



# PERSHING COUNTY SHERIFF'S OFFICE

"To Serve and Protect"

JERRY ALLEN, Sheriff



## APPLICATION FOR SPECIAL/NON-PROFIT EVENTS LIQUOR LICENSE

To: Pershing County Liquor Board: the undersigned hereby makes application for a Liquor License for a Special/Non-Profit Event under the Pershing County Ordinance 5.08.100 providing for the same.

Non-Profit  
 Special Event

Club  
 Other

Organization Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different from above)

Type of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_  
(ATTACH ANY FLYERS IN REGARD TO EVENT(S))

### APPLICANT INFORMATION

Name of Person Applying: \_\_\_\_\_ Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different from above)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION ON ORGANIZATION OFFICERS

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The applicant(s) named within agree that if granted a Liquor License they will not serve, sell, or give away any alcoholic beverages to any person under the age of 21 years. The applicant(s) further agree that if such license is granted, the applicant(s) will make sure that the place or establishment where intoxicating beverages are to be sold or served is operated in accordance with all the law and ordinances of Pershing County, State of Nevada, and that the license, if granted, will be accepted upon the express condition that any violation of these laws shall be cause for revocation of said license. **Read and Initial** \_\_\_\_\_

### FOR OFFICE USE ONLY

Liquor Board Date \_\_\_\_\_ Notified of date and time:  Telephone  Mail  In Person

Location: Pershing County Commissioners Meeting Room, Pershing County Courthouse, Lower Level

Approved  Denied  Rescheduled Reason for denial or rescheduling: \_\_\_\_\_

Date and Time of next scheduled Board Meeting: \_\_\_\_\_

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

