Carson City Agenda Report

Date Submitted: October 23, 2012	Agenda Date Requested: November 1, 2012 Time Requested: 10 minutes
To: Liquor and Entertainment Board	
From: Business License Division	
• • • • • • • • • • • • • • • • • • • •	Ronald Hogarth as the liquor manager for the cated at 507 N Carson St., Carson City. (Jennifer
Staff Summary: All liquor license requests are 4.13. Ronald Hogarth will be replacing the curr	e to be reviewed by the Liquor Board per CCMC ent liquor manager.
Type of Action Requested: Resolution Formal Action/Motion	☐ Ordinance ☐ Other (Specify)
Does This Action Require A Business Impact	Statement: () Yes (X) No
Recommended Board Action: I move to appro Carson Nugget (Liquor License #13-27165) loca	ove Ronald Hogarth as the liquor manager for the ated at 507 N Carson St., Carson City.
Explanation for Recommended Board Actional liquor licenses pursuant to CCMC 4.13(1).	a: The Liquor Board has the authority to approve
Applicable Statute, Code, Policy, Rule or Reg	gulation: CCMC 4.13
Fiscal Impact: N/A	
Explanation of Impact: N/A	
Funding Source: N/A	
Alternatives: 1) Refer back to the Business Li 2) Deny	cense Division, or
Supporting Material: 1) Carson City Liquor I 2) Carson City Sheriff	License Application s Office Background Investigation

Board Action Report - Liquor License Hogarth - Carson Nugget November 1, 2012 Page 2

Prepared By: Lena Reseck, Senior Permit Techni	cian	
(Principal Rlanner) (Principal Rlanner) (Finance Director)	Date: 10/2 Date: 10/2 Date: 10/2	12:12
Board Action Taken:		
Motion:	1)	
(Vote Recorded By)		

Please type or print in black ink; Incomplete or illegible application not be accepted. Applications must bear an original signature.				PPLICATION	Business License #:	-1/ 0	,	
				illegible applications will	13	27116	\supset	
				-	Submittal Date:	10-20	1)2	
	Business	☐ Change of	Location/Mailing	Change of Name	Change of Corporate Officer JOther] Other	
2 Type of L	icense(s)	0	Business	_ Short-Term	∵ Gam	ning	Liquor	
3 Type of Entity	□ Sole Pro	prietor	☐ Corporation	□ Partnership	☐ Limited Liabit	ity Company	☐ Non-Profit	
Entity Name	SNALD	T Hal	BARTH		Business Op	Business Opening Date		
Business Name (D	RA)				EIN#			
Business Address	CHR	5010 10	J66ET	900 - 100 A de 1	State /// Zip Code // 7///		701	
8 Mailing Address	2011	V(Q)	TIME	City City	State State	Zip Code	/ (/	
9		I		, ,				
Corporate Phone		Business Phone	e .	Cellular Phone	Business Far	· · · · · · · · · · · · · · · · · · ·		
E-mail Address			· · · · · · · · · · · · · · · · · · ·	Business Website				
Owner(s), Manage	er(s), or other Princ	cipal(s) attach a						
Last, First, MI			Percent Owned	Title	Date of Birth	SSN		
Residence Address	Residence Address (Street)			City, State, Zíp	Residence Telephone		phone	
Last, First, MI			Percent Owned	Title	Date of Birth	Date of Birth SSN		
Residence Address (Street)			City, State, Zip	Residence Telephone		phone		
Last, First, MI			Percent Owned	Title	Date of Birth SSN			
Residence Address (Street)			City, State, Zip	Residence Telephone				
Manager/Liquor Manager			On-Site	Contact Phone Number				
Residence Address	s (Street)			City, State, Zip				
certificate for the	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.							
L	10001	2 Ma	HUAGETO	2_				
	icense Applying f							
-4 □ Tavern/Bar	□ Dining Roon Wine (PackagedLiquor	Dining Room w/Hard Liquor	⊆ Combo (On-Prem & Pkg)	ise □ Gener	al Wholesale	
5 🛘 Catering	g Additional Wet Bars		Will there be an Interim Management Agreement?					
6 List number of sl		plicable)		List number of table games	(If applicable)			
□ 1 cent □ 5 cent		□ Multi		Craps Roulette	Baccarat			
□ 25 cent	25 cent Poker		: Twenty-One Sports Book					
☐ 1.00	is for a change of h	usiness name. l	ocation, or ownershi	F, list the previous name, addr	ess, and owner below			
		· ·	· ·	· · ·				
18		l am not subje	ct to a court order fo	r the support of a child				
Check One		-		e support of one or more child ency enforcing the order for t		_		
I am subject to a court order for the support of one or more children and am not in compliance with a plan approved. District Attorney or other public scency enforcing the order for the repayment of the amount owed pursuant to order								

Г	1	Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage,					
1 5	contact the Pla	contact the Planning Division at (775) 887-2180					
Information	Is your business lo	ocation zoned for this type of business	Has a Special Use Permit been obtained for this business location				
	Will you be install	ling any outdoor signs	Are there any existing signs of the property				
Miscellaneous	Will there be any outside storage (If yes, please explain items being stored and how being screened)						
iscella	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)						
Ĭ	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business						
	I, the undersigne city departments		siness until my license is actually issued by this office indicating approval by all necessary				
and Regulations		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.					
Rules ar		Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation					
2	I						

I hereby certify that the above information is correct to the flest of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.

Date

Applicant's Signature

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 Liceuse Application Fee:
Number of Slot Machines	_	Liquor License Investigation Fee:
TOTAL FEES DUE:	20	Gaming License Quarterly Fee:
Payment Type	4583	Gaming License Application Fee:
Received By	Date (0-9-20)	Fictitious Name Fee:
Date Applicant Fingerprinted	By File#	Health Pre-Inspection Fee: