

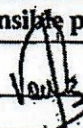


## NEVADA STATE LIQUOR LICENSE APPLICATION

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 checked="" type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Additional Location		Taxpayer ID:
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 checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:		
6	Date Incorporated/Organized: 7/22/2020	State where Incorporated/Organized: NV	
7	Anticipated Start Date of Location:	Federal Tax ID: 85-2102093	
8	Name of Business: HIGH LIMIT SPIRITS		Phone Number: 909-374-4855
9	DBA, if any:		Fax Number:
10	Business Address: 3669 BUFFLEHEAD ST. LAS VEGAS, NV 89122		
11	Location of Operation: 2675 E PATRICK LN #7/24 LAS VEGAS NV 89120		
12	Mailing Address: 2675 E PATRICK LN #7/24 LAS VEGAS NV 89120		
13	Email Address: VERONICATEQUILA@HOTMAIL.COM		
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.		
	Name: VERONICA LOPEZ AGUIRRE		Title: PRESIDENT
	Residence Address: [REDACTED]		% Owned: 50
	Name: MARIO ANTONINO LOZANO DELGADILLO		Title: SECRETARY
	Residence Address: [REDACTED]		% Owned: 50
	Name:		Title:
	Residence Address:		% Owned:
	Name:		Title:
	Residence Address:		% Owned:



15	If Partnership, is the agreement recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	In what county and city is it recorded in?
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?
17	Has applicant applied for a local County or City license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If so, where?
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):
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	<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. 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: VERONICA LOPEZ AGUIRRE	Title: PRESIDENT
	Signature: 	Date: 8/15/20

#### 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: HIGH LIMIT SPIRITS

Importer/Wholesaler of Liquor

Provide a detailed description of your business practice in Nevada

IMPORTATION AND DISTRIBUTION OF ALCOHOLIC BEVERAGES

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

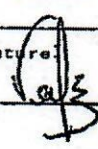
Provide additional attachments if needed.

**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: PRESIDENT

Date: 8/15/20

Name: VERONICA LOPEZ AGUIRRE

Signature: 

## 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