



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: 88-1483707
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: 3-28-22	State where Incorporated/Organized: NV
7	Anticipated Start Date of Location: July 2022	Federal Tax ID: 88-1483707
8	Name of Business: ASKL Group, LLC	Phone Number: 814-615-8288
9	DBA, if any: A BUAWAWA	Fax Number:
10	Business Address: 401 RYLAND ST STE 200-A RENO, NV 89502	RECEIVED APR 22 2022 City of Reno Business License Division
11	Location of Operation: 7111 S VIRGINIA ST AS RENO, NV 89511	
12	Mailing Address: 978 CROSTON SPRINGS DRIVE SPARKS, NV 89436	
13	Email Address: STEPHON25@OUTLOOK.COM	
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.	
	Name: STEPHON JEFFERSON	Title: MANAGING MEMBER
	Residence Address: 978 CROSTON SPRINGS DRIVE, SPARK, NV 89436	% Owned: 50
	Name: LUIS ROSALES	Title: MANAGING MEMBER
	Residence Address: 10485 MOTT COURT RENO, NV 89521	% Owned: 50
	Name:	Title:
	Residence Address:	% Owned:
	Name:	Title:
	Residence Address:	% Owned:

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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? CITY OF RENO
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Business Name: The Urban Deli, LLC	Type of Operations: Full-Service Restaurant
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	Person's Name: Luis Rosales	% Owned: 50
	Business Name: The Urban Deli, LLC	Type of Operations: Full-Service Restaurant
	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: STEPHAN JEFFERSON	Title: MANAGING MEMBER
	Signature: 	Date: 4-10-22

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
<i>We will be promoting, marketing, selling (to retailers & distributors) an alcoholic beverage in a can.</i>

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.

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Title: <i>EXECUTIVE MANAGING MEMBER</i>	Date: <i>4-22-22</i>
Name of responsible party: <i>STEPHEN JEFFERSON</i>	Signature: 