Carson City Agenda Report

Agenda Date Requested: May 7, 2015 Date Submitted: April 28, 2015 Time Requested: 10 minutes To: Liquor and Entertainment Board From: Community Development - Business License Division Subject Title: For possible action to approve Anastasia Karey as the liquor manager for The Thick Slice Pizza Co., LLC. (Liquor License #15-30584) located at 2010 E William St. (Lena Reseck) Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. The Thick Slice Pizza Co., LLC. is applying for a dining room with beer and wine only. Staff is recommending approval. Type of Action Requested: Ordinance Resolution Other (Specify) Does This Action Require A Business Impact Statement: () Yes (X) No Recommended Board Action: I move to approve Anastasia Karey as the liquor manager for The Thick Slice Pizza Co., LLC. (Liquor License #15-30584) located at 2010 E William St. 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

Board Action Report - Liquor License Karey – The Thick Slice Pizza Co., LLC. May 7, 2015 Page 2

Prepared By: Lena Reseck, Senior Permit Technicia	an	
Reviewed By:		
(Planning Marlager) (City Manager) (District Attorney's Office) (Finance Director)	Date: $4-28/1$ Date: $4/28/1$ Date: $4/28/1$ Date: $4/28/1$	15
Board Action Taken:		
Motion:	1)	
	2)	
ar a position		
(Vote Recorded By)		

11#	15-	3	05	84	_
iness License	#:				

	CARSON CITY LICENSE APPLICATION			Business License #:			
	Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature Business Change of Location/Mailing Change of Name			13/4/5_31089			
				Submittal Date: MARCH 2015			
New 1				☐ Change of Name	1		□ Other
2 Type of L	icense(s)	С	Business	□ Short-Term	☐ Gamin	g	X Liquor
3 Type of Entity	□ Sole Pro	prietor	☐ Corporation	☐ Partnership	Limited Liability	y Company	☐ Non-Profit
Entity Name THE THO	(X Siic	E 8122	ACO L	LĊ.	Business Opening Date		
	Business Name (DBA) WY COL STILLE DISTANCE CO						
Business Address	Business Address			CHY CARSON (174	State NV Zip Code 89701		
Mailing Address	E. Wil	LIAMS	.72	CHY LOCAL CITY	State NJ Zip Code 89701		1701
Corporate Phone	ハーチトグラ	Business Phon	134-7144	Cellular Phone	55 Business Fax	434 -	713ろ
E-mail Address	ickslice	10 W	nail. Lom	Business Website	A		
Owner(s), Manage		ipal(s) attach a		uired			
Last, First, MI	APPRIA	SIA. K.	Percent Owned	TIME SECLETARY	Date of Birth		
Residence Address		x LAN)F	City, State, Zip	N 84701	Residence Tele	phone 7 0628
Last, First, MI	UU:C	O	Percent Owned	Title (F())	Date of Birth	(1)10)
Residence Address	(Street)	, 	1501.	City, State, Zip	16/28/01	Residence Tele	phone A - O
نسكن في المناسقة الم	5EN787	CAI	<u> </u>	CARSONUTY	104,89701	L775)88	24-0198
Last, First, MI	`	_	Percent Owned	Title	Date of Birth	SSN	
Residence Address	(Street)		-	City, State, Zip Residence Telephone		phone	
Manager/Liquor M	fauager			□ On-Site □ Off-Site	Contact Phone Number		
Residence Address	(Street)			City, State, Zip			
Pursuant to NRS	244.33507 and 42	U.S.C. Sec. 66	66, you are required	l to provide your social secur	ity number on the appli	cation for a lice	ase, permit, or
the paternity of a	purpose of deterr child or to establi	nining whethershore	r or not you have fa an obligation for the	iled to comply with a subpoo support of a child or you a	na or warrant relating to in arrears in the payn	to a proceeding sent for the sup	to determine port of one or
more children Describe in detail	the activity of you	nr hasiness	-				
8.22A	• •		×x (D;	he-in an	& Deliv	ory	\
	Type of Liquor License Applying for (If applicable)						
C Tavern/Bar	Dining Room Wine (w/Beer and	© Packaged Liquor	☐ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)	☐ Genera	al Wholesale
G Catering	□ Additio	nal Wet Bars		Will there be an Interim M	anagement Agreement?	<u> </u>	
Vallist number of sig	List number of table games (if applicable) List number of table games (if applicable)						
🗅 1 cent	1			□ Craps	□ Baccarat _		
□ 5 cent □ 25 cent	01/2	☐ Multi ☐ Poker ☐ Mega Buck		☐ Roulette \\ ☐ Twenty-One \\	Race Book	<u> </u>	
□ 25 cent	- 11/H	□ Mega Buck	·	□ Keno	Poker		
If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below							
		I am not subje	ct to a court order for	r the support of a child	·		
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			ren and am <i>in complianc</i>	e with a plan ap	proved by the		
Check One							
I am subject to a court order for the support of one or more children and am not in District Attorney or other public agency enforcing the order for the repayment of t							

Informa	7/1	ins type of business	Has a Special Use Permit been obtained	for this business location			
	Will you be installing any outdoor s	グミシ	Are there any existing signs of the prope \mathcal{N}	rty			
Miscellaneous	Will there be any outside storage (If yes, please explain items being stored and bow being screened)						
iscell	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)						
Σ	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business						
	I, the undersigned understand that city departments	t I cannot operate my business unti	I my license is actually issued by this of	fice indicating approval by all necessary			
sus	If any changes are made after completing said license application this office must be notified immediately and an updated is required.						
and Regulations	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.						
i Reg	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.						
and							
Rules	 Any exception to 	any of the above is considered a vi	olation of the Carson City Municipal C	ode and is subject to citation.			
Ä	I hereby certify that the above info truthfully is an act of perjury.	ormation is correct to the best of m	knowledge and belief. I understand the	nat failure to complete this form			
	Applicant's Signature	ate 3/23/15					
	FEE STRUCTURE	FEE	LICENSE 1	TOTAL FEES			
Bosi	ness License Fee	1/1385	Business License Annual Fee:	20.8D			
Squ	quare Footage GHTO Business License Pro-rated Fee: 315.60 April - DR						
	Number of Employees 15 9225 Business License Application/Update Fee: 25.00						
Health Fee		75.00	Liquor License Amuni Fee:	600,000			
Number of Rental Units 25.00			Liquor License Pro-rated Fee: C				
	aber of Coin Operated Machines		Liquor License Application Fee:	00.00			
	iber of Slot Machines		Liquor License Investigation Fee:	500,00			
ITO	TOTAL FEES DUE: 1 20-2 /						

Fictitious Name Fee:

Health Pre-Inspection Fee:

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 Pianning Division at (775) 887-2180

Received By

Date Applicant Fingerprinted



■CARSON CITY, NEVADA

CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To:

Carson City Liquor and Entertainment Board

From: Carson City Health and Human Services (CCHHS)

Date: April 20, 2015

Re:

Liquor License- Thick Slice Pizza

On April 14, 2015 an inspection of Thick Slice Pizza, located at 2010 E. William St., was conducted. At the time of the inspection the premises met CCHHS standards and received liquor license application approval for on-site beer and wine sales. Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190

(775) 887-2248

Dustin Boothe

Disease Prevention and Control Manager

Carson City Health & Human Services

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired-Use 711

(775) 887-2195

Fax: (775) 887-2192

Clinical Services Public Health Preparedness (775) 887-2190

Fax: (775) 887-2248

Human Services (775) 887-2110

Disease Control & Prevention Fax: (775) 887-2539 (775) 887-2190 Fax: (775) 887-2248

Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248