

**Carson City  
Agenda Report**

**Date Submitted:** April 26, 2011

**Agenda Date Requested:** May 5, 2011

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** Action to approve Kristine Meyers as the liquor manager for Smith's Food and Drug Store (Liquor License #11-4042) located at 599 E. William St., Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Kristine Meyers is applying to be listed as the liquor manager on the liquor license replacing the previous liquor manager.

**Type of Action Requested:**

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

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

**Recommended Board Action:** I move to approve Kristine Meyers as the liquor manager for Smith's Food and Drug Store (Liquor License #11-4042) located at 599 E. William 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)

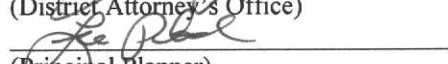
Date: 4-26-11

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

Date: 4/26/11

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

Date: 4/26/11

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

Date: 4-26-11

**Board Action Taken:**

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

1) _____	Aye/Nay
2) _____	_____
	_____
	_____
	_____

\_\_\_\_\_  
(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 #: 11-0004042 - *Liquor Lic. #*

Submittal Date: 10/25/2010

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input checked="" type="checkbox"/> Other	
2	Type of License(s)	<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor	
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit	
4	Entity Name	Smith's Food & Drug Centers, Inc.			5 Business Opening Date 6/00/1988	
6	Business Name (DBA)	Smith's Food & Drug Store #356			7 EIN #	
8	Business Address	599 E William St.	City Carson City	State NV	Zip Code 89702	
9	Mailing Address	PO Box 30550	City Salt Lake City	State UT	Zip Code 84130	
10	Corporate Phone	801-974-1400	Business Phone	775-359-6800	Cellular Phone Business Fax 801-974-1243	
11	E-mail Address	nathalie.fuller@sfdc.com			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	
	See Attached					
	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	Kristine Meyers		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-885-9922	
	Residence Address (Street)	2908 Gillis Wy		City, State, Zip Carson City, NV 89701		
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 Grocery Retail which includes liquor, non foods					
Type of Liquor License Applying for (If applicable)						
14	<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
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____	Will there be an Interim Management Agreement?			
16	List number of slot machines (If applicable) N/A		List number of table games (If applicable) N/A			
	<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____		
	<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____		
	<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____		
	<input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Keno _____	<input type="checkbox"/> Poker _____		
17	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below N/A					
18	Check One	<input checked="" type="checkbox"/> I am not subject to a court order for the support of a child				
		_____ 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				
		_____ 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				