AMOUNT	PRESENT BALANCE
Accounts Payable (credit cards, etc.)			
Taxes Payable			
Notes Payable	G		
Mortgages Payable	H		
Other Liabilities	I		
TOTAL LIABILITIES			
NET WORTH: Total Assets - Total Liabilities = Net Worth			
Contingent Liabilities (from schedule J)			

SCHEDULE A
CASH IN BANKS

LIST BELOW ALL ACCOUNTS, FOREIGN AND DOMESTIC, MAINTAINED BY YOU, YOUR SPOUSE OR DEPENDANT CHILDREN.

NAME AND ADDRESS OF BANK	NAMES OF PERSONS APPEARING ON ACCOUNT	ACCOUNT NUMBER	DATE OPENED	INTEREST RATE	TYPE OF ACCOUNT	BALANCE AS OF (DATE)_____
					TOTAL	

SCHEDULE B
ACCOUNTS AND NOTES RECEIVABLE

LIST BELOW ALL ACCOUNTS AND NOTES RECEIVABLE HELD BY YOU, YOUR SPOUSE OR DEPENDANT CHILDREN. INDICATE BY MEANS OF AN ASTERISK (*) IN THE FIRST COLUMN, ACCOUNTS AND NOTES RECEIVABLE HELD BY YOUR SPOUSE AND/OR DEPENDANT CHILDREN.

NAME AND ADDRESS OF DEBTOR	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	PAYMENT/ PERIOD	INTEREST RATE	MATURITY DATE	PURPOSE	COLLATERAL
							TOTAL	

SCHEDULE C
STOCKS AND BONDS

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependant children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependant children have knowledge of what stocks and bonds are so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (*). Indicate by means of a double asterisk (**) next to the first column, all stocks and bonds held by your dependant children.

DESCRIPTION OF SECURITY	LOCATION OF ACCOUNT/ STOCKBROKER'S NAME AND ADDRESS	TYPE	# OF SHARES/ UNITS OR PAR VALUE	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD AND LOCATION	MARKET VALUE AS OF (DATE)_____
						TOTAL	

SCHEDULE D
BUSINESS INVESTMENTS

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependant children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

ENTITY NAME	TYPE OF ENTITY	# OF SHARES OR UNITS	PERCENT OF OWNERSHIP	PURCHASE PRICE	DATE OF PURCHASE	NAME IN WHICH HELD	OTHER OWNERS AND PERCENTAGE	MARKET VALUE AS OF (DATE)_____
							TOTAL	

SCHEDULE E
REAL ESTATE

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependant children, along with the name of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

ADDRESS/LOCATION	COUNTY/ STATE/ COUNTRY	TYPE OF ZONING	SIZE	PURCHASE PRICE/ IMPROVEMENT AT COST	DATE OF PURCHASE	OTHER OWNERS AND RELATIONSHIP TO YOU	YOUR OWNERSHIP PERCENTAGE	INCOME	MARKET VALUE AS OF
							TOTAL		

SCHEDULE F
OTHER ASSETS

List below the information requested for all other assets held by you, your spouse, dependant children or in trusts. Indicate by means of an asterisk (*) in the first column, those assets held by your spouse or dependant children. (i.e. automobiles, personal property, cash surrender value of life insurance policies, pension plan, etc.)

TYPE OF ASSET	DATE OF PURCHASE	WHERE LOCATED	OWNERSHIP PERCENTAGE	OTHER OWNERS/THEIR RELATIONSHIP TO YOU	PURCHASE PRICE	MARKET VALUE
					TOTAL	

SCHEDULE G
NOTES PAYABLE

List below the information requested for all notes payable for which you, your spouse or dependant children are obligated. Indicate by means of an asterisk (*) in the first column those notes for which your spouse or dependant children are obligated, including all motor vehicle loans. (i.e. car, RV, motorcycle, boat, etc.)

NAME AND ADDRESS OF CREDITOR	DATE INCURRED	PURPOSE	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/PERIOD
							TOTAL	

SCHEDULE H
MORTGAGES PAYABLE

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependant children are obligated. Indicate by an asterisk (*) in the first column, those mortgages/liens for which your spouse or dependant children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION/ADDRESS OF REAL ESTATE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	POSITION OF MORTGAGE OR LIEN	PAYMENTS/ PERIOD
							TOTAL	

SCHEDULE I
OTHER LIABILITIES

List below the information requested for any other indebtedness for which you and/or your spouse or dependant children are obligated. Indicate by means of an asterisk (*) in the first column any indebtedness for which your spouse or dependant children are obligated.

NAME AND ADDRESS OF CREDITOR	DESCRIPTION OF LIABILITY	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
								TOTAL	

SCHEDULE J
CONTINGENT LIABILITIES

A contingent liability is one where you may be liable if someone else does not pay. For example, if you have co-signed on a note or a loan, or have personally guaranteed a business loan, you may have to pay if the borrower defaults. List below the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (*) in the first column those contingent liabilities for which only your spouse is obligated.

NAME AND ADDRESS OF CREDITOR	PERSONS LIABLE BESIDES YOU	PURPOSE	DATE INCURRED	ORIGINAL AMOUNT	UNPAID BALANCE	INTEREST RATE	MATURITY DATE	COLLATERAL	PAYMENTS/ PERIOD
							TOTAL		

Initials ____/____

STATE OF _____)

) ss.

COUNTY OF _____)

I,_____, being duly sworn, depose and say that the above statements and supporting schedules are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a privileged license by a municipality or by a county or by the State of Nevada. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a privileged license. Further, that I am voluntarily submitting this application under oath with full knowledge that the Clark County Code 6.04.090(g) provides that "All business license issued under the provisions of this title shall be subject to revocation or non-renewal by the board of commissioners if the applicant has made false, misleading or fraudulent statements with respect to any material fact contained in the business license application." and the City of Las Vegas Municipal Code 8.04.270 Gaming and 6.06.250 Disciplinary action--Grounds. (A) A licensee may be subject to disciplinary action as set forth in Sections 6.02.330 through 6.02.360; and (B) A principal approved for suitability may be subject to disciplinary action by the Board of Commissioners for good cause, which may include, but is not limited to: (1) The application is incomplete or contains false, misleading or fraudulent statements with respect to any information required in the application. I am voluntarily submitting this application to the appropriate municipal and county authorities charged by law with granting privileged licenses.

I agree to advise the Business License department of any changes in financing, additional loans or investors or capital investment that may occur during the tenure of this license(s).

X _____

Signature of Applicant

SUBSCRIBED AND SWORN TO, BEFORE ME

THIS _____ DAY OF _____ , _____.

_____

Notary Public in and for said county and state

Las Vegas Metropolitan Police Department
400 Stewart
Avenue Las Vegas, Nevada
89101-2984 (702) 795-3111

TO: ALL PRIVILEGED LICENSE APPLICANTS

It is important you fill out the Las Vegas Metropolitan Police Department questionnaires **completely**. We have noticed in the past that character reference addresses, employment addresses, and financial institution addresses are often incomplete. All addresses need to include the street number and name, city, state and **zip code**.

Please include any and all contact phone numbers to ensure that the Investigator assigned to your case will be able to contact you to schedule and interview or discuss your case.

Incomplete applications cause significant delays in an investigation.

Please use **BLACK** ink only when completing this application. The application can not be accepted if blue ink is used.

If you have any questions about filling out the questionnaires, please call our office at (702) 828-3243.

Please note that for all non-English speaking, hearing impaired, or otherwise impaired applicants, **IT IS YOUR RESPONSIBILITY** to provide an Interpreter ONLY through the following:

Eighth Judicial District Court Interpreter Services

Regional Justice Center
200 Lewis Avenue
Las Vegas, NV 89101

Office Hours:
Monday - Friday
7:00 a.m. to 5:00 p.m.

Phone: (702) 671-4581
Fax: (702) 671-4617

Reminder to Business License applicants:

When you are given the referral to report to Fingerprint Bureau, it will be necessary to bring with you the following:

1. $45 *cash* processing fee for fingerprints and/or a work card,

   plus

2. $45 *cash* processing fee for the State and FBI background check based on submission of your fingerprints.

Department of Business License
JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
P.O. BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.clarkcountynv.gov/business_license

Clark County Business License: Additional Information

The following information is provided to assist business owners and their employees in obtaining necessary approvals to conduct business or work at certain businesses in Clark County. Below are the procedures for obtaining a Southern Nevada Health District Card, Las Vegas Metropolitan Police Department Work Identification Card, and an Alcohol Awareness Training Card.

**** How to apply for a Health Card with the Southern Nevada Health District ****

The Main Facility is located at
330 S. Valley View Blvd.
Las Vegas, NV 89107

For the most up to date information, go to the Southern Nevada Health District Home Page at http://www.southernnevadahealthdistrict.org. Choose the Health Card link on the left hand side of the page. Or contact them at (702) 759-1000.

**** How to apply for a Work Identification Card with the ****
**** Las Vegas Metropolitan Police Department ****

For the most up to date information, go to the Las Vegas Metropolitan Police Department Home Page at http://www.lvmpd.com. Choose Permits / Work Cards.
Or contact them at (702) 828-3271. Hours: Between 8:00 am and 4:00 pm, Monday through Friday (except holidays)

Prospective employees of certain regulated businesses and liquor and/or gaming businesses are required to obtain a work identification card from the Las Vegas Metropolitan Police Department. The business owner or their approved representative will give the prospective employee a Work Identification Card Referral form, signed by the owner or representative (these are issued by the Las Vegas Metropolitan Police Department, Fingerprint Bureau).

The prospective employee takes their signed referral form to:

In Las Vegas, NV

5880 Cameron St.
Las Vegas, NV 89118
Located off of Cameron Street and Russell Road

400 S. Martin Luther King Blvd., Bldg. C
Las Vegas, NV 89106
Located off of Martin Luther King Blvd. and Alta Drive

In Laughlin, NV

Regional Government Center
101 Civic Way (Cross Streets: Civic Way and Big Bend in Laughlin, Nevada) Telephone: (702) 298-4282

How to apply for an Alcohol Awareness Training Card

Owners, Managers, and Employees, who sell, serve, handle, or supervise the sale, service of handling of any type of alcoholic liquor or alcoholic beverage must attend an accredited alcohol awareness training class, pass a final test, and receive an alcohol awareness training card before selling, serving, handling, or supervising the sale, service or handling of alcoholic beverages.

Frequently Asked Questions:

Do you have to have an alcohol awareness training card to clear away empty bottles of glasses that had alcohol in them?

A. Yes, because they still contain the residue of the alcoholic beverage.

Does my 18 year-old stock person need an alcohol awareness training card to stock beer and wine in my cooler?

A. This is a trick question. Yes, they would, BUT no, they could not get one. Anyone who handles alcohol in any way, including stock people, needs an alcohol awareness training card. However, no person under the age of 21 can handle alcohol. Clark County Code 8.20.360 states, "It is unlawful for any licensee to employ any minor person to sell or handle any alcoholic liquor of any kind, or to permit any minor person to handle such liquor in his place of business in any way..."

When does my alcohol awareness training card expire?

A. According to Clark County Code 8.20.055, alcohol awareness training cards expire five (5) years after the certification date.

How long are the classes?

A. The initial class is four (4) hours long. Refresher classes last for two (2) hours. Each person wishing to obtain or renew a card must pass a test and get a score of at least 75% before they will be certified as trained in alcohol awareness.

Do I need to be working to take the class?

A. Good news. Anyone who wants to sign up and take an alcohol awareness training class can do so; unlike work cards, which require you to have employment before you apply, you can take the alcohol awareness training class anytime.

WHO DO I CALL TO SIGN UP FOR A CLASS?

For Alcohol Awareness Providers, go to:

Commission on Post Secondary Education: *www.cpe.state.nv.us*

Choose tab ***Info for Students*** and drop-down ***Approved Alcohol Awareness Training Schools***