

Item # 12A

**City of Carson City
Agenda Report**

Date Submitted: October 27, 2009

Agenda Date Requested: November 5, 2009

Time Requested: 10 minutes

To: Liquor Board

From: Business License, Public Works

Subject Title: Action to approve Stephen Taylor as the liquor manager for a packaged liquor license for Maverik, Inc. located at 1451 College Parkway, Carson City (Liquor License #10-26858). (Jennifer Pruitt)

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 Stephen Taylor as the liquor manager for a packaged liquor license for Maverik, Inc. located at 1451 College Parkway, Carson City (Liquor License #10-26858).

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

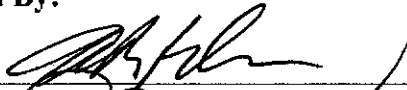
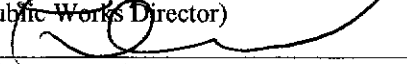
Funding Source: N/A

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 Department Background Investigation

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:


(Public Works Director)

(City Manager)

(District Attorney's Office)

(Sheriff)

(Principal Planner)

Date: 10-27-09
Date: 10-27-09
Date: 10-27-09
Date: _____
Date: 10/27/09

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



CARSON CITY
BUSINESS LICENSE DIVISION
**LIQUOR LICENSE
APPLICATION**

LIQUOR LICENSE #
10-26858
SUBMITTAL DATE
9-9-09

Applicant	Business Owner's Name, LLC, or Corporation Name Maverik, Inc.			Business Phone 801-936-5557	
	Business Address 1451 College Parkway, Carson City, NV			Home Phone	
	Mailing Address P.O. Box 8008			Email Address	
	City Afton	State nv	Zip Code 89310	Month Starting Liquor Sales	
	Fictitious Firm Name Maverik Inc. # 409			Management Agreement on File?	
	List All Owners, Partners, or Corporate Officers below				

Name and Title Mike Call - President	Address 880 West Center NSL UTAH	Home Phone 801-298-9286
Name and Title Spencer Hewitt - Vice President	Address 880 West Center NSL UTAH	Home Phone 801-248-3005
Name and Title Mike Call - Vice President	Address 880 West Center NSL UTAH	Home Phone 801-245-6326
Are you familiar with Nevada Liquor Laws?		Have you ever obtained a Liquor License before; If yes, where?

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 _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

FOR OFFICE USE ONLY

Office Use Only	FEE STRUCTURE		COLUMN 1	FEE
	Dining Room with Beer and Wine Only			
Dining Room with Hard Liquor				
Tavern/Bar				
General Wholesale Liquor				
Packaged Liquor				
Combo - Packaged Liquor and On-Premise				
Additional Bar(s) at Location				

TRACKING		BUSINESS LICENSE FEES	
Fire		Annual Fee	
Health		Pro-rated Fee	
Planning		Application Fee	
Environmental		Investigation Fee	
Other		TOTAL FEES DUE	

500
300
1000

PAID VISA

FOR SHERIFF'S DEPARTMENT USE ONLY

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