11/A	DC/SHERIFF	Pgs
Assessor's Parcel Number: N/A		
Date: FEBRUARY 20, 2015	00008407201508572320040049	
Recording Requested By:	KAREN ELLISON, RECORDER	
Name: SGT LEWIS BROOKS, DCSO	_ \ \	
Address:	_	
City/State/Zip:		
Real Property Transfer Tax: \$ N/A		

**DOUGLAS COUNTY, NV** 

This is a no fee document

NO FEE

2015-857232

02/20/2015 10:17 AM

APPLICATION FOR MANUFACTURER'S LICENSE #2015.041

(Title of Document)

The Board of County Commissioners must forward the approved and signed Form LTD 6 05-14 application to the Nevada Department of Taxation (NRS 369.200).



2015 FEB 20 AM 10: 10

## APPLICATION FOR MANUFACTURER'S LICENSE

DOUGLAS COUNTY CLERK

February

Honorable Board of County Commissioners:

	Douglas County , Minden Nevada  (City or Town)
In a	ccordance with the provisions of NRS, Chapter 369, as amended, the undersigned hereby applies for a license for
	Winemaker
	(Type of liceuse(s) – see page 3)
In t	ne State of Nevada, for the fiscal year ending June 30, $20_{-}15_{-}$ a remittance covering the license fees from the 1st day
of !	rebruary 1, 20 15 to the 30th day of June, 2015 is enclosed (not less than one quarter of a year).
T	ne following information is also set forth: Federal EIN: 27-1971662
(1)	Name of firm Continuum Packing Solutions LLC.
(2)	Doing business as Continuum Packing Solutions LLC
	Located at 2232 Meridian Blvd., Suite K. Minden NV. 89423
	(Physical Address) Phone ((775) 783-4000
	Mailing address 2232 Meridian Blvd., Suite K Minden NV 89423
	E-mail address glojkutz@continuumpacking.com
(3)	The applicant is: LLC
	(a) A corporation? Yes No Organized under the laws of what state? NV When? February 120 10
	Qualified to do business in Nevada? Yes No When February 18 20 10
	Names and addresses of following officers (attach list if additional space required):
	President: Thomas Banner Manager 2350 Rayine Way Suite 200 Glenview II. 60025
1	Vice President: Micheal Leahy Manager 2350 Ravine Way Suite 200 Glenview IL. 60025
	Secretary: Timothy Leahy Manager 2350 Ravine Way Suite 200 Glenview II., 60025
	Treasurer: Gregory Loikutz Manager 2350 Ravine Way Suite 200 Glenview II., 60025
	Manager(s)
ĺ.	Resident Agent:
٨	(b) A partnership? Yes No ✓ Is agreement recorded? Yes No ✓
	Where?
	Names and addresses and official position, if any, of partners (attach list if additional space is required):

Names, addresses and offici	cial positions, if any, of all persons interested in the business:	
(attach list if additional space	/\	
See item 3 (a) above		\
		$\overline{}$
		<del>-\-</del>
(d) An individual? Yes N	No 🔽	
(e) Has any individual who	is interested, financially or otherwise, in the applicant's business, ever been con	victed
, ,	state liquor laws? Yes No 🛮	1
•		
		The same of the sa
If so, furnish (attach list if a	additional space is required):	,
Name	Address Where convicted When	
	Choose Month	20
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Choose Month	20
	Choose Month	20
••		Jacolie
(f) Is any person listed on	n this manufacturer's application engaged in the business of importing, who	исзани
• •	n this manufacturer's application engaged in the business of importing, who es? (See attached copy of NRS 597.210) Yes No 🛮	исъан
• •	es? (See attached copy of NRS 597.210) Yes No 🔽	лезапп
retailing alcoholic beverage If so, what percent, name ar	es? (See attached copy of NRS 597.210) Yes No 🔽	лезаш
retailing alcoholic beverage	es? (See attached copy of NRS 597.210) Yes No 🔽	nesam.
retailing alcoholic beverage If so, what percent, name ar References:	es? (See attached copy of NRS 597.210) Yes No 🔽 nd location of business %	nesam.
retailing alcoholic beverage If so, what percent, name ar References: Name	es? (See attached copy of NRS 597.210) Yes No    nd location of business %  Address  2514 Jacks Valley Rd. PO Box 93 Geneva NV 84411	
retailing alcoholic beverage If so, what percent, name ar References: Name Al Shankle	es? (See attached copy of NRS 597.210) Yes No    nd location of business %  Address  2514 Jacks Valley Rd. PO Box 93 Geneva NV 84411	
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retailing alcoholic beverage If so, what percent, name ar References: Name Al Shankle Doug Damon/ Damon Industri Tom Stein William T, O'Donnell	es? (See attached copy of NRS 597.210)Yes No  nd location of business %  Address 2514 Jacks Valley Rd. PO Box 93 Geneva NV 84411 sies 822 Packer Way Sparks NV 89431 142 S Linden Ave. Elmhurst II. 60126 500 W. Madison St Suite 2700 Chicago II. 60661	
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Remarks and recommendations by the County Commissioners:			
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The application of			
The application of	Fehnaru	20 15	
is necess (approved) tuisapproved tiiis			
Board of County Commission	oners:	7	
	A mother		
Chairman	Jove Westing	- 0	
Member	ance MADORNA		
Member			
Member	Miller Botter	A	
	The !	,	
Member			
ATTEST: /	`		
Kathy Leeb , County Cler	rt.		
, County Clo	The state of the s		
/ /			
Type of Licenses			
SCHEDULE OF LICENS	E FEES		
	\$75.00		
Winemaker	75.00 75.00		
Instructional Wine Making Facility			
Craft Distillery	75.00		
Rectifier	550,00		
NRS 369.310 License fees: Due dates; payment of proportionate	part		
1. All license fees are due and payable on July 1 of each year. If no	paid by July 15 of each year th	ne license shall be	
canceled.  2. If any license is issued at any time during the year other than by J	uly 15, the fee shall he for that :	proportionate part of	
the year that the licenser will be in effect, which in any event shall	be for not less than one quarte		
3. No license shall be dated other than on the first day of the month	in which it is granted.		
	Douglas County		
\ \	Douglas County	State of Nevada	
	CERTIFIED COPY		
	I certify that the document to which this certificate is attached is a full and correct copy of the original		
	record on file in the Glerk	Treasurer's Office on this	
	320-78 501	Treasurer's Onice on this	

[3]

Rev 8-19-14