

**Carson City
Agenda Report**

Date Submitted: March 29, 2011

Agenda Date Requested: April 7, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: Action to approve Scot Ryan as the liquor manager for Raley's (Liquor License #11-3993) located at 3701 S. Carson St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Scot Ryan 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 Scot Ryan as the liquor manager for Raley's (Liquor License #11-3993) located at 3701 S. 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 Office Background Investigation

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:



(Public Works Director)

Date: 3/29/11



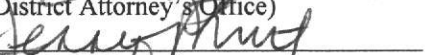
(City Manager)

Date: 3/29/11



(District Attorney's Office)

Date: 3/29/11



(Principal Planner)

Date: 3/29/11

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #: 793

Liquor Lic # 3993

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 type="checkbox"/> Other
2	Type of License(s)	<input 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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit

4	Entity Name Raley's	5	Business Opening Date August 18, 1982	
6	Business Name (DBA) Raley's #114	7	EIN # 94-1316611	
8	Business Address 3701 S. Carson St	City Carson City	State NV	Zip Code 89701
9	Mailing Address Attn: Permits & Licenses PO Box 15618	City Sacramento	State CA	Zip Code 95852
10	Corporate Phone (916) 373-6318	Business Phone (775) 883-8301	Cellular Phone	Business Fax (916) 376-6899
11	E-mail Address qbaker@raleys.com	Business Website www.raleys.com		

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI SEE ATTACHED	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone

Manager/Liquor Manager Scot Ryan	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 885-7825 / 671-0165
Residence Address (Street) 149 E Appion Wy	City, State, Zip Carson City, NV 89706	

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
Retail grocery store selling household food and non-food products, general merchandise, alcohol and tobacco products, prescription and over-the-counter drugs.

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
-------------------------------------	---	---	--	---	--

<input type="checkbox"/> Catering	<input type="checkbox"/> 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)
<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____
<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <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
Thomas P. Raley
7564 French Road, #131
Sacramento, CA 95828

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 <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	
	Is your business location zoned for this type of business <i>yes</i>	Has a Special Use Permit been obtained for this business location <i>N/A</i>
	Will you be installing any outdoor signs <i>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	

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
	<ul style="list-style-type: none"> • 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><i>Michael J. [Signature]</i></u> Date <u><i>12/14/10</i></u>

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:
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: -		Gaming License Quarterly Fee:
Payment Type <i>CASH 1036090</i>		Gaming License Application Fee:
Received By	Date	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: