## Carson City Agenda Report

Date Submitted: March 9, 2011 Agenda Date Requested: March 17, 2011 Time Requested: 10 minutes To: Liquor and Entertainment Board From: Business License Division Subject Title: Action to approve Paul Bonaldi as the liquor manager for an onpremise/packaged liquor license for Coco Dolce (Liquor License #11-27512) located at 1910 College Pkwy Ste 130, Carson City. (Lena Tripp) Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Paul Bonaldi is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval. **Type of Action Requested:** ( ) Ordinance ( ) Resolution ( ) Other (Specify) (X) Formal Action/Motion Does This Action Require A Business Impact Statement: ( ) Yes (X) No Recommended Board Action: I move to approve Paul Bonaldi as the liquor manager for an onpremise/packaged liquor license for Coco Dolce (Liquor License #11-27512) located at 1910 College Pkwy Ste 130, 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 Bonaldi - Coco Dolce March 17, 2011 Page 2

<b>Prepared By:</b> Lena Tripp, Senior Permit Technician			
(Public Works Director) (City Manager) (District Attorneys Office) (Principal Planner)		Date: 3-9-11  Date: 3/9/11  Date: 3-9-2011	
Board Action Taken:			
Motion:	1)		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 31-2 ☐ Change of Location/Mailing ☐ New Business ☐ Change of Corporate Officer □ Other ☐ Change of Name ☐ Gaming Type of License(s) □ Business ☐ Short-Term ☐ Liquor ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Non-Profit Type of Entity ☐ Corporation Business Opening Date **Entity Name** LOC 5 Business Name (DBA) EIN# COCO CARSON **Business Address** State 1910 **Mailing Address** City CARSOI **Business Fax** Corporate Phone **Business Phone** Cellular Phone 775-741-0421 MATH 775-74 E-mail Address Chefob **Business Website** mac con Owner(s), Manager(s), or other Principal(s) attach additional pages if required Percent Owned Title MEMBEZ Date of Birth 1-13-1960 BONA 100% OWNER City, State, Zip Residence Telephone Residence Address (Street) 775-841-3609 1077 CARSON Last, First, MI Percent Owned Date of Birth Residence Address (Street) City, State, Zip Residence Telephone Last, First, MI Percent Owned Title Date of Birth City, State, Zip Residence Address (Street) Residence Telephone Manager/Liquor Manager On-Site Contact Phone Number Off-Site 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 Describe in detail the activity of your business SALE A CHOLOLATES WINE BERR ESSPIRESO, LATTES PRE PACKAGIED FOOD. BOTTLED BEER BEVELAGES, PREJACKAGE DESSERTS. Type of Liquor License Applying for (If applicable) 14 ☐ Dining Room w/Hard Combo (On-Premise ☐ Dining Room w/Beer and ☐ Packaged ☐ General Wholesale ☐ Tavern/Bar Wine Only Liquor Liquor 15 Will there be an Interim Management Agreement? ☐ Additional Wet Bars ☐ Catering List number of slot machines (If applicable) List number of table games (If applicable)

☐ 5 cent Roulette ☐ Race Book □ Poker ☐ 25 cent ☐ Sports Book Twenty-One ☐ Mega Buck □ Poker □ Keno If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below I am not subject to a court order for the support of a child 18 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

Craps

☐ Baccarat

☐ 1 cent

☐ Multi

1	the first the same and the same and							
	Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage,							
5	contact the P	ntact the Planning Division at (775) 887-2180						
at:	Is your business	location zoned for this type of business	Has a Special Use Permit been obtained for this business	location				
Įβ	I V	E5	NO					
Miscellaneous Information	Will you be inst	alling any outdoor signs	Are there any existing signs of the property					
	MODIF	MODIFYING EXISTING XES						
I §	Complete State Sta	Will there be any outside storage (If yes, please explain items being stored and how being screened)						
le l	10 April 2004 100 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 100/07 10 10 100/07 10 10 10 10 10 10 10 10 10 10 10 10 10							
13	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)							
Se	CARGO TRAILER 6×12							
Σ	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business							
	QUART +0 12 CALL SIZE DISHCHEMICALS FLOUR COUNTER"							
_	14 -(11.							
Г	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.							
I								
Regulations	A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-							
E	TRANSFERRABLE to a different owner or different location							
Se Se	Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in							
and	applied penalties and is grounds for the revocation of the license.							
la la								
l e		Any exception to any of the above is considered a	violation of the Carson City Municipal Code and is sub	ject to citation				
Rules								
П	OBS - 50 - 50 - 50		ny knowledge and belief. I understand that failure to co	omplete this form				
	truthfully is an	act of perjury.						
1	Applicant's S	ignature	Date	-21-11				

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee:
Square Footage	13.00	Business License Pro-rated Fee: 146,45 march - DC
Number of Employees	2460	Business License Application/Update Fee:
Health Fee	7500	Liquor License Annual Fee: 000
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 5000
Number of Slot Machines		Liquor License Investigation Fee:
TOTAL FEES DUE: 1/9/07	45	Gaming License Quarterly Fee:
Payment Type (#\$		Gaming License Application Fee:
Received By	ate -31-201	Fictitious Name Fee:
Date Applicant Fingerprinted By	File#	Health Pre-Inspection Fee: