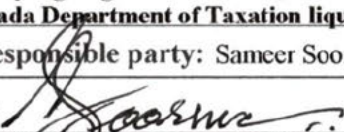




# NEVADA STATE LIQUOR LICENSE APPLICATION

The Board of County Commissioners or Incorporated Cities Governing Body Members must forward the approved and signed Form EXC-F065 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 <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Additional Location	Account Number:
2	Application is for: <input checked="" type="checkbox"/> Importer/Wholesaler Liquor License <input type="checkbox"/> Manufacturer Liquor License	
3	Importer/Wholesaler License Type (Check all that apply): <input checked="" type="checkbox"/> Importer and Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Importer and Wholesaler of Beer <input type="checkbox"/> Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Wholesaler of Beer	
4	Manufacturer License Type (Check all that apply): <input type="checkbox"/> Brew Pub <input type="checkbox"/> Brewer <input type="checkbox"/> Craft Distillery <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: 04/29/2025	State where Incorporated/Organized: Nevada
7	Anticipated Start Date of Location: 06/01/2025	Federal Tax ID: [REDACTED]
8	Name of Business: Nuwaaave Beverage, LLC	Phone Number: (480) 212-3990
9	DBA, if any: Nuwaaave Beverage	Fax Number:
10	Business Address: 6257 Dean Martin Drive Las Vegas, NV 89118	
11	Location of Operation: 6257 Dean Martin Drive Las Vegas, NV 89118	
12	Mailing Address: [REDACTED]	
13	Email Address: sameer@nuwavebeverage.com	
14	<b>List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.</b>	
	Name: Sameer Soorma	Title: Manager
	Residence Address: [REDACTED]	% Owned: [REDACTED]
	Name:	Title:
	Residence Address:	% Owned:
	Name:	Title:
	Residence Address:	% Owned:
	Name:	Title:
	Residence Address:	% Owned:

15	If Partnership, is the agreement recorded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	In what county and city is it recorded in?
16	Operating under a Fictitious Firm Name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Supply a certified copy of the certificate to the Department)	In what county and city is it recorded in?
17	Has applicant applied for a local County or City license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, where? Nevada
18	Has applicant secured all necessary Federal permits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TTB Permit Number (Supply a copy of permit): [REDACTED]
19	Is the location of operations shared with any other business? <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: Sameer Soorma	% Owned: 100
	Business Name: Nuwave Beverage	Type of Operations: Beer, Wine, Spirits Wholesale Distribution
	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: Sameer Soorma	Title: Manager
	Signature: 	Date: 05/21/2025

**APPLICATION SUBMITTAL LOCATIONS**

If the location of business operations is in one of the following cities:

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.

**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.**

**DESCRIPTION OF NEVADA BUSINESS OPERATIONS**

**Business Name:** Nuwaaave Beverage, LLC

**Importer/Wholesaler of Liquor**

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

Nuwaaave Beverage will be licensed alcoholic beverage importer and wholesale distributor engaged in the procurement, storage, and distribution of beer, wine, and spirits. In the state of Nevada, we plan to operate as an importer and wholesale supplier, servicing retail outlets, restaurants, bars, grocery stores, and licensed establishments. Our business model includes importing premium alcoholic beverage brands, warehousing inventory in compliance with Nevada laws, and selling products exclusively to other licensed businesses. We will not sell directly to consumers. All sales, deliveries, and operations will strictly follow Nevada's regulations for alcoholic beverage distribution, including reporting, taxation, and recordkeeping requirements.

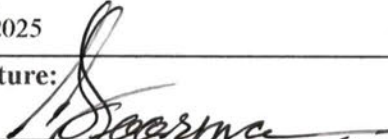
**Manufacturer (Brew Pub, Brewer, Craft Distillery, Estate Distillery, Instructional Wine Facility, Winemaker, Rectifier)**

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

N/A

**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.**

<b>Title:</b> Manager	<b>Date:</b> 05/21/2025
<b>Name of Responsible Party:</b> Sameer Soorma	<b>Signature:</b> 

## NEVADA STATE LIQUOR LICENSE APPLICATION INSTRUCTIONS

Complete pages one and two in their entirety with all applicable information, attach additional sheets if necessary.

1. **Application is being submitted for:** Check the box that applies, please note that "Location Change" and "Additional Location" are valid options only for the entity that originally applied for the license. Include the Taxpayer ID number issued by the Department of Taxation if applicable.
2. **Application is for:** Check the type of license you are applying for.
3. **Importer/Wholesaler License Type:** If you are applying for an Importer or Wholesaler license, check all that apply.
4. **Manufacturer License Type:** If you are applying for a Manufacturer license, check all that apply.
5. **Business Type:** Indicate the entity type as filed with the Secretary of State.
6. **Date Incorporated/Organized:** Enter the date and state incorporated/organized.
7. **Anticipated Start Date of Location:** Enter the date that you are planning the license to take effect. Please note: Business operation may not begin until a State of Nevada Liquor License has been issued by the Department of Taxation. Include the Federal Employer Identification Number issued to you by the Internal Revenue Service.
8. **Name of Business:** Enter the name as registered on the State Business License. Include a business telephone number.
9. **DBA:** Enter the name you will be doing business as known by the public. Include a fax number if available.
10. **Business Address:** Enter in the complete address of the entity (corporate address).
11. **Location of Operation:** Enter the physical address licensed operations will be performed. This address must be registered and reflected on the permit issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB).
12. **Mailing Address:** Enter the mailing address. This address will be used to mail license, reports, tax returns and correspondence.
13. **Email Address:** Enter email (Internet) address information.
14. **List All Owners, Officers, Members, Partners, etc.:** Include the full name, title, address, and percentage of ownership of each owner, officer, member, partner, etc. for the business.
15. **If Partnership, is the Agreement Recorded:** If your business is a partnership please select yes or no. If yes, include where it was recorded.
16. **Operating under a Fictitious Firm Name:** Select yes or no. If yes, include where it was recorded. A copy of the fictitious firm name certificate must be supplied to the Department of Taxation, per NRS 602.010.
17. **Has applicant applied for a local County or City License:** Select yes or no. If yes, include where.
18. **Has applicant secured all necessary Federal permits:** Select yes or no. If yes, enter the permit number issued by the TTB. Provide a copy of the permit with this application.
19. **Is the location of operations shared with any other business:** Select yes or no. Include the name of the other business and the type of operations (winery, brewpub, liquor importer, general retail, etc.)
20. **Does any person listed on this application engage in manufacturing, importing, wholesaling, or retailing alcoholic beverages through another company:** Select yes or no ("engage in" is defined as participation in a business as an owner or partner, or through a subsidiary, affiliate, ownership equity, or in any other manner pursuant to NRS 369.181 subsection 2). If yes, include the person's name, the percentage of the second business owned, the business's name, and the type of operations (winery, brewpub, liquor importer, etc.)
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:** Select yes or no. If yes, include the person's name, the date of conviction, and provide an explanation of the events.
22. **Applicant's Affirmation:** This must be read carefully and signed by an owner, officer, member, or partner. Include the name, title, signature, and date of signature.

**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):

*N/A*

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