Hem# 13A

City of Carson City Agenda Report

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Date Submitted: May 26, 2009	Agenda Date Requested: June 4, 2009 Time Requested: 10 minutes
To: Liquor Board	
From: Business License, Development Services	S
	Dandos as the liquor manager for The Twisted nor License #10-26547) located at 3198 N. Deer pp)
Staff Summary: Per CCMC 4.13, all liquor l Board.	icense requests are to be reviewed by the Liquor
) Ordinance) Other (Specify)
Does This Action Require A Business Impact	Statement: () Yes (X) No
Recommended Board Action: I move to appropriate Twisted Spoke Bar & Grill full bar liquo 3198 N. Deer Run Rd., Carson City.	rove Kimberly Dandos as the liquor manager for license (Liquor License #10-26547) located at
Explanation for Recommended Board Actionall liquor licenses pursuant to CCMC 4.13(1).	n: The Liquor Board has the authority to approve
Applicable Statute, Code, Policy, Rule or Reg	gulation: CCMC 4.13
Fiscal Impact: N/A	
Explanation of Impact: N/A	
Funding Source: N/A	
Alternatives: 1) Refer back to the Business Li 2) Deny	icense Division, or
Supporting Material: 1) Background check 2) Carson City Liquor	

Board Action Report - Liquor License Kimberly Dandos - The Twisted Spoke Bar & Grill June 4, 2009 Page 2

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:	
Jak Khr	Date: 5-26-69 Date: 5/26/09
(Public Works Director)	Date: 5/26/05
(City Manager) Nelson Buckette (District Attorney's Office)	Date: <u>5-26-09</u>
(District Attorney's Office)	Date:
(Sheriff) (Principal Planner)	Date: <u>5-97-09</u>
Board Action Taken:	
Motion:	 Aye/Nay
(Vote Recorded By)	
(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 Applica	ant(s) Kimberly	A. DANDOS	Liq. Lic# 10 - 265	47
Corporate Name				<u> </u>
Fictitious Firm Name	The Juis	ted Spoke B	art Coril Date Filed 4(24/09	
Business Location 3	198 N. DEER 1	EUN ED	Business Phone 887-1117	
Mailing Address 3/9	8 N. DEER 1	EUN RD CC	8970 Home Phone 775-230-446	14
e-mail Address dan	dose UNR. E	DU		
Date Liquor Sales wi			Management Agreement on File? 45	
Type of Liquor Sales: (check all that apply) ☐ 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 lic	ense
List ALL owners, par Kimberly A.			TELOR CC NN 89706 230	0-146
Name & Title Address		Phone #	<u> </u>	
Name & Title		Address	Phone #	
Name & Title	ne & Title Address		Phone #	
Are you familiar with Have you ever obtained				
Non-Refundable Inve Original New Liquor Licens	Application Fee	500.00 1000.00	Date Paid > 4/24/09 Date Paid Date Paid	
understand that this li	quor license, if app r approval by the Li	roved, mav not be tr	n is correct to the best of my knowledge and b ansferred to any other person or to any other er understand the investigation period may b	r
Signature K	while A. Da	des	Date 4-24-05	
Signature			Date	
Signature			Date	
Witnessed by:			Date	
	FOR SH	ERIFF'S DEPARTN 201 E Musser St. Ca (775)887-2020	MENT USE ONLY ====================================	
Date Applicant Finger	printed	Bv	File #	
Date Applicant Finger	printed	By	File #File #	
Date Applicant Finger	printed	D	7311 //	