



## NEVADA STATE LIQUOR LICENSE APPLICATION

The Board of County Commissioners or Incorporated Cities Governing Body Members must forward the approved and signed Form LTD 06 application to the Nevada Department of Taxation (NRS 369.200). Please note Per NRS 369.220 (3) the Nevada State Liquor License is nontransferable. ~~The Department of Taxation's Nevada Business Registration form must be completed and attached to the application.~~

|    |                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------|
| 1  | Application is being submitted for<br><input checked="" type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Additional Location                                                                                                                                                                      |                                        | Taxpayer ID:                                          |
| 2  | Application is for: <input type="checkbox"/> Importer/Wholesaler Liquor License <input checked="" type="checkbox"/> Manufacturer Liquor License                                                                                                                                                                                                   |                                        |                                                       |
| 3  | Importer/Wholesaler License Type (Check all that apply):<br><input type="checkbox"/> Importer and Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Importer and Wholesaler of Beer<br><input type="checkbox"/> Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Wholesaler of Beer                                      |                                        |                                                       |
| 4  | Manufacturer License Type (Check all that apply): <input checked="" type="checkbox"/> Brew Pub <input type="checkbox"/> Brewer <input type="checkbox"/> Craft Distillery<br><input type="checkbox"/> Estate Distillery <input type="checkbox"/> Instructional Wine Facility <input type="checkbox"/> Winemaker <input type="checkbox"/> Rectifier |                                        |                                                       |
| 5  | Business Type: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:                                                                                                                                              |                                        |                                                       |
| 6  | Date Incorporated/Organized: 03/13/2007                                                                                                                                                                                                                                                                                                           | State where Incorporated/Organized: OH |                                                       |
| 7  | Anticipated Start Date of Location: 12/1/2021                                                                                                                                                                                                                                                                                                     | Federal Tax ID: [REDACTED]             |                                                       |
| 8  | Name of Business:<br>BrewDog Las Vegas LLC                                                                                                                                                                                                                                                                                                        |                                        | Phone Number: Local # TBD<br>614-908-3051 (Corporate) |
| 9  | DBA, if any:<br>BrewDog Las Vegas                                                                                                                                                                                                                                                                                                                 |                                        | Tax Number:<br>N/A                                    |
| 10 | Business Address:<br>3767 Las Vegas Blvd S, Suites #310 and #400, Las Vegas, NV 89109                                                                                                                                                                                                                                                             |                                        |                                                       |
| 11 | Location of Operation:<br>3767 Las Vegas Blvd S., Suites #310 and #400, Las Vegas, NV 89109                                                                                                                                                                                                                                                       |                                        |                                                       |
| 12 | Mailing Address:<br>96 Gender Road, Canal Winchester, OH 43110                                                                                                                                                                                                                                                                                    |                                        |                                                       |
| 13 | Email Address: KEITH@BREWD OG.COM                                                                                                                                                                                                                                                                                                                 |                                        |                                                       |
| 14 | List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.                                                                                                                                                                                                                                                            |                                        |                                                       |
|    | Name:<br>James B. Watt                                                                                                                                                                                                                                                                                                                            | Title:<br>President/Secretary          |                                                       |
|    | Residence Address:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                  | % Owned: 0%                            |                                                       |
|    | Name:<br>Neil A. Simpson                                                                                                                                                                                                                                                                                                                          | Title:<br>Finance Director             |                                                       |
|    | Residence Address:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                  | % Owned: 0%                            |                                                       |
|    | Name:<br>BrewDog USA, Inc.                                                                                                                                                                                                                                                                                                                        | Title:<br>Member                       |                                                       |
|    | Residence Address:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                  | % Owned: 100%                          |                                                       |
|    | Name:                                                                                                                                                                                                                                                                                                                                             | Title:                                 |                                                       |
|    | Residence Address:                                                                                                                                                                                                                                                                                                                                | % Owned:                               |                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If Partnership, is the agreement recorded? <b>N/A</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | In what county and city is it recorded in? <b>N/A</b>                 |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Operating under a Fictitious Firm Name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(Supply a certified copy of the certificate to the Department)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | In what county and city is it recorded in?<br><b>Clark County, NV</b> |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Has applicant applied for a local County or City license?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If so, where?<br><b>Clark County Department of Business License</b>   |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Has applicant secured all necessary Federal permits?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TTB Permit Number (Supply a copy of permit):<br><b>BR-NV-21063</b>    |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is the location of operations shared with any other business?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Operations:                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Operations:                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Operations:                                                   |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Does any person listed on this application engage in manufacturing, importing, wholesaling or retailing alcoholic beverages through another company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Person's Name: <b>PLEASE SEE ATTACHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | % Owned:                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Operations:                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Person's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | % Owned:                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Operations:                                                   |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Have any individuals with interest, financial or otherwise, in the applicant's business, ever been convicted of a violation of Federal or any state liquor laws? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, provide the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | When:                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>APPLICANT'S AFFIRMATION:</b> By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a liquor license, I understand that I am expected to comply with all liquor laws, including, but not limited to NRS 369 and 597, Nevada Administration Code, and all Federal laws. Noncompliance can result in fines, suspension or revocation of my license, and criminal prosecution. <b>By signing this document, it is acknowledged you are not permitted to conduct business until you have obtained a State of Nevada Department of Taxation liquor license.</b> |                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name of responsible party: <b>NEIL SIMPSON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title: <b>FINANCE DIRECTOR</b>                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date: <b>05/05/2021</b>                                               |
| <b>APPLICATION SUBMITTAL LOCATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |
| If the location of business operations is in one of the following cities:<br>Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite,<br>North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca or Yerington.<br><b>Submit page 1, 2, 3 and 5 to that Incorporated City's Governing Board for review and a completed Department of Taxation's Nevada Business Registration Form.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |

Question 20:

BrewDog USA, Inc., the 100% owner of BrewDog Las Vegas LLC, owns the below subsidiaries that operate brewpubs and breweries in the United States. James B. Watt and Neil A Simpson serve as officers for each of these subsidiaries as well. 000

- BrewDog Brewing Company LLC: Operates 4 brewpub/brewery locations in Ohio
- BrewDog Indianapolis LLC – Operates 1 brewpub location in Indiana
- BrewDog Pittsburgh LLC – Operates 1 brewpub location in Pennsylvania

## DESCRIPTION OF NEVADA BUSINESS OPERATIONS

**Business Name:** BrewDog Las Vegas LLC dba BrewDog Las Vegas

**Importer/Wholesaler of Liquor**

Provide a detailed description of your business practice in Nevada

N/A

**Manufacturer (Brew Pub, Brewer, Craft Distillery, Estate Distillery,  
Instructional Wine Facility, Winemaker, Rectifier)**

Describe, step by step, the nature of your business and procedure to produce liquor in Nevada

PLEASE SEE ATTACHED DESCRIPTION

Provide additional attachments if needed.

**APPLICANT'S AFFIRMATION:** By signing I certify that, to the best of my knowledge under penalty of perjury, the information contained herein is correct and acknowledge that pursuant to Nevada Revised Statutes (NRS) 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing to the Nevada Department of Taxation. In addition, if I am granted a liquor license, I understand that I am expected to comply with all liquor laws, including, but not limited to NRS 369 and 597, Nevada Administration Code, and all Federal laws. Noncompliance can result in fines, suspension or revocation of my license, and criminal prosecution. By signing this document, it is acknowledged you are not permitted to conduct business until you have obtained a State of Nevada Department of Taxation Liquor license.

**Title:** FINANCE DIRECTOR

**Date:** 05/05/2021

**Name of responsible party:**  
NEIL SIMPSON

**Signature:** 

#### Description of Nevada Business Operations

The brewing process will use a variety of milled grains (malted barley, oats, wheat, etc.) to produce a sugar solution (wort). The solid milled grains are separated, leaving only wort. The wort is then boiled, during which time hops are added, and then cooled and fermented using yeast (the wort has become green beer). During fermentation, the yeast will create ethanol and  $\text{CO}_2$ , along with other metabolites contributing to the flavor. Additional hops and other flavor contributing ingredients may also be added during or at the end of fermentation. At the end of fermentation, the green beer will go through filtration, depending on style, and be carbonated. This will then be packaged for potential sale at the brewpub and other appropriate channels, where licensure permits.

## **INCORPORATED CITIES APPROVAL PAGE**

### **For Incorporated Cities Only:**

Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas,  
Lovelock, Mesquite, North Las Vegas, Reno, Sparks, Wells, West Wendover, Winnemucca and Yerington

To show validity please attach letter on Incorporated Cities Letterhead attesting to the fact the application was approved or denied, listing the name of the business, the specific liquor license type and the date of approval or denial. Please add any remarks and recommendations by the Incorporated Cities Governing Body Members.

### **FOR OFFICIAL USE ONLY**

In order to be valid, we require signature(s) by the Incorporated Cities Governing Body Member(s):

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, the application for a Nevada State Liquor License

for \_\_\_\_\_ has been ☐ Approved ☐ Denied

**COUNTY COMMISSIONERS APPROVAL PAGE**

For all Non-Incorporated Cities

**FOR OFFICIAL USE ONLY**

Remarks and recommendations by the County Commissioners:

Board of County Commissioners:

Chairman: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

[seal]

ATTEST:

\_\_\_\_\_, County Clerk

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the application for a Nevada State Liquor License

for \_\_\_\_\_ has been ☐ Approved ☐ Denied