

Item # 3B

**City of Carson City
Agenda Report**

Date Submitted: July 8, 2008

Agenda Date Requested: July 17, 2008

Time Requested: 10 minutes

To: Liquor Board

From: Business License, Development Services

Subject Title: Action to approve a full liquor license for Thomas W Fletcher and Cheri E Fletcher dba Crowbar, located at 4750 Hwy 50 E, Ste #1, Carson City.

Staff Summary: Per CCMC 4.13, all liquor license requests are to be reviewed by the Liquor Board.

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 a full liquor license for Thomas W Fletcher and Cheri E Fletcher dba Crowbar, located at 4750 Hwy 50 E, Ste #1, Carson City, including the Non-Refundable Investigation Fee of \$575.00, the Original New Application Fee of \$1000.00, and the Liquor License Per Quarter Fee of \$200.00. Additionally, all sellers or servers of liquor must attend the Sheriff's Office Servers Education class within three months of the business opening or this approval.

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

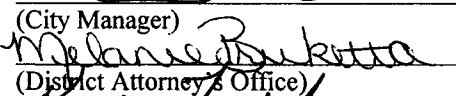
Supporting Material: 1) Background check from Sheriff's Office
2) Carson City Liquor License Application

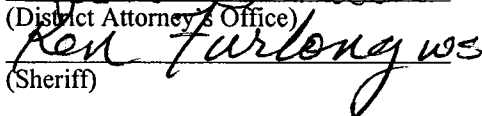
Prepared By: Lena E. Tripp, Senior Permit Technician

Reviewed By:


(Development Services Director)

(City Manager)


(District Attorney's Office)


(Sheriff)

Date: 7/7/08

Date: 7/8/08

Date: 7-8-08

Date: 7-8-08

Board Action Taken:

Motion: _____

1) _____	Aye/Nay
2) _____	_____

(Vote Recorded By)

**CITY OF CARSON CITY
LIQUOR LICENSE APPLICATION**

2621 Northgate Lane, Suite 6 Carson City, NV 89703
(775)887-2105 fax (775)887-2202

Full Name of Applicant(s) THOMAS WESLEY FLETCHER Liq. Lic# _____
Corporate Name _____
Fictitious Firm Name CROWBAR Date Filed 6-9-08
Business Location 4750 Hwy 50 E. Suite 1 Business Phone 775 887-9998
Mailing Address 4010 KNOBLOCK RD CARSON CITY NV Home Phone 775 885-9570
e-mail Address SCARECROW1959@SBGGLOBAL.NET
Date Liquor Sales will start? 6-12-08 Management Agreement on File? YES

Type of Liquor Sales: (check all that apply)
☒ Full bar liquor sales
☐ Packaged Liquor
☐ Dining room w/full liquor
☐ Packaged beer & wine
☐ Dining room w/beer & wine
☐ Wholesaler
☐ Manufacturer
☐ Additional Bar(s) @ location (# _____)
☐ Combo Packaged & on-premise liquor license

List ALL owners, partners or corporate officers below:

<u>THOMAS W. FLETCHER</u>	<u>4010 KNOBLOCK RD.</u>	<u>775 885-9570</u>
<u>THOMAS W. FLETCHER</u>	Address	Phone #
<u>THOMAS W. FLETCHER</u>	<u>4010 KNOBLOCK</u>	<u>775 885-9570</u>
Name & Title	Address	Phone #

Name & Title	Address	Phone #
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Are you familiar with Nevada Liquor Laws? ☒ yes ☐ no
Have you ever obtained a liquor license before? ☐ yes ☒ no If yes, where?

Non-Refundable Investigation Fee	\$ <u>500.00</u> <u>IV</u>	Date Paid <u>JUNE 11, 2008</u>
Original New Application Fee	\$ <u>1,000.00</u> <u>ON</u>	Date Paid <u>JUNE 11, 2008</u>
Liquor License Per Quarter	\$ <u>200.00</u> <u>LL</u>	Date Paid <u>JUNE 11, 2008</u>

CERTIFICATION: I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that this liquor license, if approved, may not be transferred to any other person or to any other location, without prior approval by the Liquor Board. I further understand the investigation period may be forty-five (45) days or longer for processing.

Signature <u>[Signature]</u>	Date <u>6-11-08</u>
Signature _____	Date _____
Signature _____	Date _____

Witnessed by: [Signature] Date JUNE 11, 2008

===== FOR SHERIFF'S DEPARTMENT USE ONLY =====

901 E Musser St. Carson City, NV 89701
(775)887-2020 x 1400

Date Applicant Fingerprinted _____	By _____	File # _____
Date Applicant Fingerprinted _____	By _____	File # _____
Date Applicant Fingerprinted _____	By _____	File # _____

CITY OF CARSON CITY
LIQUOR LICENSE APPLICATION

2621 Northgate Lane, Suite 6 Carson City, NV 89703
(775)887-2105 fax (775)887-2202

Full Name of Applicant(s) Cheri Elizabeth Fletcher Liq. Lic# 08-25869
Corporate Name _____
Fictitious Firm Name Crow Bar Date Filed 6-9-08
Business Location 4750 Hwy 50 E. Suite 1 Business Phone (775) 887-9998
Mailing Address 4010 Knoblock rd. CC NV 89706 Home Phone (775) 885-9570
e-mail Address Cheri-cheri@shcglobal.net
Date Liquor Sales will start? 6-10-08 Management Agreement on File? yes

Type of Liquor Sales: (check all that apply)
☒ Full bar liquor sales
☐ Packaged Liquor
☐ Dining room w/full liquor
☐ Packaged beer & wine
☐ Dining room w/beer & wine
☐ Wholesaler
☐ Manufacturer
☐ Additional Bar(s) @ location (#____)
☐ Combo Packaged & on-premise liquor license

List ALL owners, partners or corporate officers below:

<u>Cheri Fletcher owner</u>	<u>4010 Knoblock rd CC NV 89706</u>	<u>(775) 885-9570</u>
Name & Title	Address	Phone #
<u>Thomas Fletcher owner</u>	<u>4010 Knoblock rd. CC NV 89706</u>	<u>(775) 885-9570</u>
Name & Title	Address	Phone #

_____	_____	_____
Name & Title	Address	Phone #

Are you familiar with Nevada Liquor Laws? ☒ yes ☐ no
Have you ever obtained a liquor license before? ☐ yes ☒ no If yes, where?

Non-Refundable Investigation Fee	\$ <u>75.00</u>	IV	Date Paid <u>June 11, 2008</u>
Original New Application Fee	\$ <u>0</u>		Date Paid _____
Liquor License Per Quarter	\$ <u>0</u>		Date Paid _____

CERTIFICATION: I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that this liquor license, if approved, may not be transferred to any other person or to any other location, without prior approval by the Liquor Board. I further understand the investigation period may be forty-five (45) days or longer for processing.

Signature <u>Cheri Fletcher</u>	Date <u>6-11-08</u>
Signature _____	Date _____
Signature _____	Date _____

Witnessed by: [Signature] Date June 11, 2008

===== FOR SHERIFF'S DEPARTMENT USE ONLY =====

901 E Musser St. Carson City, NV 89701
(775)887-2020 x 1400

Date Applicant Fingerprinted _____	By _____	File # _____
Date Applicant Fingerprinted _____	By _____	File # _____
Date Applicant Fingerprinted _____	By _____	File # _____



CARSON CITY HEALTH & HUMAN SERVICES
900 EAST LONG STREET CARSON CITY, NV 89706
PHONE: 775-887-2190 FAX: 775-887-2248

Crow Bar: Liquor License #08-25869 – 4750 Hwy 50 E, Ste. #1

Carson City Health and Human Services has no objections to the issuance of a liquor license for Crowbar.