



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.

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APR 05 2024

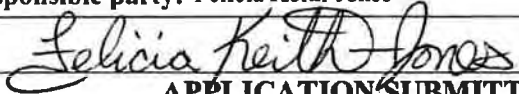
| | | | | | |
|----|--|--|---|--|---|
| 1 | Application is being submitted for <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input checked="" type="checkbox"/> Additional Location | | Taxpayer ID: 1041590482-001 | | STATE OF NEVADA DEPARTMENT OF TAXATION |
| 2 | Application is for: <input type="checkbox"/> Importer/Wholesaler Liquor License <input checked="" type="checkbox"/> Manufacturer Liquor License | | | | |
| 3 | Importer/Wholesaler License Type (Check all that apply): <input 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 checked="" 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: 12/12/2019 | | State where Incorporated/Organized: Nevada | | |
| 7 | Anticipated Start Date of Location: 12/20/2019 | | Federal Tax ID: 27-4543222 | | |
| 8 | Name of Business: High Mark Barrel House, Inc. | | | Phone Number: (775) 622-9188 | |
| 9 | DBA, if any: High Mark Distillery and Barrel House | | | Fax Number: | |
| 10 | Business Address: 4690 Longley Lane, Units 25, 26, 27, 28, 29, 56, 57, 58, 59, 60, 127 | | | | |
| 11 | Location of Operation: 4690 Longley Lane, Units 25, 26, 27, 28, 29, 56, 57, 58, 59, 60, 127 | | | | |
| 12 | Mailing Address: 4690 Longley Lane, Unit 28 | | | | |
| 13 | Email Address: highmarkdistillery@hotmail.com Felicia@highmarkdistillery.com | | | | |
| 14 | List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed. | | | | |
| | Name: Felicia Keith-Jones | | | Title: Owner, President | |
| | Residence Address: 11381 Messina Ct. Reno, NV 89521 | | | % Owned: 100% | |
| | Name: Felicia Keith-Jones | | | Title: Secretary | |
| | Residence Address: 11381 Messina Ct. Reno, NV 89521 | | | % Owned: | |
| | Name: Felicia Keith-Jones | | | Title: Treasurer | |
| | Residence Address: 11381 Messina Ct. Reno, NV 89521 | | | % Owned: | |
| | Name: Felicia Keith-Jones | | | Title: Director | |
| | Residence Address: 11381 Messina Ct. Reno, NV 89521 | | | % Owned: | |

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DEPARTMENT OF TAXATION

R102704Q-APP-2024

| | | |
|--|--|---|
| 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 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? Washoe, Reno |
| 17 | Has applicant applied for a local County or City license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If so, where? Reno, NV |
| 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-S-20025 |
| 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: Felicia Keith-Jones | Title: President, Owner |
| | Signature:  | Date: 04/04/2024 |
| 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 and 3 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:

Importer/Wholesaler of Liquor

Provide a detailed description of your business practice in Nevada

— NA —

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

AS A CRAFT DISTILLERY IN NEVADA, HIGH MARK DISTILLERY AND BARREL HOUSE CONDUCTS ALL DUTIES AND PROCEDURES TO PROPERLY DISTILL AND SELL SPIRITS TO INCLUDE, BUT NOT LIMITED TO THE FOLLOWING:

1. PURCHASE RAW GRAINS AND INGREDIENTS FROM FARMERS AND CO-OPS.
2. MILL GRAINS
3. MASH IN GRAINS
4. INFUSE INGREDIENTS
5. FERMENTATION
6. DISTILL THROUGH STILLS
7. BARREL AGE ALL BOURBON/WHISKEY/
GOLDEN RUM
8. BOTTLE/CORK/SEAL/LABEL SPIRITS
9. SELL RETAIL AND WHOLESALE TO
DISTRIBUTION COMPANIES.
10. SELL SAMPLES OF OUR SPIRITS,
MIX, BLEND, AND AGE SPIRITS AND
COCKTAILS FROM OUR SPIRITS.
11. SELL MERCHANDISE
12. EDUCATIONAL CLASSES TAUGHT.

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: 5/21/24

Name of responsible party:
FELICIA KEITH-JONES

Signature: Felicia Keith Jones