

**City of Carson City
Agenda Report**

Date Submitted: November 8, 2010

Agenda Date Requested: November 16, 2010

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License, Public Works

Subject Title: Action to approve Mark Schloss as the liquor manager for Red's Old 395 Grill (Liquor License #11-15193) located at 1055 S. Carson St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Mark Schloss is applying to be listed as the new liquor manager on the liquor license and staff is recommending approval.

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 Mark Schloss as the liquor manager for Red's Old 395 Grill (Liquor License #11-15193) located at 1055 S. Carson St., 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) Carson City Liquor License Application
2) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:

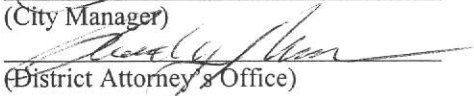


(Public Works Director)

Date: 11/8/10

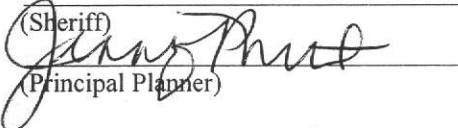
(City Manager)

Date: 11/5/10



(District Attorney's Office)

Date: 11/8/10

(Sheriff)


(Principal Planner)

Date: _____

Date: 11-8-2010

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

11-15193

Submittal Date:

8-27-10

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input checked="" type="checkbox"/> Other
2	Type of License(s)	<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	SEB NEVADA, LLC			Business Opening Date
5	Business Name (DBA)	RED'S OLD 395 GRILL			6-1-00
6	Business Address	1055 S. CARSON ST	City	CARSON CITY	State
7	Mailing Address	SAME AS ABOVE			Zip Code
8	Corporate Phone	(775) 887-0395	Business Phone	(775) 887-0395	Cellular Phone
9	E-mail Address	N/A			Business Fax
10					(775) 887-5040
11					

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI	Percent Owned	Title	Date of Birth	SSN
STERLING, JACK G.	33 1/3	MEMBER	2/23/60	
Residence Address (Street)	City, State, Zip	Residence Telephone		
440 CENTENNIAL AVE	CHICO, CA 95928	(530) 343-2722		
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
EXTINGER, ALBERT T.	66 2/3	MEMBER	8/27/32	
Residence Address (Street)	City, State, Zip	Residence Telephone		
1604 SAWTOOTH TRAIL	RENO, NV. 89523	(310) 467-7495		
Manager/Liquor Manager	<input checked="" type="checkbox"/> On-Site	Contact Phone Number		
Schloss, Mark R.	<input type="checkbox"/> Off-Site	775.830.8492		
Residence Address (Street)	City, State, Zip			
5805 COUN SAINT MICHELLE	RENO, NV 89511			

Pursuant to NRS 244.33507 and 42 U.S.C. Sec. 666, you are required to provide your social security number on the application for a license, permit, or certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child or you are in arrears in the payment for the support of one or more children

13 Describe in detail the activity of your business
 New liquor manager

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
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15 Catering Additional Wet Bars _____ Will there be an Interim Management Agreement?

16 List number of slot machines (If applicable) List number of table games (If applicable)

<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____
<input type="checkbox"/> 5 cent 7	<input type="checkbox"/> Poker <input checked="" type="checkbox"/>	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____
<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____
<input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Keno _____	<input type="checkbox"/> Poker _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below
 ELIMINATION OF JAMES V. STERLING III AS A PRINCIPAL
 ADDITION OF MARK SCHLOSS AS MANAGER/LIQUOR MANAGER

18 Check One

I am not subject to a court order for the support of a child

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

I am subject to a court order for the support of one or more children and am not in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

Rules and Regulations	I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments
	<ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location • Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation
	I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.
	Applicant's Signature <u>Mark Schlor</u> Date <u>8/27/10</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee:
Square Footage		Business License Pro-rated Fee:
Number of Employees	PAID	Business License Application/Update Fee:
Health Fee		Liquor License Annual Fee:
Number of Rental Units	CK. NO. <u>3352</u>	Liquor License Pro-rated Fee:
	DATE <u>8/27/10</u>	Liquor License Application Fee:
Number of Coin Operated Machines		Liquor License Investigation Fee: <u>500.00</u>
Number of Slot Machines		Gaming License Quarterly Fee:
TOTAL FEES DUE: <u>500.00</u>		Gaming License Application Fee:
Payment Type <u>Check</u>		Fictitious Name Fee:
Received By <u>SI</u>	Date <u>8/27/10</u>	Health Pre-Inspection Fee:
Date Applicant Fingerprinted	By _____ File # _____	