Hem# 12B

City of Carson City Agenda Report

Date Submitted: January 12, 2010	Agenda Date Requested: January 21, 2010 Time Requested: 10 minutes
To: Liquor and Entertainment Board	
From: Business License, Public Works	·
Subject Title: Action to approve Sarah Salvo a License #10-23222) located at 220 Fairview Dr	as the liquor manager for CVS Pharmacy (Liquor ., Carson City. (Jennifer Pruitt)
	to be reviewed by the Liquor Board per CCMC he liquor manager on the existing liquor license. ed and staff is recommending approval.
· · ·) Ordinance) Other (Specify)
Does This Action Require A Business Impact	Statement: () Yes (X) No
Recommended Board Action: I move to appr Pharmacy (Liquor License #10-23222) located a	rove Sarah Salvo as the liquor manager for CVS at 220 Fairview Dr., Carson City.
Explanation for Recommended Board Action all liquor licenses pursuant to CCMC 4.13(1).	1: 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	cense Division, or
Supporting Material: 1) Carson City Liquor I 2) Carson City Sheriff	License Application s Department Background Investigation

Board Action Report - Liquor License Salvo - CVS Pharmacy January 21, 2010 Page 2

Prepared By: Lena Tripp, Senior Permit Technician	n	
(Pholic Works Director) (City Manager) (District Attorney's Office) (Sheriff) (Principal Plander)	Date: 1-12-10 Date: 1-12-10 Date: 1-12-10 Date: 1-11-10	<u>) </u>
Board Action Taken:		
Motion:	1)	Aye/Nay
(Vote Recorded By)		

APPLICATION FOR CHANGE OF LIQUOR MANAGER

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CARSON CITY

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		BUSINESS LICENSE DIVISION		09-00023222		
	LIQUOR LICENSE APPLICATION		Submittal Date			
	Business Owner's Name, LLC, or			Business Phone		
	Nevada CVS Pharmacy, L.L.C. Business Address		775-887-1000 Home Phone			
	220 Fairview Lane				Phone #401-765-1500	
. د	Mailing Address 1 CVS Drive, Mail Drop #3206	52A		Email Address		
	City Woonsocket	State R! Zip Code 02895		Month Starting Liquor Sales Active		
plicant	Fictious Firm Name CVS/pharmacy #8779		Management Agree	ment on File?		
ijde	List All Owners, Partners, or Cor	porate Officers below				
dΥ	Name and Title Sarah Salvo - Store Manager/	Address 1855 Burry /Liquor Manager Spacks NV 8943/		ral # 1704	Home Phone ファアー 6.3 6: 445 9	
	Name and Title See attached listing of owners	rs/corporate officers			Home Phone	
	Name and Title		Address		Home Phone	
	Are you familiar with Nevada Li	quor Laws?	s? Have you ever obtained a		ore; If yes, where?	
	nature		Date Date FICE USE ONLY			
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	Dining Room with Beer and W					
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i) e	General Wholesale Liquor					
ffic	Tavern/Bar General Wholesale Liquor Packaged Liquor					
0	Combo - Packaged Liquor and	On-Premise				
	Additional Bar(s) at Location					
	TRACKI	NG .		INESS LICENS	E FEES	
Fire			Annual Fee			
Health		Pro-rated Fee				
	Planning Application Fee					
Env Oth	rironmental		Investigation Fee TOTAL FEES DUE	<u> </u>		
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Dat	e Applicant Fingerprinted	FUR SHEKIFF S L	DEPARTMENT USE (File #		
Date Applicant Fingerprinted						
Dat	e Applicant Fingerprinted		Ву	File #		