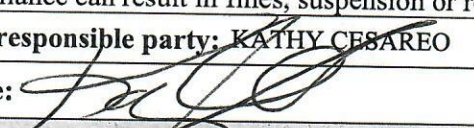




NEVADA STATE LIQUOR LICENSE APPLICATION

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 <input type="checkbox"/> New Business <input checked="" type="checkbox"/> Location Change <input checked="" type="checkbox"/> Additional Location		Taxpayer ID: 1007175320
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: 10/2007	State where Incorporated/Organized: NEVADA	
7	Anticipated Start Date of Location: 7/15/2021	Federal Tax ID: [REDACTED]	
8	Name of Business: CHEF'S CHOICE, LLC		Phone Number: (714)915-6000
9	DBA, if any: WEST COAST BEVERAGES		Fax Number: (702)795-3222
10	Business Address: 6165 HARRISON DR. #13 LAS VEGAS NV 89120		
11	Location of Operation: 1660 HELM DRIVE SUITE 600 LAS VEGAS NV 89119		
12	Mailing Address: 6165 HARRISON DR. #13 LAS VEGAS NV 89120		
13	Email Address: KATHY@CHEFSCHOICELV.COM		
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.		
	Name: SALVATORE CESAREO		Title: MANAGING PARTN
	Residence Address: [REDACTED]		% Owned: 50
	Name: KATHY CESAREO		Title: MANAGING PARTN
	Residence Address: [REDACTED]		% Owned: 50
	Name:		Title:
	Residence Address:		% Owned:
	Name:		Title:
	Residence Address:		% Owned:

15	If Partnership, is the agreement recorded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In what county and city is it recorded in? CLARK, LAS VEGAS
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? CLAR, LAS VEGAS
17	Has applicant applied for a local County or City license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If so, where? CLARK COUNTY, 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): NV-I-15134
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the following:	
	Person's Name:	% 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	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.	
	Name of responsible party: KATHY CESAREO	Title: MANAGING PARTNER
	Signature: 	Date: 7/6/2021
APPLICATION SUBMITTAL LOCATIONS		
<p>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 and 3 to that Incorporated City's Governing Board for review and a completed Department of Taxation's Nevada Business Registration Form.</p>		

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