

Item #130

**City of Carson City
Agenda Report**

Date Submitted: May 26, 2009

Agenda Date Requested: June 4, 2009

Time Requested: 10 minutes

To: Liquor Board

From: Business License, Development Services

Subject Title: Action to approve Andrea Jackson as the liquor manager for Jacksons #128 packaged liquor license (Liquor License #09-26335) located at 1400 Rand Ave., Carson City. (Jennifer Pruitt/Lena Tripp)

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 Andrea Jackson as the liquor manager for Jacksons #128 packaged liquor license (Liquor License #09-26335) located at 1400 Rand Ave., 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) Background check from Sheriff's Office
2) Carson City Liquor License Application

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:



(Public Works Director)

Date: 5-26-09



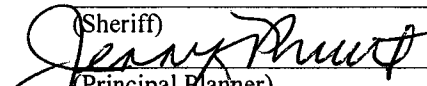
(City Manager)

Date: 5/26/09



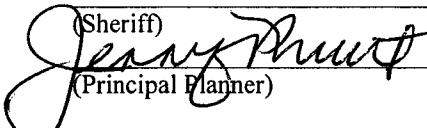
(District Attorney's Office)

Date: 5-26-09



(Sheriff)

Date: _____



(Principal Planner)

Date: 5-27-09

Board Action Taken:

Motion: _____

1) _____
2) _____

Aye/Nay

(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) Andrea Jackson for Liq. Lic# 9-26335
Corporate Name Jacksons Food Stores Inc
Fictitious Firm Name dba Jacksons #128 Date Filed _____
Business Location 1400 Rand Ave. Business Phone 208.888.6061
Mailing Address 3450 Commercial Ct. Meridian Home Phone 208.888.6063
e-mail Address cindy.burnett@jacksonsfoodstores.com
Date Liquor Sales will start? May 7, 2009 Management Agreement on File? pending
Type of Liquor Sales: ☐ Full bar liquor sales ☐ Dining room w/beer & wine
(check all that apply) ☒ Packaged Liquor ☐ Wholesaler
☐ Dining room w/full liquor ☐ Manufacturer
☒ Packaged beer & wine ☐ Additional Bar(s) @ location (#____)
☐ Combo Packaged & on-premise liquor license

List ALL owners, partners or corporate officers below:

See attached

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? NV, ID, OR, WA, UT

Non-Refundable Investigation Fee	\$ <u>500.00</u>	Date Paid
Original New Application Fee	\$ <u>1000.00</u>	Date Paid
Liquor License Per Quarter	\$ <u>200.00</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 Andrea Jackson Date 4.6.09
Signature _____ Date _____
Signature _____ Date _____
Witnessed by: Cynthia Bull Date 4.6.09

===== 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 #

PAID

CK. NO. 0093112 \$1,200.00 & 4366 \$500.00
DATE 4-9-09 TP