## Carson City Agenda Report

Date Submitted: February 8, 2011 Agenda Date Requested: February 17, 2011 Time Requested: 10 minutes To: Liquor and Entertainment Board From: Business License Division Subject Title: Action to approve Dale Michael Barcomb as the liquor manager for 7-Eleven Store #22629 (Liquor License #11-27361) located at 3701 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. Dale Michael Barcomb is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval. Type of Action Requested: ( ) Resolution ( ) Ordinance ( ) Other (Specify) (X) Formal Action/Motion ( ) Yes (X) No **Does This Action Require A Business Impact Statement:** Recommended Board Action: I move to approve Dale Michael Barcomb as the liquor manager for 7-Eleven Store #22629 (Liquor License #11-27361) located at 3701 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

2) Carson City Sheriff's Office Background Investigation

Supporting Material: 1) Carson City Liquor License Application

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enior Permit Technician
Date: Z-8-// Date: 2/8/// Date: 2-8-20//
1) Aye/Nay 2)

Check One

dir	CARS	ON CITY	LICENSE AI	PPLICATION	Business License #: BL 10-2	8297		
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature					1/L 11-2	73.61		
THE COLUMN THE PARTY OF THE PAR	not be ac	cepted. Appl	cations must bear	an original signature	Submittal Date:	19-0	HID	
1 ew	□ rew Business □ Change of Location/M		f Location/Mailing	<b>≯</b> Change of Name	☐ Change of Corpo	rate Officer	☐ Other	
2 Type of	License(s)	×	Business	☐ Short-Term	☐ Gamin	g	≭Liquor	
3 Type of Entity	□ Sole Pr	oprietor		☐ Partnership	☐ Limited Liability		□ Non-Profit	
Entity Name	1-Eleven	Inc			Business Open	ing Date	20/10	
Business Name (			ore 2262	4 H		-10851	31	
Business Address	<b>e</b>	20.00		City	State	Zip Code		
Mailing Address	3701 No			Carson City	Y ) V State	8970 Zip Code	6	
9 PO	Box 2190			Dallas	TX	752	21	
Corporate Phone		Business Phon	52-7459	(775) 247-578	Business Fax (775) 83	27-8862		
E-mail Address				Business Website				
12 Owner(s), Mana	ger(s), or other Prin	cipal(s) attach a						
Last, First, MI	see att	Garlon	Percent Owned	Title	Date of Birth	SSN		
	Residence Address (Street)			City, State, Zip		Residence Telep	phone	
Last, First, MI			Percent Owned	Title	Date of Birth	SSN		
Residence Addre	Residence Address (Street)			City, State, Zip		Residence Telep	phone	
Last, First, MI			Percent Owned	Title	Date of Birth	SSN	moo - Karama	
Residence Addre	Residence Address (Street)			City, State, Zip Residence Telephone				
Manager/Liquor	Manager/Liquor Manager				☐ On-Site Contact Phone Number			
Residence Addre	ess (Street) 95 Slide	e bar	comp.	x Off-Site 853-8711  City, State, Zin William Valley, NV 89704				
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, p certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to det								
				e support of a child or you a				
	ail the activity of yo	our business		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Retail (	convenience	e Selling	tobacco P	reducts, off pre ine, etc.	mise alcohol	ic bever	ages,	
Type of Liquor	License Applying	for (If applicab	le)	iric per c.				
14 ☐ Tavern/Bar	☐ Dining Room Wine		≯Packaged Liquor	☐ Dining Room w/Hard Liquor	□ Combo (On-Premise & Pkg)	☐ Genera	l Wholesale	
15 Catering	□ Additi	onal Wet Bars	-	Will there be an Interim M	anagement Agreement?			
16 List number of	l ber of slot machines (If applicable)			List number of table games	s (If applicable)			
1 cent 9	5 cent Poker P		☐ Craps Ø ☐ Roulette Ø ☐ Twenty-One Ø	☐ Baccarat	ø und	tel can.		
□ 1.00 Ø	Mega Buck (2)			Keno Ø	□ Poker Ø			
17 If this application		business name, l	ocation, or ownership	p, list the previous name, addr	ress, and owner below		- Indiana Indiana	
18	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

u u		se answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, act the Planning Division at (775) 887-2180				
Miscellaneous Information	Is your business location zoned for this type of business		Has a Special Use Permit been obtained for this business location			
E	Will you be installing any outdoor si	ane.	Are there any existing signs of the property			
III	Will you be instaining any outdoor signs		Yes			
ons	Will there be any outside storage (If	yes, please explain items being store				
ane	No					
cell	Will any commercial vehicles be used	d for this business (If yes, please des	cribe 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						
	nla					
_						
	I, the undersigned understand tha city departments	t I cannot operate my business un	til my license is actually issued by this office indicating approval by all necessary			
ns	If any changes a required.	re made after completing said lice	ense application this office must be notified immediately and an updated is			
Regulations		se, liquor license, and/or gaming l BLE to a different owner or diffe	icense are issued to a given owner at a SPECIFIC LOCATION and are NON-rent location			
		annual and quarterly business lic s and is grounds for the revocation	cense, liquor license, and/or gaming license fees by the due date will result in n of the license.			
Rules and	<ul> <li>Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation</li> </ul>					
2	I hereby certify that the above info	ormation is correct to the best of r	ny knowledge and belief. I understand that failure to complete this form			
	truthfully is an act of perjury.	01.0	)			
	Applicant's Signature	(Kulen A-7	Date 10/19/10			
			/			
	FEE STRUCTURE	FEE	LICENSE TOTAL FEES			
Bus	iness License Fee	03,85	Business License Annual Fee: 201.85			
Squ	are Footage	32.25	Business License Pro-rated Fee: (50, 46) 10-10-12-10			
Nur	nber of Employees	30,75	Business License Application/Update Fee:			
Hea	Ith Fee HUMH 8	75,00	Liquor License Annual Fee:			
Nur	nber of Rental Units		Liquor License Pro-rated Fee:			
Nur	nber of Coin Operated Machines		Liquor License Application Fee:			
Number of Slot Machines			Liquor License Investigation Fee:			
то	TAL FEES DUE: 7)82	12/31	Gaming License Quarterly Fee:			
Pay	ment Type 560 ,00 _	Baldu 1322, 31	Gaming License Application Fee:			
Received By Date 10/19/10			Fictitious Name Fee:			
Date Applicant Fingerprinted By File #			Health Pre-Inspection Fee:			
			80;00 V			
			12046 Busilia			

177,69 Howards LL