



## 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  | <b>Application is being submitted for</b><br><input checked="" type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Additional Location                                                                                                                                                                      |  | Taxpayer ID:<br>1042035156                    |  |
| 2  | <b>Application is for:</b> <input type="checkbox"/> Importer/Wholesaler Liquor License <input checked="" type="checkbox"/> Manufacturer Liquor License                                                                                                                                                                                                   |  |                                               |  |
| 3  | <b>Importer/Wholesaler License Type (Check all that apply):</b><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  | <b>Manufacturer License Type (Check all that apply):</b> <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  | <b>Business Type:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:                                                                                                                                              |  |                                               |  |
| 6  | <b>Date Incorporated/Organized:</b> 5/13/2020                                                                                                                                                                                                                                                                                                            |  | <b>State where Incorporated/Organized:</b> DE |  |
| 7  | <b>Anticipated Start Date of Location:</b> 5/25/2020                                                                                                                                                                                                                                                                                                     |  | <b>Federal Tax ID:</b> [REDACTED]             |  |
| 8  | <b>Name of Business:</b> Gordon Biersch Group LLC                                                                                                                                                                                                                                                                                                        |  | <b>Phone Number:</b> 303-570-7038             |  |
| 9  | <b>DBA, if any:</b> Gordon Biersch Restaurant Brewery                                                                                                                                                                                                                                                                                                    |  | <b>Fax Number:</b>                            |  |
| 10 | <b>Business Address:</b> 3987 Paradise Road, Las Vegas, NV 89169                                                                                                                                                                                                                                                                                         |  |                                               |  |
| 11 | <b>Location of Operation:</b> 3987 Paradise Road, Las Vegas, NV 89169                                                                                                                                                                                                                                                                                    |  |                                               |  |
| 12 | <b>Mailing Address:</b> 19219 Katy Freeway, Suite 500, Houston, TX 77094                                                                                                                                                                                                                                                                                 |  |                                               |  |
| 13 | <b>Email Address:</b> stephanie.devine@spbhospitality.com                                                                                                                                                                                                                                                                                                |  |                                               |  |
| 14 | <b>List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.</b>                                                                                                                                                                                                                                                            |  |                                               |  |
|    | <b>Name:</b> Craft Brewery Group LLC                                                                                                                                                                                                                                                                                                                     |  | <b>Title:</b> Member/Owner                    |  |
|    | <b>Residence Address:</b> [REDACTED]                                                                                                                                                                                                                                                                                                                     |  | <b>% Owned:</b> 100%                          |  |
|    | <b>Name:</b> Morgan McClure                                                                                                                                                                                                                                                                                                                              |  | <b>Title:</b> Manager and President           |  |
|    | <b>Residence Address:</b> [REDACTED]                                                                                                                                                                                                                                                                                                                     |  | <b>% Owned:</b> 0%                            |  |
|    | <b>Name:</b> Courtney Mowry                                                                                                                                                                                                                                                                                                                              |  | <b>Title:</b> Secretary                       |  |
|    | <b>Residence Address:</b> [REDACTED]                                                                                                                                                                                                                                                                                                                     |  | <b>% Owned:</b> 0%                            |  |
|    | <b>Name:</b>                                                                                                                                                                                                                                                                                                                                             |  | <b>Title:</b>                                 |  |
|    | <b>Residence Address:</b>                                                                                                                                                                                                                                                                                                                                |  | <b>% Owned:</b>                               |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>If Partnership, is the agreement recorded?</b> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>In what county and city is it recorded in?</b> N/A                                |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Operating under a Fictitious Firm Name?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(Supply a certified copy of the certificate to the Department)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>In what county and city is it recorded in?</b><br>Clark County, NV (see attached) |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Has applicant applied for a local County or City license?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>If so, where?</b> Clark County<br>Department of Business License                  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Has applicant secured all necessary Federal permits?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TTB Permit Number (Supply a copy of permit):</b><br>BR-NV-21058                   |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Is the location of operations shared with any other business?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Business Name:</b> See attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Type of Operations:</b>                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Business Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Type of Operations:</b>                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Business Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Type of Operations:</b>                                                           |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Does any person listed on this application engage in manufacturing, importing, wholesaling or retailing alcoholic beverages through another company?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Person's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>% Owned:</b>                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Business Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Type of Operations:</b>                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Person's Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>% Owned:</b>                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Business Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Type of Operations:</b>                                                           |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>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?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, provide the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>When:</b>                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Explain:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |
| 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> |                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Name of responsible party:</b> Courtney Mowry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Title:</b> Secretary                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date:</b> 11/22/21                                                                |
| <b>APPLICATION SUBMITTAL LOCATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |
| <b>If the location of business operations is in one of the following cities:</b><br>Boulder City, Caliente, Carlin, Carson City, Elko, Ely, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, 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> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |

Attachment for Question 20 of Nevada State Liquor License Application

Morgan McClure and Courtney Mowry are officers of SPB Hospitality, LLC and its subsidiaries.

SPB and its subsidiaries hold retail and manufacturing liquor licenses for restaurants in the United States, primarily under "Gordon Biersch", "Logan's Roadhouse", and "Rock Bottom." Currently there are 150+ restaurant locations under this entity and its subsidiaries in the United States.

## **DESCRIPTION OF NEVADA BUSINESS OPERATIONS**

**Business Name:** GORDON BIRSCH RESTAURANT BREWERY

### **Importer/Wholesaler of Liquor**

**Provide a detailed description of your business practice in Nevada**

**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**

See attached.

**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:** Secretary

**Date:**

11/17/21

**Name of responsible party:** Courtney Mowry

**Signature:**

### Description of procedure to Produce Beer in Nevada

Beer is brewed in the brewery premises on site, which is attached to the restaurant. There are 10 serving tanks, 8 with a capacity of 60 BBL and 4 with a capacity of 60 BBL.

The malts and wheat are milled and added to hot water in the kettle to steep and convert the starches into sugars. The mash is then sent to the lauter and the wort is separated from the grain and sent back to the kettle. The wort boils in the kettle and hops are added. The wort then is sent through a heat exchanger to cool it down as it goes into a fermenter. Yeast is added into the fermenter and converts the sugar into alcohol. Once fermentation ends the beer is sent to a stainless steel tank and served from the tank to the beer taps at the bar.

The quality and safety of beer is measured in different ways. A hydrometer is used to check the specific gravity of the beer at any given moment. A pH meter is used to check the pH level of the wort/beer at different points in the brewing process.

The pH levels in wort/beer have different ranges at different times. During the mashing time the pH is 5.4-5.6. At the end of Lautering the pH is 5.5-5.7. The end of the boil is 5.1-5.4. Finished beer is typically 4.4-4.7.

The wort is boiled vigorously for 1-2 hours. It is then moved through sanitized brewery specific hoses and sent into sanitized stainless steel fermenters and brite tanks.

## **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