

**Carson City  
Agenda Report**

**Date Submitted:** October 29, 2013

**Agenda Date Requested:** November 7, 2013

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Community Development - Business License Division

**Subject Title:** For possible action to approve the relocation of Just Brew It (Liquor License #14-29461) to the new address of 1214 N. Carson St. and the change of the Liquor License type from packaged liquor to packaged and on-premise liquor. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor and Entertainment Board per CCMC 4.13. Trevor Rotoli dba Just Brew It is relocating the business from 1210 N. Carson St. to 1214 N. Carson St. The business will continue to sell retail homebrewing supplies and packaged beer; however Trevor Rotoli dba Just Brew It is upgrading the current liquor license from packaged liquor to a packaged and on-premise liquor license. Trevor Rotoli will continue to be the liquor manager. Staff is recommending approval.

**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 the relocation of Just Brew It (Liquor License #14-29461) to the new address of 1214 N. Carson St. and the change of the Liquor License type from packaged liquor to packaged and on-premise liquor.

**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 Health and Human Services Inspection Report

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

**Reviewed By:**

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

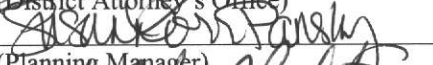
Date: 10/29/13

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

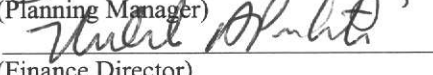
Date: \_\_\_\_\_

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

Date: 10/29/13

  
\_\_\_\_\_  
(Planning Manager)

Date: 10.24.13

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

Date: 10/29/13

**Board Action Taken:**

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

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

Aye/Nay  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

14-29461



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 #: 13-27620  
Submittal Date: 10-9-2013

1	<input type="checkbox"/> New Business	<input checked="" 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 checked="" 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	Botoli Trevor A			Business Opening Date
5	Business Name (DBA)	JUST BREW IT			EIN #
6	Business Address	1214 N. CARSON ST.	City	CARSON	State
7	Mailing Address	SAME	State	NV	Zip Code
8	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
9	E-mail Address	775 461 0641	775 351 9749		
10	JUST BREWING @ YAHOO.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	Residence Telephone
ROTOU, TREVOR A	50	OWNER	10/20/80	775 351 9749
Residence Address (Street)	City, State, Zip			
3729 IMPERIAL WAY	CARSON, NV 89706			
Last, First, MI	Percent Owned	Title	Date of Birth	Residence Telephone
ROTOU, TESSA E	50	OWNER	05/27/87	775 443 9500
Residence Address (Street)	City, State, Zip			
3729 IMPERIAL WAY	CARSON, NV 89706			
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)	City, State, Zip			
Manager/Liquor Manager	<input checked="" type="checkbox"/> On-Site	Contact Phone Number		
TREVOR ROTOU	<input type="checkbox"/> Off-Site	775 351 9749		
Residence Address (Street)	City, State, Zip			
3729 IMPERIAL WAY	CARSON, 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  
Homebrew Supplies, BEER STUSS / Changing LL to on premise & packaged

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
<input type="checkbox"/> Catering				Additional Wet Bars _____	

15 Will there be an Interim Management Agreement?

16 List number of slot machines (if applicable)

<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____
<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____
<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____
<input type="checkbox"/> 1.00 _____	

List number of table games (if applicable)

<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____
<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____
<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____
<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  
1210 N. CARSON ST CARSON, NV 89701

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

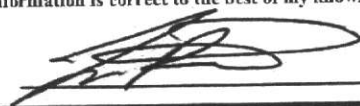
Is your business location zoned for this type of business <b>YES</b>	Has a Special Use Permit been obtained for this business location <b>NO</b>
Will you be installing any outdoor signs <b>NO</b>	Are there any existing signs of the property <b>YES</b>
Will there be any outside storage (If yes, please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

**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  Date **10/08/13**

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: <b>25.00</b>
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:
<b>TOTAL FEES DUE:</b> <b>25.00</b>		Gaming License Quarterly Fee:
Payment Type <b>CASH</b>		Gaming License Application Fee:
Received By <b>JW</b>	Date <b>10-9-2013</b>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

## Memorandum



TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: October 23, 2013

RE: November 7, 2013 Meeting JUST BREW IT LICENSE

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On October 11, 2013 an inspection of JUST BREW IT, located 1214 N. Carson St., was conducted. At the time of inspection the premises met CCHHS standards for retail sales of brewing supplies and had some remaining punch list items to meet the standards of a provisional bar. If all items on the list are completed they will receive 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