

**Carson City
Agenda Report**

Date Submitted: November 5, 2012

Agenda Date Requested: November 13, 2012

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Dean Siracusa as the liquor manager for Wingstop Restaurants (Liquor License #13-29375) located at 3965 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. Dean Siracusa is opening the business and will be the 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 approve Dean Siracusa as the liquor manager for Wingstop Restaurants (Liquor License #13-29375) located at 3965 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

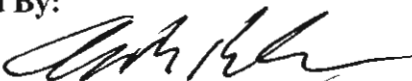
Funding Source: N/A

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 Reseck, Senior Permit Technician

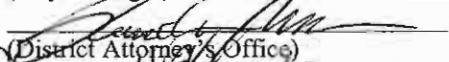
Reviewed By:



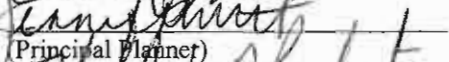
(Public Works Director)



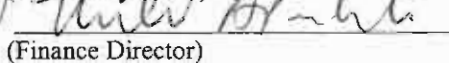
(City Manager)



(District Attorney's Office)



(Principal Planner)



(Finance Director)

Date: 11-5-12

Date: 11/5/12

Date: 11/5/12

Date: 11-2-12

Date: 11/5/12

Board Action Taken:

Motion: _____

1) _____

2) _____

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

Business License #:

LL# 13-293 75
12-29695

Submittal Date: 9/27/2012

1	☒ New Business	☐ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☒ Business	☐ Short-Term	☒ Gaming	☒ Liquor
3	Type of Entity	☐ Sole Proprietor	☐ Corporation	☐ Partnership	☒ Limited Liability Company
4	Entity Name		Business Opening Date		
5	D AND M WingTeam 4. L.L.C.		12-12		
6	Business Name (DBA)		EIN #		
7	WINGSTOP Restaurants Inc.		80-0853486		
8	Business Address		City	State	Zip Code
9	3965 S. Carson St.		Carson City	Nevada	89701
10	Mailing Address		City	State	Zip Code
11	1620 Silverthread DR.		Reno	Nevada	89521
12	Corporate Phone		Business Phone		Cellular Phone
13	775-233-0269		775-830-3242		775-233-0269
14	E-mail Address		Business Website		
15	dean3181@yahoo.com		WWW.Wingstop.com		

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

Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Siracusa, Dean J.	50%	Managing Member	02-01-58	151-60-5213
Residence Address (Street)		City, State, Zip		Residence Telephone
1620 Silverthread DR.		Reno, NV. 89521		775-830-3242
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Siracusa, Melissa A.	50%	Member	10-07-1969	526-37-2083
Residence Address (Street)		City, State, Zip		Residence Telephone
1620 Silverthread DR.		Reno, NV. 89521		775-830-3242
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	
Dean Siracusa		☐ Off-Site	775-233-0269	
Residence Address (Street)		City, State, Zip		
1620 Silverthread DR.		Reno, NV. 89521		

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 Quick Service Restaurant, Primarily with a full bar
Serving Chicken wings and Breast Strips along with Appetizers

Type of Liquor License Applying for (If applicable)

14	☐ Tavern/Bar	☐ Dining Room w/Beer and Wine Only	☐ Packaged Liquor	☒ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)	☐ General Wholesale
15	☐ Catering	☐ 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)		
17	6			NONE		
18	☐ 1 cent ☐ 5 cent ☐ 25 cent ☐ 1.00			☒ Multi ☐ Poker ☐ Mega Buck		
19	☐ Craps ☐ Roulette ☐ Twenty-One ☐ Keno			☐ Baccarat ☐ Race Book ☐ Sports Book ☐ Poker		

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below

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 located 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 <u>yes</u>	Has a Special Use Permit been obtained for this business location <u>yes</u>
	Will you be installing any outdoor signs <u>yes</u>	Are there any existing signs of the property <u>yes</u>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <u>NO</u>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <u>NO</u>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <u>NONE</u>	

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	
	• 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>Dean J. J. J.</u>		Date <u>9/27/2012</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<u>63.85</u>	Business License Annual Fee: <u>315.05</u>
Square Footage	<u>64.70</u>	Business License Pro-rated Fee: <u>(25.21)</u> 12-12
Number of Employees <u>10</u>	<u>61.50</u>	Business License Application/Update Fee: <u>(25.00)</u>
Health Fee	<u>125.00</u>	Liquor License Annual Fee: <u>(800.00)</u>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <u>1000.00</u>
Number of Slot Machines		Liquor License Investigation Fee: <u>500.00</u>
TOTAL FEES DUE: <u>1910.26</u>		Gaming License Quarterly Fee:
Payment Type <u>CN # 3367</u>		Gaming License Application Fee:
Received By <u>SW</u>	Date <u>10-4-12</u>	Fictitious Name Fee: <u>20.00</u>
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: <u>25.00</u>