



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: 1044601264-001
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 type="checkbox"/> Importer and Wholesaler of Wine, Beer and Spirits <input type="checkbox"/> Importer and Wholesaler of Beer <input checked="" 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"/> State 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: 9/11/23	State where Incorporated/Organized: NEVADA
7	Anticipated Start Date of Location: 1/1/24	Federal Tax ID: 93-3391017
8	Name of Business: E4 SELECTIONS LLC	Phone Number: 775-830-2162
9	DBA, if any: E4 Selections	Fax Number:
10	Business Address: 7855 KEVIN CIR RENO NV 89511	
11	Location of Operation: 4090 S. McCarran Blvd. Ste E	
12	Mailing Address: 7855 KEVIN CIR RENO NV 89511	
13	Email Address: EDDIESILVEIRA@yahoo.com	
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.	
	Name: EDWARD G SILVEIRA IV	Title: Managing Member
	Residence Address: 7855 KEVIN CIR RENO NV 89511	% Owned: 50%
	Name: Michaelle P Silveira	Title: Managing Member
	Residence Address: 7855 KEVIN CIR RENO NV 89511	% Owned: 50%
	Name:	Title:
	Residence Address:	% Owned:
	Name:	Title:
	Residence Address:	% Owned:

RECEIVED


OCT 17 2023

CITY OF RENO
BUSINESS LICENSING DEPT

Revision Date 9/5/19

LTD-06

R161199Q-APP-2023

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? RENO NV, Washoe
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? RENO NV, Washoe
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, Washoe
18	Has applicant secured all necessary Federal permits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TTB Permit Number (Supply a copy of permit):
19	Is the location of operations shared with any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Business Name: JEFF Frame Architecture	Type of Operations: Architect
	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: EDWARD G SILVA JR	Title: Managing Member
	Signature: 	Date: 10/1/23

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: E4 Selections

Importer/Wholesaler of Liquor

Provide a detailed description of your business practice in Nevada

Buy wine/liquor from manufacturer/importer
Store in warehouse on racks then sell to
Retail/Bars/Restaurants/

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.

Title: Managing Member

Date: 11/20/23

Name of responsible party:
EDWARD G SILVAIRA

Signature: [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

NEVADA BUSINESS REGISTRATION

Please see instructions regarding form detail and online registration options.

1	I Am Applying For:		<input type="checkbox"/> Unemployment Insurance (Employment Security Division - ESD)	<input type="checkbox"/> Sales/Use Tax Permit (Department of Taxation)	<input type="checkbox"/> Modified Business Tax	<input checked="" type="checkbox"/> Local Business License
* SEND A COPY TO EACH AGENCY						
2	<input checked="" type="checkbox"/> New Business		<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Other	
		<input type="checkbox"/> Change in Corporate Officers	<input type="checkbox"/> Change in Mailing Address			
		<input type="checkbox"/> Change in Name	<input type="checkbox"/> Add Location			
3	Business Entity Type:		<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Association	<input type="checkbox"/> LLLP	<input type="checkbox"/> Limited Liability Partnership
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government Entity
3A	If LLC please check Federal tax filing type:		<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Partnership	
4	Corporate/Entity Name (as shown on State Business License)		E4 Selections LLC		Corporate/Entity Telephone (775) 830-2162	5 Federal Tax Identification Number 93-3391017
6	Corporate/Entity Address		Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt # 7855 KEVIN CIR RENO NV 89511		City, State, and Zip Code +4 NEVADA	
7	Nevada Name (DBA)		E4 Selections		Business Telephone (775) 830-2162	Fax ()
8	E-mail Address		eddie.silveira@yahoo.com		9 Nevada Business Identification # (11 digits) NV 20232886995	
10	Mailing Address		Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt # 7855 KEVIN CIR RENO NV 89511		City, State, and Zip Code +4	
11	Location(s) of Nevada Business Operations		Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt # 4090 S. McCarran Blvd Ste E RENO NV 89502		City, State, and Zip Code +4	
12	Location of Business Records		Street Number, Direction (N, S, E, W) and Name, Suite, Unit or Apt # 7855 KEVIN CIR RENO NV 89511		City, State, and Zip Code +4 Telephone Number: (775) 830-2162	
13	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed. ** The Department of Taxation & Employment Security Division are the only agencies to require a SSN.					
Last, First, MI		Residence Address (Street)		**SSN	Date of Birth	
Silveira III EDWARD GRANT		7855 KEVIN CIR		530-39-4327	2/20/79	
Title		City, State, Zip +4		Residence Telephone		
		RENO NV 89511		775-830-2162		
Last, First, MI		Residence Address (Street)		**SSN	Date of Birth	
Silveira MICHAELLE P		7855 KEVIN CIR		530-86-9809	8/13/79	
Title		City, State, Zip +4		Residence Telephone		
		RENO NV 89511		775-544-0908		
Last, First, MI		Residence Address (Street)		**SSN	Date of Birth	
Title		City, State, Zip +4		Residence Telephone		
Responsible Local Contact (Last, First, MI & Title)		Residence Address (Street), City, State, Zip +4		**SSN	Residence Telephone	
Silveira III EDWARD G Managing Member		7855 KEVIN CIR RENO NV 89511		530-39-4327	775-830-2162	
14	Date Business Started in Nevada	Date Nevada Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll	Number of Employees
	9/11/23	N/A	N/A	N/A	N/A	N/A
15	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS					
<input type="checkbox"/> Mining <input type="checkbox"/> Domestic <input type="checkbox"/> Outside Dining <input type="checkbox"/> Water Appropriation <input type="checkbox"/> Adult Materials/Activity <input type="checkbox"/> Amusement Machines <input type="checkbox"/> Registered Agent <input type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Home Occupation <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Leased or Leasing Employees <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Tobacco <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Sales—New <input type="checkbox"/> Construction/Erection <input type="checkbox"/> Leasing (Other than Employees) <input type="checkbox"/> Gaming <input type="checkbox"/> Mortgage Brokers <input type="checkbox"/> Delivery <input type="checkbox"/> Transportation <input type="checkbox"/> Retail Sales—Used <input type="checkbox"/> Tire Sales <input type="checkbox"/> Supply/Use Temporary Workers <input type="checkbox"/> Health Services <input type="checkbox"/> Banker <input checked="" type="checkbox"/> Wholesale <input type="checkbox"/> Not for Profit <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Environmental Discharge <input type="checkbox"/> Regulated by Federal/State Permit Number <input type="checkbox"/> Other <input type="checkbox"/> Marijuana <input type="checkbox"/> Transportation Connection						
16	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. Anyone selling tobacco products (including but not limited to cigarettes, smokeless tobacco and or cigars) as a manufacturer, wholesale or retailer, must also apply with the Department for that particular tobacco products license type before they can begin purchasing or selling those products. Such application can be found on our website Wholesale and Distribution of Wine					
17	If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:					
Date Acquired/Changed		Acquired/Changed by		Portion Acquired/Changed		
		<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		<input type="checkbox"/> In Whole <input type="checkbox"/> In Part		
Name(s) of Previous Owner(s)			Previous Owner(s) Business Name			
Address (Street)			City		State	Zip Code +4
Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable			Enter Previous Owner(s) ESD Account Number			
18	* 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 Responsible Party / Original		Print Name And Title		Date		
Edward G Silveira III		EDWARD G Silveira III		10/1/23		
*Signature Responsible Party / Original		Print Name And Title		Date		
Michelle P Silveira		MICHAELLE P Silveira		10/1/23		