

Item #4C

**City of Carson City  
Agenda Report**

**Date Submitted:** August 25, 2006

**Agenda Date Requested:** September 7, 2006  
**Time Requested:** 5 minutes Liquor Board

**To:** Mayor and Liquor Board

**From:** Business License Department

**Subject Title:** Action to approve a packaged liquor license for Alanddon LLC, dba Arco Am/Pm #82392, with Mr. Allan Fiegehen and Mr. Donald Lehr as liquor managers, located at 720 South Carson Street.

**Staff Summary:** Per CCMC 4.13 all liquor requests are to be brought before the liquor board.

**Type of Action Requested:** (check one)  
 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 packaged liquor license for Alanddon LLC, dba Arco Am/Pm #82392, with Mr. Allan Fiegehen and Mr. Donald Lehr as liquor managers, located at 720 South Carson Street.

**Explanation for Recommended Board Action:** Mr. Allan Fiegehen and Mr. Donald Lehr, members and liquor managers, of Alanddon LLC, are requesting approval of a packaged liquor license for Arco Am/Pm located at 720 South Carson Street. All departmental approvals have been received. Attached is the Sheriff's Summary for your review.

**Applicable Statue, Code, Policy, Rule or Regulation:** CCMC 4.13

**Fiscal Impact:** \$1,000 original new, \$575 investigation fee, \$200 quarterly fee


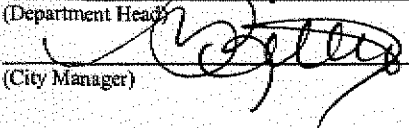
**Explanation of Impact:**

**Funding Source:**

**Alternatives:** Do not approve or approve with conditions

**Supporting Material:** Application and Sheriff's summary

**Prepared By:** Christine Burchiel, Business License Technician

**Reviewed By:**  Date: 8-29-06  
(Department Head)  
 Date: 8-29-06  
(City Manager)

Michael T. Sully  
(District Attorney)  
Mark A. Prosser  
(Finance Director)

Date: 8-29-06

Date: 8/29/06

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

\_\_\_\_\_

# CITY OF CARSON CITY LIQUOR LICENSE APPLICATION

201 N Carson Street #5  
Carson City, NV 89701  
(775)887-2092 #2 fax (775)887-2102

Full Name of Applicant(s) ALLAN G. FIEGEMEN DONALD A. LEHR Account # 06-23465  
 Corporate Name ALANODON LLC  
 Fictitious Firm Name ARCO AM/PM Date Filed 7-26-06  
 Business Location 720 S. CARSON CC Business Phone 882-3345  
 Mailing Address 2800 Lockheed Wy DC Home Phone \_\_\_\_\_  
 Date Liquor Sales will start? Sept 06 Management Agreement on file? \_\_\_\_\_

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>ALLAN G. FIEGEMEN</u>	<u>4200 Weiselo CC NV</u>	<u>882-5607</u>
<small>Name &amp; Title</small>	<small>Address</small>	<small>Phone #</small>
<u>DONALD A. LEHR</u>	<u>4201 HOBART PL. CC NV</u>	
<small>Name &amp; Title</small>	<small>Address</small>	<small>Phone #</small>
<small>Name &amp; Title</small>	<small>Address</small>	<small>Phone #</small>

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

Non-Refundable Investigation Fee	\$ <u>575.-</u>	Date Paid	_____
Original New Application Fee	\$ <u>1000.-</u>	Date Paid	<u>7-26-06</u>
Liquor License Per Quarter	\$ <u>200.-</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>[Signature]</u>	Date <u>6/20/06</u>
Signature <u>[Signature]</u>	Date <u>6/20/06</u>
Signature _____	Date _____

Witnessed by: [Signature] Date 7-26-06

**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 # _____