## 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 Kristi Pattison as the liquor manager for Brugo's Pizza Co. (Liquor License #11-27495) located at 3228 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. Kristi Pattison is applying to be listed as the liquor manager on the liquor license. Kristi Pattison purchased the business from the previous owners. Staff is recommending approval. Type of Action Requested: ( ) Resolution ( ) Ordinance ( ) Other (Specify) (X) Formal Action/Motion Does This Action Require A Business Impact Statement: ( ) Yes (X) No Recommended Board Action: I move to approve Kristi Pattison as the liquor manager for Brugo's Pizza Co. (Liquor License #11-27495) located at 3228 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

Board Action Report - Liquor License Pattison - Brugo's Pizza Co. February 17, 2011 Page 2

Prepared By: Lena Tripp, Senior Permit Technician	n		
(Public Works Director)  (City Manager)  (District Attorney's Office)  (Principal Planner)		Date: $\frac{2 - 8 - 7}{2 \cdot 8 \cdot 201}$ Date: $\frac{2 \cdot 8 \cdot 201}{2 \cdot 8 \cdot 201}$	
<b>Board Action Taken:</b>			
Motion:	1) 2)		Aye/Nay
(V. t. P. conded Dr.)			
(Vote Recorded By)			

		CARS	ON CITY	LICENSE AI	PPLICATION	Business License #:	CITIES	LLE
4		Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature		Submittal Date:	8443	11-2749		
	New	Rusiness	□ Change of	Change of Name	☐ Change of Corpo	roto Officer	2011	
1	V New Business ☐ Change of Location/Mailing  Type of License(s) ■ Business		☐ Change of Name	☐ Change of Corpo		□ Other		
2	Type of Entity	Sole Pro		Corporation	☐ Short-Term ☐ Partnership	☐ Limited Liability		□ Non-Profit
3	Entity Name	10.1	/	e Coi poration	1 arthership	Business Open		□ Non-Front
4	Business Name (D	P Vent	wres	INC.		5 <u>C</u>	1/20/11	
6		Brugo	7 27-9	133 1910	)			
8	Business Address	3195+NCG	Four	kst 1	Carson	State NV	Zip Code	B
9	Mailing Address	12 W F	ourth:	st	Carson	State N V	Zip Code	703
10	Corporate Phone		Business Phone		Cellular Phone	Business Fax	0//	
10	775-72 E-mail Address	0-8621	773-	720-8622	775-720-80 Business Website	122		
11	0 () 16	/\			<u> </u>			
12	Last, First, MI	er(s), or other Princ	ipal(s) attach a	dditional pages if req Percent Owned	Title 4	Data e Birah	CON	
	Pattiso	m Krist	: L,	100 %	President	Date of Birth 03-25-1970	SSN	
	Residence Address			700 10	City, State, Zip	100 20 1710	Residence Telep	phone
	7605 0	old Hwy	3957	1.	Carson City	nv 89704	775-7	20-8622
	Last, First, MI	, 1		Percent Owned	Title /	Date of Birth	SSN	
	Residence Address (Street)			City, State, Zip	Residence Telep	hone		
	Last, First, MI			Percent Owned	Title	Date of Birth	SSN	
	Residence Address (Street)			City, State, Zip		Residence Telep	hone	
	Manager/Liquor Manager			☐ On-Site Contact Phone ☐ Off-Site		Number		
	Residence Address (Street)			City, State, Zip				
	Description NTDS 244 22507 and 42 VIS C Sec. (1/1)						nca parmit or	
	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 you	ır business					
	operat	e rest	auran	+				
	Type of Liquor L	icense Applying fo	The state of the s	e)				
14	□ Tavern/Bar	Dining Room Wine C	And the second of the second s	ackaged Liquor	□ Dining Room w/Hard Liquor	□ Combo (On-Premise & Pkg)	□ Genera	l Wholesale
15	Catering	□ Addition	nal Wet Bars		Will there be an Interim M	anagement Agreement?		
16	List number of slot machines (If applicable)			List number of table games (If applicable)				
	□ 1 cent			□ Craps □ Baccarat				
	□ 5 cent □ Poker		□ Roulette □ Race Book					
	☐ 25 cent ☐ 1.00		□ Mega Buck		☐ Twenty-One ☐ Keno	☐ Sports Bool ☐ Poker	·	
17		s for a change of h	isiness name lo	cation, or ownership	, list the previous name, addr			
1. /.	apparation i	o. a change of Di	Halle, 10		, and the previous name, audi	ess, and struct Delot		

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 Check One 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

	<del></del>				
_	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				
Information	Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location			
ΙĒ	yes				
Info	Will you be installing any outdoor signs	Are there any existing signs of the property  Ves			
Sno	Will there be any outside storage (If yes, please explain items being stor				
ane	no				
Miscellaneous	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)  \( \ightarrow				
Σ	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business  Busic Cleaning Chemicals for a Kitchen				
	<i>O</i>				
	I, the undersigned understand that I cannot operate my business un city departments	til my license is actually issued by this office indicating approval by all necessary			
SU	If any changes are made after completing said license application this office must be notified immediately and an updated is required.				
Regulations	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				
egu					
Rules and	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 truthfully is an act of perjury.	my knowledge and belief. I understand that failure to complete this form			
	Applicant's Signature	Date 12/30/10			
_	7				
	FEE STRUCTURE FEE	LICENSE TOTAL FEES			
Bus	ness License Fee 43,85	Business License Annual Fee: 20/85			
Squ	are Footage 32.25	Business License Pro-rated Fee:			
Number of Employees 30,75		Business License Application/Update Fee: 25:00			
Health Fee 75 ®		Liquor License Annual Fee:			
Number of Rental Units		Liquor License Pro-rated Fee:			
Number of Coin Operated Machines		Liquor License Application Fee: 500.00			
Number of Slot Machines		Liquor License Investigation Fee:			
TOTAL FEES DUE: 1276.85		Gaming License Quarterly Fee:			
		Gaming License Application Fee:			
Rec	eived By Date D 1-4-1	Fictitious Name Fee:			
Date	Applicant Fingerprinted By File #	Health Pre-Inspection Fee:			