

**City of Carson City  
Agenda Report**

**Date Submitted:** December 7, 2010

**Agenda Date Requested:** December 16, 2010

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License, Public Works

**Subject Title:** Action to approve Charles Abowd as the liquor manager for Adele's (Liquor License #11-3979) located at 1112 N. Carson St., Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Charles Abowd is applying to be listed as the liquor manager on the liquor license. 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 Charles Abowd as the liquor manager for Adele's (Liquor License #11-3979) located at 1112 N. 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

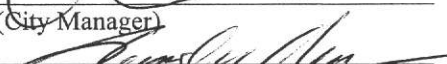
**Funding Source:** N/A

**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 Department Background Investigation

**Prepared By:** Lena Tripp, Senior Permit Technician

**Reviewed By:**

  
\_\_\_\_\_  
(Public Works Director)  
  
\_\_\_\_\_  
(City Manager)  
  
\_\_\_\_\_  
(District Attorney's Office)  
  
\_\_\_\_\_  
(Principal Planner)

Date: 12-7-10  
Date: 12/7/10  
Date: 12/7/10  
Date: 12-7-10

**Board Action Taken:**

Motion: \_\_\_\_\_

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

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



# CARSON CITY LICENSE APPLICATION

Business License #:

10-439 / 11-3979

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

Submittal Date:

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input checked="" type="checkbox"/> Change of Corporate Officer	<input checked="" type="checkbox"/> Other				
2	Type of License(s)	<input checked="" 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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit				
4	Entity Name	Adele's LLC		5	Business Opening Date				
6	Business Name (DBA)	Adele's		7	EIN #				
8	Business Address	1112 N Carson St	City	CARSON	State	NV	Zip Code	89701	
9	Mailing Address	Same		City	State	Zip Code			
10	Corporate Phone	882-6424	Business Phone	882-3353	Cellular Phone	Business Fax	775-882-0437		
11	E-mail Address	charlicabowd@yahoo.com		Business Website					www.adelesrestaurantandlounge.com

Liquor Mana

12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Abowd Charles	50%	Manager	2-8-51	[REDACTED]
	Residence Address (Street)		City, State, Zip		Residence Telephone
	3866 Westwood Drive		CARSON CITY NV 89703		775-882-6424
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Abowd Karen	50%	Manager	9-13-51	[REDACTED]
	Residence Address (Street)		City, State, Zip		Residence Telephone
	SAA		SAA		SAA
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Residence Address (Street)		City, State, Zip		Residence Telephone
	Manager/Liquor Manager		<input checked="" type="checkbox"/> On-Site	Contact Phone Number	
	Abowd Charles		<input type="checkbox"/> Off-Site	SAA	
	Residence Address (Street)		City, State, Zip		
	SAA		SAA		

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

RESTAURANT & Bar, Special Events

14 Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input checked="" 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? No

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 _____ N/A	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____ N/A	<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

PEA Enterprises, Inc. - Paul & Adele Abowd

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 *located* in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180

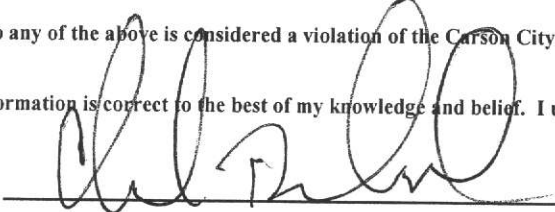
Is your business location zoned for this type of business <i>Yes</i>	Has a Special Use Permit been obtained for this business location
Will you be installing any outdoor signs <i>No, Already installed</i>	Are there any existing signs of the property <i>Yes</i>
Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>No</i>	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>No</i>	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>None</i>	

**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

- 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  Date 9-8-10

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee:
Square Footage		Business License Pro-rated Fee:
Number of Employees		Business License Application/Update Fee: <i>25.00</i>
Health Fee		Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee:
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>525.00</i>		Gaming License Quarterly Fee:
Payment Type		Gaming License Application Fee:
Received By	Date	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: