

**City of Carson City
Agenda Report**

Date Submitted: November 15, 2010

Agenda Date Requested: November 23, 2010
Time Requested: 10 minutes

To: Board of Supervisors and Mayor

From: Business License, Public Works

Subject Title: Action to approve the transfer of the gaming license for Slotworld, Inc. dba Golden Nickel (Gaming License #10-2065) to 444 E. William St., Ste 8, Carson City. (Jennifer Pruitt)

Staff Summary: All gaming license transfer requests are to be reviewed by the Board of Supervisors per CCMC 4.14.050. Slotworld, Inc. dba Golden Nickel is applying to transfer the gaming license from 1325 S. Carson St. to 444 E. William St., Ste 8. The name of the business has also changed from Smoke Shop to the Golden Nickel. 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 the transfer of the gaming license for Slotworld, Inc. dba Golden Nickel (Gaming License #10-2065) to 444 E. William St., Ste 8, Carson City. (Jennifer Pruitt)

Explanation for Recommended Board Action: The Board of Supervisors has the authority to approve gaming license transfers pursuant to CCMC 4.14.050.

Applicable Statute, Code, Policy, Rule or Regulation: CCMC 4.14.050

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

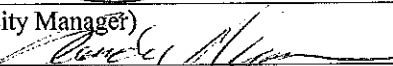
Alternatives: 1) Refer back to the Business License Division, or
2) Deny

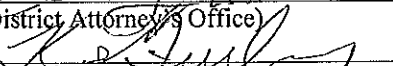
Supporting Material: 1) Carson City License Application

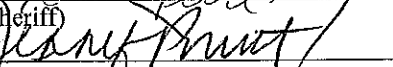
Prepared By: Lena Tripp, Senior Permit Technician

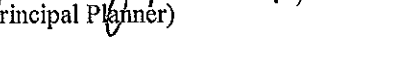
Reviewed By:


(Public Works Director)


(City Manager)


(District Attorney's Office)


(Sheriff)


(Principal Planner)

Date: 11/8/10

Date: 11/8/10

Date: 11/8/10

Date: 11/8/10

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

Busin

10 2015
Submittal Date: 11-1-2010

1	☐ New Business	☒ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☐ Business	☐ Short-Term	☒ Gaming	☐ Liquor
3	Type of Entity	☐ Sole Proprietor	☒ Corporation	☐ Partnership	☐ Limited Liability Company
4	Entity Name	Slot World, INC			
5	Business Name (DBA)	Golden Nickel			
6	Business Address	City	State	Zip Code	
8	444 E. William #8	Carson City	NV	89701	
9	Mailing Address	City	State	Zip Code	
9	3879 Highway 50 E. CC NV	Carson City	NV	89701	
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
10	775-882-7568	Same	775-742-6199	775-882-8670	
11	E-mail Address	Business Website			
11		slotworld-casino.com			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Small, John, D	30	Chair	2-3-29	544-26-2618
	Residence Address (Street)		City, State, Zip		Residence Telephone
	1641 FAIRWAY		CARSON CITY, NV 89701		882-2324
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Smeth, Jeffery	20	President	10-29-68	530-46-9778
	Residence Address (Street)		City, State, Zip		Residence Telephone
	1564 Truckee Dr		Carson City, NV 89701		885-8188
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Taylor, Steve R	24.5	Secretary	4-5-53	530-44-6169
	Residence Address (Street)		City, State, Zip		Residence Telephone
	2200 Sun Chaser Ct		Reno, NV 89511		851-1090
	Manager/Liquor Manager	☐ On-Site ☐ Off-Site		Contact Phone Number	
	Residence Address (Street)	City, State, Zip			
	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				
	Gaming - Fifty to Sixty slots.				
	Type of Liquor License Applying for (If applicable)				
14	☐ Tavern/Bar	☐ Dining Room w/Beer and Wine Only	☐ Packaged Liquor	☐ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)
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)		
	☐ 1 cent 6	☐ Multi 22	☐ Craps	☐ Baccarat	
	☐ 5 cent 14	☐ Poker	☐ Roulette	☐ Race Book	
	☐ 25 cent 6	☐ Mega Buck	☐ Twenty-One	☐ Sports Book	
	☐ 1.00 2		☐ Keno	☐ Poker	
17	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below				
	SlotWorld, INC dba Smoke Shop 1325 S. Carson St. Carson City NV				
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 <u>Yes</u>	Has a Special Use Permit been obtained for this business location <u>Yes</u>
	Will you be installing any outdoor signs <u>Yes</u>	Are there any existing signs of the property <u>Yes</u>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <u>No</u>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <u>No</u>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <u>None</u>	

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 <u>Jeffrey Anesth</u> Date <u>10-28-10</u>
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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: <u>25.00</u>	
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:	
TOTAL FEES DUE: <u>70.00</u>			Gaming License Quarterly Fee:	
Payment Type	<u>CH# 10789</u>		Gaming License Application Fee: <u>25.00</u>	
Received By	<u>SI</u>	Date <u>11-1-2010</u>	Fictitious Name Fee: <u>20.00</u>	
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	