



## 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 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 type="checkbox"/> Craft Distillery <input type="checkbox"/> Estate Distillery <input type="checkbox"/> Instructional Wine Facility <input checked="" 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: 7.17.2023	State where Incorporated/Organized: NV	
7	Anticipated Start Date of Location: 7.25.2023	Federal Tax ID: 93-2418183	
8	Name of Business: Boyle MacDonald NV LLC	Phone Number: 775.899.4027	
9	DBA, if any: Nevada Sunset Winery	Fax Number:	
10	Business Address: 415 E. 4 <sup>th</sup> ST. UNIT B RENO NV 89519		
11	Location of Operation: same as above		
12	Mailing Address: 6471 Meadow Hill Dr. Reno NV 89512		
13	Email Address: Katenvsw@gmail.com		
14	List All Owners, Officers, Members, Partners, etc. Attach Additional Sheets if Needed.		
	Name: Kate Boyle MacDonald	Title: Managing Member	
	Residence Address: 6471 Meadow Hill Dr. Reno NV 89519	% Owned: 100	
	Name:	Title:	
	Residence Address:	% Owned:	
	Name:	Title:	
	Residence Address:	% Owned:	
	Name:	Title:	
	Residence Address:	% Owned:	

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City of Reno  
Business License Division

15	<b>If Partnership, is the agreement recorded?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>In what county and city is it recorded in?</b>
16	<b>Operating under a Fictitious Firm Name?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Supply a certified copy of the certificate to the Department)	<b>In what county and city is it recorded in?</b> Washoe County
17	<b>Has applicant applied for a local County or City license?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If so, where?</b> City of Reno
18	<b>Has applicant secured all necessary Federal permits?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>TTB Permit Number (Supply a copy of permit):</b>
19	<b>Is the location of operations shared with any other business?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	<b>Business Name:</b> Great Basin Winery	<b>Type of Operations:</b> wine
	<b>Business Name:</b>	<b>Type of Operations:</b>
	<b>Business Name:</b>	<b>Type of Operations:</b>
20	<b>Does any person listed on this application engage in manufacturing, importing, wholesaling or retailing alcoholic beverages through another company?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:	
	<b>Person's Name:</b> Kate Boyle MacDonald	<b>% Owned:</b> 50
	<b>Business Name:</b> Boyle MacDonald LLC	<b>Type of Operations:</b> wine Tasting Room
	<b>Person's Name:</b>	<b>% Owned:</b>
	<b>Business Name:</b>	<b>Type of Operations:</b>
21	<b>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?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, provide the following:	
	<b>Name:</b>	<b>When:</b>
	<b>Explain:</b>	
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.	
	<b>Name of responsible party:</b> Kate Boyle MacDonald	<b>Title:</b> Managing Member
	<b>Signature:</b> Kate Boyle MacDonald	<b>Date:</b> 7.24.2023
<b>APPLICATION SUBMITTAL LOCATIONS</b>		
<b>If the location of business operations is in one of the following cities:</b> 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. <b>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.</b>		



## **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