




# 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> <input type="checkbox"/> New Business <input checked="" type="checkbox"/> Location Change <input type="checkbox"/> Additional Location	Taxpayer ID: 1036557987
2	<b>Application is for:</b> <input checked="" type="checkbox"/> Importer/Wholesaler Liquor License <input type="checkbox"/> Manufacturer Liquor License	
3	<b>Importer/Wholesaler License Type (Check all that apply):</b> <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	<b>Manufacturer License Type (Check all that apply):</b> <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	<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> 07/07/2014	<b>State where Incorporated/Organized:</b> DE
7	<b>Anticipated Start Date of Location:</b> ASAP	<b>Federal Tax ID:</b> [REDACTED]
8	<b>Name of Business:</b> Cork Distributors, LLC	<b>Phone Number:</b> 702-888-2392
9	<b>DBA, if any:</b> None - N/A	<b>Fax Number:</b>
10	<b>Business Address:</b> 950 Pilot Road, Suite E, Las Vegas, NV 89119	
11	<b>Location of Operation:</b> 950 Pilot Road, Suite E, Las Vegas, NV 89119	
12	<b>Mailing Address:</b> 1701 Village Center Circle, Las Vegas, NV 89134	
13	<b>Email Address:</b> rick@corklv.com	
14	<b>List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.</b>	
	<b>Name:</b> Richard L. Cox	<b>Title:</b> Manager
	<b>Residence Address:</b> [REDACTED]	<b>% Owned:</b> 0%
	<b>Name:</b> Cork Distributors Holdings, Inc.	<b>Title:</b> Member
	<b>Residence Address:</b> 831 Pilot Road, Suite D, Las Vegas, NV 89119	<b>% Owned:</b> 100%
	<b>Name:</b>	<b>Title:</b>
	<b>Residence Address:</b>	<b>% Owned:</b>
	<b>Name:</b>	<b>Title:</b>
	<b>Residence Address:</b>	<b>% Owned:</b>

15	If Partnership, is the agreement recorded? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	In what county and city is it recorded in? N/A
16	Operating under a Fictitious Firm Name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Supply a certified copy of the certificate to the Department)	In what county and city is it recorded in? N/A
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 Department of Business License
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-1-21141 (Attached) - permit
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:	for new location pending and in process
	Business Name: N/A	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: N/A	% 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) 239.340, 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.	
	Name of responsible party: Richard L. Cox	Title: Manager
	Signature: 	Date: 12-9-21
<b>APPLICATION SUBMITTAL LOCATIONS</b>		
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.		

DEPARTMENT OF THE TREASURY – ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

**BASIC PERMIT**

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

NV-I-21141

2. DATE OF PERMIT

08/02/2021

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

CORK DISTRIBUTORS, LLC

831 PILOT RD STE D  
LAS VEGAS, NV 89119

3. REGISTRY NUMBER (if applicable)

4. DATE OF APPLICATION

07/15/2021



6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a.  Distilled Spirits -  distiller  rectifier (processor)  warehouseman and/or  warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b.  Wine -  producer and blender  blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c.  Importer - importing into the United States the following alcoholic beverages: Distilled Spirits; Malt Beverages; Wine while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d.  Wholesaler – Purchasing for resale at wholesale the following alcoholic beverages: while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN	<input checked="" type="checkbox"/> ORIGINAL PERMIT	<input type="checkbox"/> AMENDED PERMIT
REASON FOR AMENDMENT	DATE OF AMENDMENT	

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

*Don D. Jensen*

Technician

**AUTHORIZED TRADE NAMES**

\*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: NV-I-21141

REGISTRY NUMBER:

TYPE

TRADE NAME

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**REASON FOR AMENDMENT**

**DESCRIPTION OF NEVADA BUSINESS OPERATIONS**

**Business Name:** Cork Distributors, LLC

**Importer/Wholesaler of Liquor**

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

Cork Distributors is an importer of fine wines and spirits. Cork Distributors has been licensed in Nevada since 2017 and is expanding to a new location.

**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**

**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:**  
Manager

**Date:** 1/6/22

**Name of responsible party:**  
Richard L. Cox

**Signature:** 

## 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):**

**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

## APPLICATION SUBMITTAL PROCESS

**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 the completed Nevada State Liquor License Application along with the completed Department of Taxation's Nevada Business Registration Form. Please note, page 1, 2, 3 and 5 of the Nevada State Liquor License Application requires the review and approval of that Incorporated City's Governing Board.**

**All other locations; submit the completed Nevada State Liquor License Application along with the completed Department of Taxation's Nevada Business Registration Form. Please note, page 1, 2, 3 and 6 of the Nevada State Liquor License Application requires the review and approval of the Board of County Commissioners.**

**All applicants must also submit a copy of the application to the Department of Taxation along with applicable security deposit (Original Liquor Surety Bond or cash), a copy of the permit issued by the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB), and a copy of the fictitious firm name certificate. Once application has been approved the fees can be submitted to the Department of Taxation.**

<b><u>SCHEDULE OF LICENSE FEES</u></b>			
<b>Importer/Wholesaler Fees:</b>		<b>Manufacturer Fees:</b>	
Importer of wine, beer & spirits	\$500.00	Brew Pub	\$ 75.00
Importer of beer	\$150.00	Brewer	\$ 75.00
Wholesaler of wine, beer & spirits	\$250.00	Craft Distillery	\$ 75.00
Wholesaler of beer	\$ 75.00	Estate Distillery	\$ 75.00
		Instructional Wine Facility	\$ 75.00
		Winemaker	\$ 75.00
		Rectifier	\$550.00
<b><u>SCHEDULE OF BOND REQUIRMENTS</u></b>			
<b>Importer and/or Wholesaler Bond:</b>		<b>Manufacturer Bond:</b>	
Beer only	\$10,000.00	Brew Pub	\$ 1,000.00
Wine, Beer & Spirits	\$50,000.00	Brewer	\$ 1,000.00
		Winemaker	\$ 1,000.00
		Rectifier	\$50,000.00

All license fees are due and payable on July 1 of each year. If not paid by July 15 of each year the license shall be canceled.

If any license is issued at any time during the year other than by July 15, the fee shall be for the proportionate part of the year the license will be in effect, which in any event shall be for not less than one quarter of a year.

**NEVADA BUSINESS REGISTRATION**

Please Print Clearly - Use Black or Blue Ink Only

Please see instructions regarding form detail and online registration options.

1	<input type="checkbox"/> New Business <input checked="" type="checkbox"/> Update Business	2	<input checked="" type="checkbox"/> Sales/Use Tax Permit <input type="checkbox"/> Consumer Use Tax Permit <input type="checkbox"/> Certificate of Authority	3	<input checked="" type="checkbox"/> Change in Ownership/Entity/Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Add Location	<input type="checkbox"/> Change in Entity/DBA Name <input checked="" type="checkbox"/> Change in Location Address <input type="checkbox"/> Other		
4	Business Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership	5	Nevada Business ID (11 Digits) NV 20171389548	6	Federal Tax ID Number [REDACTED]	7	State & Date of Incorporation DE - 7/7/2014
8	Corporate/Entity Name (as shown on State Business License): Cork Distributors, LLC			Nevada Name (DBA): Cork Distributors, LLC				
9	Corporate/Entity Address: Street Number, Name, Suite or Unit, City, State, Zip 1701 Village Center Circle, Las Vegas, NV 89134			Corporate/Entity Telephone: 702-882-2392		Email Address: rick@corklv.com		
10	Location of Nevada Business Operations: Street Number, Name, Suite or Unit, City, State, Zip New Address: 950 Pilot Rd, Suite E, Las Vegas, NV 89119			Location Telephone: 702-888-2392		Business Fax:		
11	Location Mailing Address: Street Number, Name, Suite or Unit, City, State, Zip 1701 Village Center Circle, Las Vegas, NV 89134			Modified Business Tax Mailing Address: Street Number, Name, Suite or Unit, City, State, Zip 1701 Village Center Circle, Las Vegas, NV 89134				
12	Commerce Tax Mailing Address: Street Number, Name, Suite or Unit, City, State, Zip 1701 Village Center Circle, Las Vegas, NV 89134			Location of Business Records: Street Number, Name, Suite or Unit, City, State, Zip 1701 Village Center Circle, Las Vegas, NV 89134				

List ALL Owners, Partners, Corporate Officers, Managers, Members, etc. Attach Additional Sheets if Needed.  
 Please check the box if making changes to existing officers and the Department will send you a "Taxpayer Information Update Form".

Last, First, MI:	Percent Owned	SSN or ITIN	Date of Birth
Cox, Richard L.	0%	[REDACTED]	[REDACTED]
Title	Residence Address: Street Number, Name, Suite or Unit, City, State, Zip		Residence Telephone:
Manager	[REDACTED]		702-888-2392
Last, First, MI:	Percent Owned	SSN or ITIN	Date of Birth
Cork Distributors Holdings, Inc.	100%	[REDACTED]	[REDACTED]
Title	Residence Address: Street Number, Name, Suite or Unit, City, State, Zip		Residence Telephone:
Sole Member of Cork Distributors, LLC	831 Pilot Road, Suite D, Las Vegas, NV 89119		702-242-8466
Last, First, MI:	Percent Owned	SSN or ITIN	Date of Birth
Title	Residence Address: Street Number, Name, Suite or Unit, City, State, Zip		Residence Telephone:

15 Date Business Started in NV: 06/15/2017      Date location opened in NV: TBD

16 Do you have employees in Nevada, if so how many? \_\_\_\_\_

17 Unemployment Insurance # (ESD/UI): \_\_\_\_\_

18 PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS

<input type="checkbox"/> Service	<input type="checkbox"/> Retail Sales - New	<input type="checkbox"/> Retail Sales - Used	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale	<input checked="" type="checkbox"/> Retail Liquor*
<input type="checkbox"/> Tobacco/OTP*	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Leasing (other than employees)	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Tire Sales	<input type="checkbox"/> Marijuana Cultivation*
<input type="checkbox"/> Marijuana Production*	<input type="checkbox"/> Marijuana Retail*	<input type="checkbox"/> Marijuana Distribution*	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Other*	<input type="checkbox"/> Marijuana Cultivation*
<input type="checkbox"/> Marketplace Facilitator	<input type="checkbox"/> Marketplace Seller				

Nevada Transportation Authority # &/or Nevada Taxi Cab Authority #:

19 Describe in detail the nature of your business in Nevada. Include product sold, labor performed and/or services rendered.  
 Liquor Import/wholesale

20 If you have acquired a Nevada Business, Changed Ownership/Business Entity, or have a new Federal Tax Identification number, complete this section:

Date Acquired/Changed:	Acquired/Changed by (Check all that apply): <input type="checkbox"/> Purchase \$ <input type="checkbox"/> Lease \$      MO <input type="checkbox"/> Escrow Company <input type="checkbox"/> Other:	Part(s) Acquired/Changed: <input type="checkbox"/> Assets Only <input type="checkbox"/> Property Only <input type="checkbox"/> Property and Assets <input type="checkbox"/> Whole Business and Assets	Are you keeping the Federal Tax Identification number (Y/N): <input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of Previous Owner(s):	Previous Owner(s) Business Name:		
Business Address: Street Number, Name, Suite or Unit, City, State, Zip	Previous Business Sales/Use Tax Permit Number:	Previous Owner(s) ESD/UI Account Number:	

**FEES AND SECURITY DEPOSIT**

21	Estimated total Nevada monthly receipts: no changes	22	Estimated total Nevada monthly TAXABLE receipts:
23	Reporting cycle (Please indicate filing frequency desired) Sales/Use Tax Consumer Use Tax Certificate of Authority	Monthly	Quarterly
24	Security (See Instructions)	<input type="checkbox"/>	<input type="checkbox"/>
25	Sales Tax Fee (See Instructions) Cash \$ <u>15</u> Bill TP	26	Total Nevada Business Locations: 1

NEVADA DEPARTMENT OF TAXATION  
 Department of Taxation certifies the following information on the basis of information on file with the Department of Taxation.  
 This business has applied for a Use Tax Permit  
 Date: 1-12-2022

RECEIVED  
 JAN 11 2022  
 Department of Taxation  
 District III, Las Vegas

1-11-22 ST

**NEVADA BUSINESS REGISTRATION (CONTINUED)**

TID:

**CONSOLIDATING LOCATIONS**

27 Locations can be consolidated if they are the same tax type and filing frequency. Would you like to consolidate this location?  
 No  Yes, effective Date: \_\_\_\_\_

28 DEPARTMENT USE ONLY. For SUT accounts – the security demand for the consolidated account:  
 \$ \_\_\_\_\_

**OTHER INFORMATION**

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper
Responsible local contact	Address of responsible local contact	Phone number of responsible local contact
Credit Card Merchant:	Entity Bank Account:	Personal Bank Account:

Allan S. Nassau

702-242-8466

Richard L. Cox, Manager

1701 Village Center Circle, Las Vegas, NV 89134

702-888-2392

30  
31

Will you or your business sell and/or lease tangible personal property in Nevada? Tangible personal property is property which may be seen, weighed or measured, felt or touched, or perceptible to the senses (NRS 372.085)?  Yes  No  
**If answered yes, you will be registered for Combined Sales/Use Tax. Why? See instruction page.**  
 Will you be providing only a service in Nevada?  Yes  No  
**If answered yes, you will be registered for Consumer Use Tax. Why? See instruction page.**  
 Anyone selling tobacco products (including but not limited to cigarettes, smokeless tobacco, vapor products, alternative nicotine products and/or cigars) as a manufacturer, wholesaler or retailer, must apply for a separate tobacco product(s) license before they can begin purchasing or selling those products. This application can be found on our website at <http://tax.nv.gov>

**\*Signatures Must be that of a Responsible Party\***

I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing.

*Signature of Responsible Party	Print Name and Title	Date
	Richard L. Cox, Manager	1/6/22
*Signature of Responsible Party	Print Name and Title	Date

**FOR DEPARTMENT USE ONLY**

Cash  Check # ABA # Bank: Branch:

Special instruction or additional information:  
 Please update the following:  
 1. Entity address - all address including location.  
 2. Remove officer: Bryson Jonathan and other contacts: Bryson, Charlene and Sheffield, Steve  
 3. Add officer: Cork Distributors Holding Inc. & other contact: Nassau, Allan  
 4. Edit officer's title (Cox, Richard L) from other contact to Manager  
 5. Bill SUT fee @ 15%