

**City of Carson City  
Agenda Report**

**Date Submitted:** January 25, 2011

**Agenda Date Requested:** February 3, 2011

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License, Public Works

**Subject Title:** Action to approve Dale Michael Barcomb as the liquor manager for 7-Eleven Store #22629 (Liquor License #11-27361) located at 3701 N Carson St, Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Dale Michael Barcomb is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval.

**Type of Action Requested:**

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to approve Dale Michael Barcomb as the liquor manager for 7-Eleven Store #22629 (Liquor License #11-27361) located at 3701 N Carson St, Carson City.

**Explanation for Recommended Board Action:** The Liquor Board has the authority to approve all liquor licenses pursuant to CCMC 4.13(1).

**Applicable Statute, Code, Policy, Rule or Regulation:** CCMC 4.13

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Alternatives:** 1) Refer back to the Business License Division, or  
2) Deny

**Supporting Material:** 1) Carson City Liquor License Application  
2) Carson City Sheriff's Office Background Investigation

**Prepared By:** Lena Tripp, Senior Permit Technician

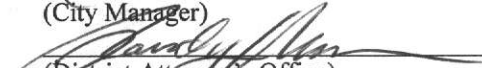
**Reviewed By:**

  
\_\_\_\_\_  
(Public Works Director)

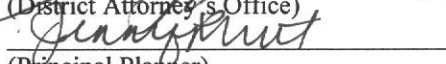
Date: 1-25-11

  
\_\_\_\_\_  
(City Manager)

Date: 1/25/11

  
\_\_\_\_\_  
(District Attorney's Office)

Date: 1/25/11

  
\_\_\_\_\_  
(Principal Planner)

Date: 1-25-11

**Board Action Taken:**

Motion: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)



### CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #: BL 10-28297  
HL 11-27361  
Submittal Date: 10/19/2010

|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| 1 | <input checked="" type="checkbox"/> New Business | <input type="checkbox"/> Change of Location/Mailing | <input checked="" type="checkbox"/> Change of Name | <input type="checkbox"/> Change of Corporate Officer | <input type="checkbox"/> Other                     |  |
| 2 | Type of License(s)                               |   | <input checked="" type="checkbox"/> Business       | <input type="checkbox"/> Short-Term                  | <input type="checkbox"/> Gaming                    | <input checked="" type="checkbox"/> Liquor |
| 3 | Type of Entity                                   | <input type="checkbox"/> Sole Proprietor            | <input checked="" type="checkbox"/> Corporation    | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit        |

|   |             |                      |  |  |   |                       |                 |
|---|-------------|----------------------|--|--|---|-----------------------|-----------------|
| 4 | Entity Name | <u>7-Eleven, Inc</u> |  |  | 5 | Business Opening Date | <u>10/20/10</u> |
|---|-------------|----------------------|--|--|---|-----------------------|-----------------|

|   |                     |                               |  |  |   |       |                   |
|---|---------------------|-------------------------------|--|--|---|-------|-------------------|
| 6 | Business Name (DBA) | <u>7-Eleven Store 22629 H</u> |  |  | 7 | EIN # | <u>75-1085131</u> |
|---|---------------------|-------------------------------|--|--|---|-------|-------------------|

|   |                  |                          |      |                    |       |           |          |              |
|---|------------------|--------------------------|------|--------------------|-------|-----------|----------|--------------|
| 8 | Business Address | <u>3701 North Carson</u> | City | <u>Carson City</u> | State | <u>NV</u> | Zip Code | <u>89706</u> |
|---|------------------|--------------------------|------|--------------------|-------|-----------|----------|--------------|

|   |                 |                                |      |               |       |           |          |              |
|---|-----------------|--------------------------------|------|---------------|-------|-----------|----------|--------------|
| 9 | Mailing Address | <u>PO Box 219088 Dept 274L</u> | City | <u>Dallas</u> | State | <u>TX</u> | Zip Code | <u>75221</u> |
|---|-----------------|--------------------------------|------|---------------|-------|-----------|----------|--------------|

|    |                 |                       |                |                       |                |                       |              |                       |
|----|-----------------|-----------------------|----------------|-----------------------|----------------|-----------------------|--------------|-----------------------|
| 10 | Corporate Phone | <u>(775) 823-7111</u> | Business Phone | <u>(775) 882-7459</u> | Cellular Phone | <u>(775) 247-5781</u> | Business Fax | <u>(775) 827-8862</u> |
|----|-----------------|-----------------------|----------------|-----------------------|----------------|-----------------------|--------------|-----------------------|

|    |                |                  |  |  |  |  |  |  |
|----|----------------|------------------|--|--|--|--|--|--|
| 11 | E-mail Address | Business Website |  |  |  |  |  |  |
|----|----------------|------------------|--|--|--|--|--|--|

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

|                            |               |                  |               |                     |
|----------------------------|---------------|------------------|---------------|---------------------|
| Last, First, MI            | Percent Owned | Title            | Date of Birth | SSN                 |
| <u>Please see attached</u> |               |                  |               |                     |
| Residence Address (Street) |               | City, State, Zip |               | Residence Telephone |
|                            |               |                  |               |                     |
| Last, First, MI            | Percent Owned | Title            | Date of Birth | SSN                 |
|                            |               |                  |               |                     |
| Residence Address (Street) |               | City, State, Zip |               | Residence Telephone |
|                            |               |                  |               |                     |
| Last, First, MI            | Percent Owned | Title            | Date of Birth | SSN                 |
|                            |               |                  |               |                     |
| Residence Address (Street) |               | City, State, Zip |               | Residence Telephone |
|                            |               |                  |               |                     |

|                        |                     |                                  |  |                      |                 |
|------------------------|---------------------|----------------------------------|--|----------------------|-----------------|
| Manager/Liquor Manager | <u>Oale Barcomb</u> | <input type="checkbox"/> On-Site | <input checked="" type="checkbox"/> Off-Site | Contact Phone Number | <u>853-8711</u> |
|------------------------|---------------------|----------------------------------|--|----------------------|-----------------|

|                            |                          |                  |                                |
|----------------------------|--------------------------|------------------|--------------------------------|
| Residence Address (Street) | <u>1695 Slideview Wy</u> | City, State, Zip | <u>Washoe Valley, NV 89704</u> |
|----------------------------|--------------------------|------------------|--------------------------------|

Pursuant to NRS 244.33507 and 42 U.S.C. Sec. 666, you are required to provide your social security number on the application for a license, permit, or certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child or you are in arrears in the payment for the support of one or more children

13 Describe in detail the activity of your business  
Retail convenience selling tobacco products, off premise alcoholic beverages, groceries, fast foods, gasoline, etc.

Type of Liquor License Applying for (If applicable)

|                                     |   |   |  |   |  |
|-------------------------------------|---|---|--|---|--|
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Dining Room w/Beer and Wine Only | <input checked="" type="checkbox"/> Packaged Liquor | <input type="checkbox"/> Dining Room w/Hard Liquor | <input type="checkbox"/> Combo (On-Premise & Pkg) | <input type="checkbox"/> General Wholesale |
|-------------------------------------|---|---|--|---|--|

|                                   |  |  |           |
|-----------------------------------|--|--|-----------|
| <input type="checkbox"/> Catering | <input type="checkbox"/> Additional Wet Bars _____ | Will there be an Interim Management Agreement? | <u>No</u> |
|-----------------------------------|--|--|-----------|

|   |  |  |  |
|---|--|--|--|
| 16  | List number of slot machines (If applicable) | List number of table games (If applicable)   |  |
| <input type="checkbox"/> 1 cent <u>0</u>  | <input type="checkbox"/> Multi <u>0</u>      | <input type="checkbox"/> Craps <u>0</u>      | <input type="checkbox"/> Baccarat <u>0</u>                     |
| <input type="checkbox"/> 5 cent <u>0</u>  | <input type="checkbox"/> Poker <u>0</u>      | <input type="checkbox"/> Roulette <u>0</u>   | <input type="checkbox"/> Race Book <u>0</u> <u>united con.</u> |
| <input type="checkbox"/> 25 cent <u>0</u> | <input type="checkbox"/> Mega Buck <u>0</u>  | <input type="checkbox"/> Twenty-One <u>0</u> | <input type="checkbox"/> Sports Book <u>0</u>                  |
| <input type="checkbox"/> 1.00 <u>0</u>    |  | <input type="checkbox"/> Keno <u>0</u>       | <input type="checkbox"/> Poker <u>0</u>                        |

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below  
Glen Peoples

|    |                          |   |
|----|--------------------------|---|
| 18 | Check One                | <input type="checkbox"/> I am not subject to a court order for the support of a child   |
|    | <input type="checkbox"/> | I am subject to a court order for the support of one or more children and am <i>in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order     |
|    | <input type="checkbox"/> | I am subject to a court order for the support of one or more children and am <i>not in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order |