



Humboldt County Sheriff's Office

Application for Liquor License

NEW TRANSFER NON-PROFIT SPECIAL

Business Name _____

TYPE OF LICENSE:

- On-Premises (Mixed Drinks)
 Off-Premises (Pre-Packaged)

Applicant/Licensee Name _____

SPECIAL EVENT DATE _____

Business Address _____

Name of Event (Attach Flyer if Available) _____

Business Mailing Address _____

Fingerprinted _____, 20____
Paid \$ _____ Date _____

Applicant is: Sole Owner Partnership Association Corporation Non-Profit

TO THE LIQUOR BOARD, HUMBOLDT COUNTY, NEVADA: The undersigned hereby makes application for a NEW TRANSFER OF LIQUOR LICENSE under County Liquor Ordinances of Humboldt County, Nevada and for that purpose submits the following verified statements and answers to the questions contained in this Application.

Name of Applicant _____

Phone Number _____ Alternate Phone Number _____

Home Address _____

Business Location is: Personally owned by applicant Rented Leased

Name and address of Legal Property Owner if other than applicant: _____

Copy of Lease or Rental Agreement attached (required) _____

Copy of Humboldt County Business License attached (required)

APPLICANT INFORMATION: Driver's License Number _____ Expiration Date _____ State _____

Social Security Number _____ Place of Birth _____ Date of Birth _____

Sex ____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____ United States Citizen

LIST ALL RESIDENCES, STARTING WITH YOUR CURRENT ADDRESS, FOR THE PAST FIVE (5) YEARS:

From	To	Number and Street Address	City and State

EMPLOYMENT HISTORY FOR THE PAST FIVE (5) YEARS:

From	To	Name and Street Address	City and State	Occupation

I HAVE BEEN ARRESTED: Yes No (If yes, furnish the following details)

Date Arrested	City and State	Nature of Charge	Disposition of Charge

List the names of all persons having an interest, DIRECTLY or INDIRECTLY, in applicant's business, either as manager, partner, joint venturer, lessees, or holders of capital stock in an interested corporation.

Full Name	Title or Nature of Interest	Residence Address

THE FOLLOWING FIVE (5) COMPANIES/FIRMS ARE SUBMITTED AS CREDIT AND/OR BUSINESS REFERENCES (required*):

Company/Firm Name _____	Account Number _____	
Mailing Address _____	City, State _____	Zip Code _____
Number & Street - PO Box		
Phone Number _____	Contact Person _____	
Nature of Business _____		

Company/Firm Name _____	Account Number _____	
Mailing Address _____	City, State _____	Zip Code _____
Number & Street - PO Box		
Phone Number _____	Contact Person _____	
Nature of Business _____		

Company/Firm Name _____	Account Number _____	
Mailing Address _____	City, State _____	Zip Code _____
Number & Street - PO Box		
Phone Number _____	Contact Person _____	
Nature of Business _____		

Company/Firm Name _____	Account Number _____	
Mailing Address _____	City, State _____	Zip Code _____
Number & Street - PO Box		
Phone Number _____	Contact Person _____	
Nature of Business _____		

Company/Firm Name _____	Account Number _____	
Mailing Address _____	City, State _____	Zip Code _____
Number & Street - PO Box		
Phone Number _____	Contact Person _____	
Nature of Business _____		

*** Failure to provide complete and accurate information may delay the processing of this application.**

**LIQUOR APPLICANT WAIVER AND AUTHORIZATION
TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I authorize you to furnish the **Humboldt County Sheriff's Office** with any and all information that you have concerning me, my employment records, my reputation, my physical and mental condition and my military records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the sheriff's office in determining my qualifications and suitability for a Liquor License.

In compliance with federal confidentiality rules (42 CFR, Part 2), this waiver includes the release of medical records pertaining to the voluntary and/or involuntary commitment to a mental health facility for treatment of physical and mental illness and alcohol/drug abuse.

In addition to the above requested information, you may release arrests, detentions, field citations, field interview cards, officers' records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results and any other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and any other legal provisions, and with the understanding that information furnished will be used by the **Humboldt County Sheriff's Office** in conjunction with my application for a Liquor License.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

THIS AUTHORIZATION IS VALID FOR FIVE (5) YEARS FROM THE DATE SIGNED.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Applicant's Signature

Date _____

Print Full Name

Sheriff's Office Employee Signature

Date _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM FOR YOUR FILES.



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Humboldt County Sheriff's Office (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

