Email | Print Form

For internal use only	
☐ New License/Liquor	☐ New License/Cabaret
☐ New License/Gaming	☐ New License Privileged
☐ Safe Scape Insp req'd	
☐ Supplemental Cabaret/Liq: _____ (Add on)	
☐ Supplemental Privileged: _____	

CITY OF RENO
PRIVILEGED BUSINESS LICENSE APPLICATION

1 East First Street, 2nd Floor Reno, NV 89501
P.O. Box 1900 Reno, NV 89505
775.334.2090 ph 775.334.6336 fax
PLEASE PRINT WITH BLACK/BLUE INK ONLY

1. DATE OF APPLICATION: _____ **20**_____ **2.** BUSINESS START DATE: _____ **20**_____

3. BUSINESS NAME: _____

4. CORPORATE NAME (if applicable): _____

6. LICENSEE'S FULL NAME: _____ **7.** DATE OF BIRTH: _____
(MUST BE AN INDIVIDUAL'S NAME)

8. FEDERAL TAX ID# _____ **9.** BUSINESS PHONE: _____

10. BUSINESS PHYSICAL ADDRESS: _____ **11.** ALTERNATE PHONE: _____

SUITE: _____ CITY: _____ ST: _____ ZIP: _____

12. BUSINESS *MAILING* ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

13. SOLE PROPRIETORSHIP ☐ PARTNER ☐ CORPORATION ☐ LLC ☐ OTHER ☐ _____

14. BUSINESS OPERATION DESCRIPTION:

15. ANY PERSON WITH A VESTED INTEREST OR OWNERSHIP MUST BE LISTED. ALL PERSONS WHOSE NAMES APPEAR ON THIS APPLICATION MUST BE FINGERPRINTED BY RENO POLICE DEPARTMENT.

FULL NAME	TITLE	ADDRESS	DOB
1.			
2.			
3.			
4.			

16. If applying for slot/video poker machines being placed in your location by a vendor, please provide the following:		
Vendor's Business name:		
Are they **Leasing the Space**? Yes ☐	OR	Are you doing this on **Participation Basis?** Yes ☐
Include the number of slot/video poker machines being applied for here: _____		**Please attach a list of all other games being applied for.**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17. **SIGNATURE:**_____ **TITLE:**_____ **DATE:**_____

	Fee Amount	Receipt #	Effective Date	Expiration Date
License Type				
License Type				
Planning Inspection fee				
Penalty Fee				
Administrative Fee			**Sewer Account:**	
Background Check			**Parcel# :**	

PLANNING	POLICE	COUNCIL	OTHER_____	ACCOUNT NUMBER
RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	RECOMMENDATION	

FOR LIQUOR AND/OR GAMING ONLY

The Reno Police Department may recommend denial of an application if the applicant has been convicted during the past 5 years of any of the offenses set forth in RMC 5.05.008(I)(5), as amended. If unable to sign in the presence of a Reno Business License Employee, applicants' signatures must be notarized.

18. My present home address is_____Telephone_____

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

_____ _____

Signature of Licensee Reno Business License Staff (if signed in person)

State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by

(Print name of applicant)_____

_____

(Signature of notarial officer)

20. IF A PARTNERSHIP, LIMITED LIABILITY COMPANY, OR CORPORATION, THE FOLLOWING MUST BE **SIGNED** BY ALL INDIVIDUALS LISTED IN ITEM 15 OF THE PRIVILEGED LICENSE APPLICATION.

_____ name of licensee is hereby authorized to make the foregoing application and to conduct the business sought to be licensed by this application. The applicant is hereby authorized to do all acts incident to the operation of said business and all acts so done by him in the conduct and operation of said business are hereby ratified and confirmed. The said applicant is hereby designated as a person upon whom may be served all necessary process or processes in any action that may be commenced against the undersigned by reason of the operation of the licensed business in any of the courts of the State of Nevada.

_____ _____

Signature of Applicant #1 Signature of Applicant #2

_____ _____

Signature of Applicant #3 Signature of Applicant #4

_____

Reno Business License Staff (if signed in person)

State of _____ County of _____

This instrument was acknowledged before me on (date) _____ by

(Print name of applicants)_____

_____

(Signature of notarial officer)

LIQUOR OPERATION ACTIVITIES

Business Name: _____

Please **initial** each activity that will apply to the operation of your business.

Selling packaged liquor. _____

Live entertainment. _____

Night club. _____

Alcoholic beverages will be served for consumption on premise. _____

Alcoholic beverage sales will occur during hours that food is not available for purchase. _____

Food will be available for purchase during all hours of alcoholic beverage sales. _____

Please provide hours of operation: AM-PM or 24 Hrs						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Account Number: _____