

**Carson City
Agenda Report**

Date Submitted: November 24, 2014

Agenda Date Requested: December 4, 2014
Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For possible action to approve Anthony Fish as the liquor manager for Sassafras, LLC. (Liquor License #15-30294) located at 1500 Old Hot Springs Rd. (Lena Reseck)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Sassafras, LLC. is applying for a dining room with a full bar. 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 Anthony Fish as the liquor manager for Sassafras, LLC. (Liquor License #15-30294) located at 1500 Old Hot Springs Rd.

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
3) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

Nicholas Miranda
(City Manager)

Date: 11/24/14

[Signature]
(District Attorney's Office)

Date: 11/24/14

[Signature]
(Planning Manager)

Date: 11.24.14

[Signature]
(Finance Director)

Date: 11/24/14

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)

LL 15-30294



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 #: **14-30843**
 Submittal Date: **10-21-2014**

<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
Type of License(s) <input type="checkbox"/> Business		<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
Entity Name SASSAFRAS LLC		Business Opening Date 12/01/2014		
Business Name (DBA) SASSAFRAS		EIN # 47-2047069		
Business Address 500 Old Hot Springs Road		City CARSON	State NV	Zip Code 89706
Mailing Address 302 N NEVADA ST		City CARSON	State NV	Zip Code 89703
Corporate Phone 887-8879	Business Phone 887-8879	Cellular Phone 671-1419	Business Fax N/A	
E-mail Address JAYME.WATTS@YAHOO		Business Website SASSAFRAS CARSONCITY.COM		

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

Last, First, MI FISH, Anthony M.	Percent Owned 50%	Title Chef	Date of Birth 8/18/66	Residence Telephone 775-671-1419
Residence Address (Street) 302 N. NEVADA ST.		City, State, Zip CARSON CITY, NV 89703		
Last, First, MI Watts, Jayme L	Percent Owned 50%	Title Manager	Date of Birth 03/14/68	Residence Telephone 775-297-5515
Residence Address (Street) 302 N. Nevada St		City, State, Zip CARSON CITY, NV 89703		
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number	
Residence Address (Street)		City, State, Zip		

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

Describe in detail the activity of your business
Full service restaurant and bar approx 80 seats

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 checked="" type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		
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 _____		

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

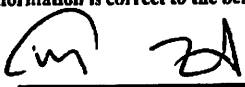
Check One

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 <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 Yes	Has a Special Use Permit been obtained for this business location NO
	Will you be installing any outdoor signs Yes	Are there any existing signs of the property Yes
	Will there be any outside storage (If yes, please explain items being stored and how being screened) NO	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) NO	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business NIA	

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"> • 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 <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> Date <u>10/21/14</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		6385	Business License Annual Fee:	420.80
Square Footage		67.70	Business License Pro-rated Fee:	33.66, Dec 2014
Number of Employees	15	92.25	Business License Application/Update Fee:	25.00
Health Fee	Health 10 Health 8	125.00 75.00	Liquor License Annual Fee:	800.00
Number of Rental Units			Liquor License Pro-rated Fee:	
Number of Coin Operated Machines			Liquor License Application Fee:	1000.00
Number of Slot Machines			Liquor License Investigation Fee:	500.00
TOTAL FEES DUE: 2004.40			Gaming License Quarterly Fee:	0
Payment Type	CH# 1070 (8.42 VISA)		Gaming License Application Fee:	0
Received By <u>SW</u>	Date	10-21-2014	Fictitious Name Fee:	0
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	25.00

Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: November 18, 2014

RE: Liquor License – Sassafras



On Tuesday, November 4, 2014, a construction inspection of Sassafras, located at 1500 Old Hot Springs Road, was conducted. At the time of this inspection, the condition of the existing premises and the conversation regarding future remodel and improvements scheduled by the owner, Tony Fish, met CCHHS standards and received approval by this department. Construction in the bar area will comply with all applicable State and City codes. New construction does not prevent approval by CCHHS of the existing premises for sale of liquor, beer and wine.

Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190

Fax: (775)887-2248

Dustin Boothe 
Environmental Health Program Manager

Becky W. Purkey 
Environmental Health Specialist II

Copied:
Lena Reseck, Business License