

**Carson City  
Agenda Report**

**Date Submitted:** April 26, 2011

**Agenda Date Requested:** May 5, 2011

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** Action to approve Kristine Meyers as the liquor manager for Smith's Food and Drug Store (Liquor License #11-4042) located at 599 E. William St., Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Kristine Meyers is applying to be listed as the liquor manager on the liquor license replacing the previous liquor manager.

**Type of Action Requested:**

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does This Action Require A Business Impact Statement:** ( ) Yes (X) No

**Recommended Board Action:** I move to approve Kristine Meyers as the liquor manager for Smith's Food and Drug Store (Liquor License #11-4042) located at 599 E. William 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)

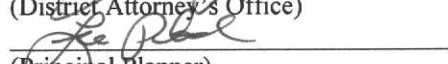
Date: 4-26-11

  
\_\_\_\_\_  
(City Manager)

Date: 4/26/11

  
\_\_\_\_\_  
(District Attorney's Office)

Date: 4/26/11

  
\_\_\_\_\_  
(Principal Planner)

Date: 4-26-11

**Board Action Taken:**

Motion: \_\_\_\_\_

1) _____	Aye/Nay
2) _____	_____
	_____
	_____
	_____

\_\_\_\_\_  
(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

Business License #: 11-0004042 - *Liquor Lic. #*

Submittal Date: 10/25/2010

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input checked="" type="checkbox"/> Other			
2	Type of License(s)	<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor			
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit		
4	Entity Name	Smith's Food & Drug Centers, Inc.			5 Business Opening Date	6/00/1988		
6	Business Name (DBA)	Smith's Food & Drug Store #356			7	EIN #		
8	Business Address	599 E William St.	City	Carson City	State	NV	Zip Code	89702
9	Mailing Address	PO Box 30550	City	Salt Lake City	State	UT	Zip Code	84130
10	Corporate Phone	801-974-1400	Business Phone	775-359-6800	Cellular Phone	Business Fax 801-974-1243		
11	E-mail Address	nathalie.fuller@sfdc.com			Business Website			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required							
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN			
	See Attached							
	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	Kristine Meyers			<input checked="" type="checkbox"/> On-Site	Contact Phone Number 775-885-9922		
					<input type="checkbox"/> Off-Site			
	Residence Address (Street)	2908 Gillis Wy			City, State, Zip	Carson City, NV 89701		
	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 Grocery Retail which includes liquor, non foods							
	Type of Liquor License Applying for (If applicable)							
14	<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		
15	<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) N/A				List number of table games (If applicable) N/A			
	<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____				
	<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____				
	<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____				
	<input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Keno _____	<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 N/A							
18	Check One	<input checked="" type="checkbox"/> 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 <i>in compliance</i> 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 <i>not in compliance</i> 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						

<b>Miscellaneous Information</b>	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 <span style="margin-left: 100px;">N/A</span>	
	Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe 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	

<b>Rules and Regulations</b>	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"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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</li> <li>• 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.</li> <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> <p>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.</p> <p>Applicant's Signature <u></u> Kyle S McKay, V. Date <u>11/9/2010</u></p>

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: <span style="float: right;">500.00</span>
<b>TOTAL FEES DUE:</b>		Gaming License Quarterly Fee:
Payment Type	<u>Check # 7319147</u>	Gaming License Application Fee:
Received By	Date <u>11/18/2010</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: