

**Carson City  
Agenda Report**

**Date Submitted:** April 23, 2013

**Agenda Date Requested:** May 2, 2013

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** For possible action to approve Mark Lopiccolo as the liquor manager for Bella Fiore Wines (Liquor License #13-29667) located at 224 S. Carson St., Carson City. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Mark Lopiccolo is purchasing the business and will be the liquor manager. He is applying for an on-premise and packaged 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 (X) No

**Recommended Board Action:** I move to approve Mark Lopiccolo as the liquor manager for Bella Fiore Wines (Liquor License #13-29667) located at 224 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

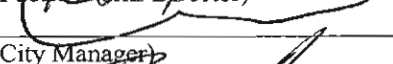
**Supporting Material:** 1) Carson City Liquor License Application  
2) Carson City Sheriff's Office Background Investigation

**Prepared By:** Lena Reseck, Senior Permit Technician

**Reviewed By:**

  
\_\_\_\_\_  
(Public Works Director)

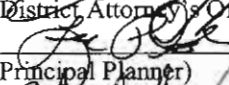
Date: 4/23/13

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

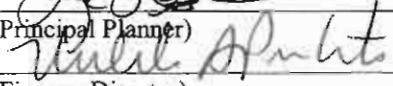
Date: 4/23/13

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

Date: 4/23/13

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

Date: 4-23-13

  
\_\_\_\_\_  
(Finance Director)

Date: 4/23/13

**Board Action Taken:**

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)



# CARSON CITY LICENSE APPLICATION

Business License #: 13-29971

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Liquor license # 13-29667

Submittal Date: 4/4/2013

1	<input checked="" 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 type="checkbox"/> Other	
2	Type of License(s)	<input checked="" 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 type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	
4	Entity Name Vino Fresco LLC			Business Opening Date Currently Open		
6	Business Name (DBA) Bella Fiore Wines			EIN # 46-151-6747		
8	Business Address 224 S. Carson St #8	City Carson City	State NV	Zip Code 89703		
9	Mailing Address 1400 Chaparral Dr	City Carson City	State NV	Zip Code 89703		
10	Corporate Phone	Business Phone (775) 888-9463	Cellular Phone (775) 690-2906	Business Fax		
11	E-mail Address mark.l@lapiccolaconstruction.com			Business Website Facebook Page		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI Lapiccola Mark A	Percent Owned	Title	Date of Birth 04-22-54		
	Residence Address (Street) 1400 Chaparral Dr		City, State, Zip Carson City NV 89703		Residence Telephone (775) 882-3833	
	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 Mark Lapiccola		<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number (775) 690-2906		
	Residence Address (Street) 1400 Chaparral Dr		City, State, Zip Carson City NV 89703			
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 Wine Bar w/ package sales					
14	Type of Liquor License Applying for (If applicable)					
	<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" type="checkbox"/> Combo (On-Premise & Pkg)	
	<input type="checkbox"/> General Wholesale					
15	<input type="checkbox"/> 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)		
	<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					
18	Check One					
	<input checked="" type="checkbox"/>	I am not subject to a court order for the support of a child				
	<input type="checkbox"/>	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				
	<input type="checkbox"/>	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				

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 <u>Yes</u>	Has a Special Use Permit been obtained for this business location <u>N/A</u>
	Will you be installing any outdoor signs <u>Keeping Existing</u>	Are there any existing signs of the property <u>Yes</u>
	Will there be any outside storage (If yes, please explain) <u>Items being stored and how being screened</u> <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>N/A</u>	

Rules and Regulations	<p>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</p> <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>[Signature]</u> Date <u>4/4/2013</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		<u>63.85</u>	Business License Annual Fee:	<u>214.15</u>
Square Footage <u>2000</u>		<u>32.25</u>	Business License Pro-rated Fee:	<u>160.61</u>
Number of Employees <u>7</u>		<u>43.05</u>	Business License Application/Update Fee:	<u>25.00</u>
Health Fee <u>8</u>		<u>75.00</u>	Liquor License Annual Fee:	<u>900.00</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>1730.61</u>			Gaming License Quarterly Fee:	
Payment Type <u>#1103</u>			Gaming License Application Fee:	
Received By <u>Reneck</u>	Date	<u>4/4/2013</u>	Fictitious Name Fee:	<u>20.00</u>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	<u>25.00</u>

## Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: April 17, 2013

RE: May 2, 2013 Meeting – Bella Fiore Wines Liquor License



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On Wednesday, April 17, 2013 an inspection of Bella Fiore Wines, located 224 S. Carson St. Ste. 8, was conducted. At the time of inspection the premises met CCHHS standards and received approval by this department. Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190

Fax: (775)887-2248

Dustin Boothe   
Environmental Health Program Manager

Robert Elliott   
Environmental Health Specialist II

Marissa Ure   
Environmental Health Specialist I

Copied:

Lena Reseck, Business License