

**Carson City  
Agenda Report**

**Date Submitted:** September 11, 2012

**Agenda Date Requested:** September 20, 2012

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** For possible action to approve Nathaniel Killgore as the liquor manager for Caterpillar's (Liquor License #13-29126) located at 314 S. Carson St., Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Nathaniel Killgore wants to add beer and wine sales to the business.

**Type of Action Requested:**

Resolution

Formal Action/Motion

Ordinance

Other (Specify)

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

**Recommended Board Action:** I move to approve Nathaniel Killgore as the liquor manager for Caterpillar's (Liquor License #13-29126) located at 314 S. 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

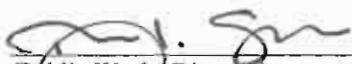
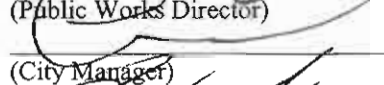
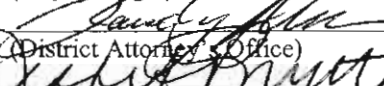
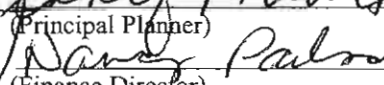
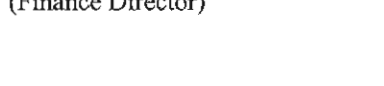
**Funding Source:** N/A

**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 Reseck, Senior Permit Technician

**Reviewed By:**

 _____ (Public Works Director)	Date: <u>9/11/12</u>
 _____ (City Manager)	Date: <u>9/11/12</u>
 _____ (District Attorney's Office)	Date: <u>9/11/12</u>
 _____ (Principal Planner)	Date: <u>9-10-12</u>
 _____ (Finance Director)	Date: <u>9/11/12</u>

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

13-29126



**CARSON CITY LICENSE APPLICATION**

Business License #: **BL12-27114**  
 Submittal Date:

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

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 type="checkbox"/> Other
2	Type of License(s)	<input 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 type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	Caterpillars			Business Opening Date
5	Business Name (DBA)	Caterpillars			EDN #
6	Business Address	314 S. Carson St	City	Carson City	State
7	Mailing Address	314 S. Carson St	City	Carson City	State
8	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
9	E-mail Address	caterpillarshootahlounge@yahoo.com		Business Website	
10	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
11	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
12	Residence Address (Street)		City, State, Zip		Residence Telephone
13	Residence Address (Street)		City, State, Zip		Residence Telephone
14	Residence Address (Street)		City, State, Zip		Residence Telephone
15	Residence Address (Street)		City, State, Zip		Residence Telephone
16	Manager/Liquor Manager		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number	
17	Residence Address (Street)		City, State, Zip		Residence Telephone
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					
18	Describe in detail the activity of your business				
19	Type of Liquor License Applying for (If applicable)				
20	<input type="checkbox"/> Tavern/Bar	<input checked="" type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)
21	<input type="checkbox"/> Catering	<input checked="" type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement?		
22	List number of slot machines (If applicable)		List number of table games (If applicable)		
23	<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat	
24	<input type="checkbox"/> 5 cent	<input type="checkbox"/> Poker	<input type="checkbox"/> Roulette	<input type="checkbox"/> Race Book	
25	<input type="checkbox"/> 25 cent	<input type="checkbox"/> Mega Buck	<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Sports Book	
26	<input type="checkbox"/> 1.00		<input type="checkbox"/> Keno	<input type="checkbox"/> Poker	
27	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below				
28	Check One				
29	<input checked="" type="checkbox"/> I am not subject to a court order for the support of a child				
30	<input type="checkbox"/> I am subject to a court order for the support of one or more children and am in compliance 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				
31	<input type="checkbox"/> I am subject to a court order for the support of one or more children and am not in compliance 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				

Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180

Miscellaneous Information	Is your business location zoned for this type of business <i>Yes</i>	Has a Special Use Permit been obtained for this business location <i>No</i>
	Will you be installing any outdoor signs <i>No</i>	Are there any existing signs of the property <i>Yes</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>No</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>No</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>N/A</i>	

I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments

- If any changes are made after completing said license application this office must be notified immediately and an updated is required.
- A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location
- Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license.
- Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation

I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.

Applicant's Signature *Nathaniel Wilgoze* Date *7/18/12*

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee:
Square Footage		Business License Pro-rated Fee:
Number of Employees		Business License Application/Update Fee:
Health Fee		Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>500<sup>00</sup></i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE:	<i>1000<sup>00</sup> + 20 = 1020</i>	Gaming License Quarterly Fee:
Payment Type	<i>CH# 1113</i>	Gaming License Application Fee:
Received By	<i>SW</i>	Fictitious Name Fee: <i>20<sup>00</sup></i>
Date Applicant Fingerprinted	By	Health Pre-Inspection Fee:
	File #	