

**Carson City  
Agenda Report**

**Date Submitted:** August 27, 2013

**Agenda Date Requested:** September 5, 2013

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Community Development - Business License Division

**Subject Title:** For possible action to approve Lawrence Sapperstein as the liquor manager for Sapphire Family of Wines (Liquor License #14-29779) located at 555 E. Glendale Ave, Sparks. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Sapphire Family of Wines is located in Sparks, Nevada and does not have a physical business location in Carson City. The company will distribute to local merchants who are licensed to sell alcohol. Lawrence Sapperstein is an owner of the business and will also be the liquor manager. He is applying for a general wholesale license (beer and wine only). Staff is recommending approval.

**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 Lawrence Sapperstein as the liquor manager for Sapphire Family of Wines (Liquor License #14-29779) located at 555 E. Glendale Ave, Sparks.

**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

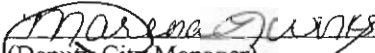
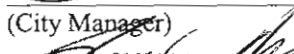
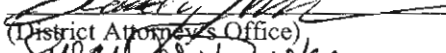
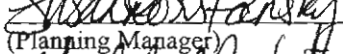
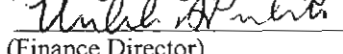
**Funding Source:** N/A

**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:**

  
\_\_\_\_\_  
(Deputy City Manager)  
  
\_\_\_\_\_  
(City Manager)  
  
\_\_\_\_\_  
(District Attorney's Office)  
  
\_\_\_\_\_  
(Planning Manager)  
  
\_\_\_\_\_  
(Finance Director)

Date: 8/27/13  
Date: 8/22/13  
Date: 8/27/13  
Date: 8.21.13  
Date: 8/27/13

**Board Action Taken:**

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

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

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



# CARSON CITY LICENSE APPLICATION

Business License #: 13-30174

LL-14-29779

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

Submittal Date: 8/12/13

<input checked="" 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
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Type of License(s)	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
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Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
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Entity Name	MCGEE & MCGEE, LLC			Business Opening Date	August 2013
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Business Name (DBA)	SAPPHIRE FAMILY OF WINES			EIN #	-
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Business Address	555 E. GLENDALE AVE	City	SPARKS	State	NV	Zip Code	89431
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Mailing Address	PO BOX 10528	City	RENO	State	NV	Zip Code	89510
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Corporate Phone	N/A	Business Phone	775-359-1554	Cellular Phone	775-232-8225	Business Fax	775-359-1646
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E-mail Address	LARRY@SAPPHIREFAMILYOFWINES.COM	Business Website	WWW.SAPPHIREFAMILYOFWINES.COM
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12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI	Percent Owned	Title	Date of Birth	SCNT
SAPPERSTEIN, LAWRENCE A.	23.52%	MANAGER	2-19-1958	

Residence Address (Street)	City, State, Zip	Residence Telephone
2170 DANT BLVD	RENO, NV 89509	775-360-6436

Last, First, MI	Percent Owned	Title	Date of Birth	SCNT
Coleman, Christyanna		Manager	1-18-90	

Residence Address (Street)	City, State, Zip	Residence Telephone
6960 Eagle Creek Ct.	RENO, NV 89519	775-219-5085

Last, First, MI	Percent Owned	Title	Date of Birth	SCNT
Coleman, Brett, E		Manager	9-12-61	

Residence Address (Street)	City, State, Zip	Residence Telephone
6960 Eagle Creek Ct.	RENO, NV 89519	775-815-5900

Manager/Liquor Manager	<input checked="" type="checkbox"/> On-Site	Contact Phone Number
LAWRENCE A. SAPPERSTEIN JR.	<input type="checkbox"/> Off-Site WHOLESALE	775-232-8225

Residence Address (Street)	City, State, Zip
2170 DANT BLVD	RENO, NV 89509

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 *wine and beer only*  
**IMPORTER & DISTRIBUTOR OF LIQUOR, WINES & BEERS TO LICENSEES**

14 Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input 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)	<input checked="" type="checkbox"/> General Wholesale
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<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement?
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16 List number of slot machines (If applicable)	List number of table games (If applicable)
<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____ <input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Craps _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Roquette _____ <input type="checkbox"/> Sports Book _____ <input type="checkbox"/> Twenty-One _____ <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

18 Check One

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 *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

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

N/A

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

Rules and Regulations	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
	<ul style="list-style-type: none"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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</li> <li>• 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.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation</li> </ul>
	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 <u>James Sapp</u> Date <u>7-11-13</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee: 79.90
Square Footage		Business License Pro-rated Fee: 33.56
Number of Employees		Business License Application/Update Fee: 25.00
Health Fee		Liquor License Annual Fee: 800.00
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 500.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1078.56		Gaming License Quarterly Fee:
Payment Type: # 1003		Gaming License Application Fee:
Received By: Beseck	Date: 8/12/13	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted: 8/12/13	By:	File #:
		Health Pre-Inspection Fee: