

**Carson City  
Agenda Report**

**Date Submitted:** June 9, 2015

**Agenda Date Requested:** June 18, 2015

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

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

**Subject Title:** For Possible Action: To approve Diana Basche as the liquor manager for Frances-Grace, LLC. dba Mona Lisa and Wine (Liquor License #16-30751) located at 3821 S. Carson St. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Frances-Grace, LLC. dba Mona Lisa and Wine is applying for a full liquor license. 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 Diana Basche as the liquor manager for Frances-Grace, LLC. dba Mona Lisa and Wine (Liquor License #16-30751) located at 3821 S. Carson 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

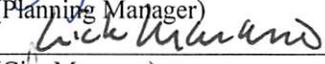
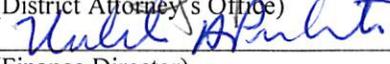
**Funding Source:** N/A

**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

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

**Reviewed By:**

  
\_\_\_\_\_  
(Planning Manager)  
  
\_\_\_\_\_  
(City Manager)  
  
\_\_\_\_\_  
(District Attorney's Office)  
  
\_\_\_\_\_  
(Finance Director)

Date: 6-9-15  
Date: 6/9/15  
Date: 6-9-15  
Date: 6/9/15

**Board Action Taken:**

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

1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(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# 16-30751**  
**BL# 15-31152**  
Submittal Date: **5-12-2015**

<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
<input checked="" type="checkbox"/> Type of License(s)	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor
<input type="checkbox"/> Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company

Entity Name <b>Frances-Grace LLC</b>		Business Opening Date <b>7-2015</b>	
Business Name (DBA) <b>Monalisa and Wine</b>		EIN #	
Business Address <b>3821 S. Carson St.</b>	City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89701</b>
Mailing Address <b>P.O. Box 1073</b>	City <b>Genoa</b>	State <b>NV</b>	Zip Code <b>89411</b>
Corporate Phone <b>775-691-4630</b>	Business Phone <b>775-691-4630</b>	Cellular Phone <b>775-691-4630</b>	Business Fax
E-mail Address <b>diana_basche@yahoo.com</b>	Business Website <b>MonalisaAndWine.com</b>		

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

Last, First, MI <b>Basche Diana C</b>	Percent Owned <b>100%</b>	Title <b>CEO</b>	Date of Birth <b>10/19/61</b>	SSN
Residence Address (Street) <b>179 Carson St</b>		City, State, Zip <b>Genoa NV 89411</b>		Residence Telephone <b>775-691-4630</b>

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 <b>Diana Basche</b>	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number <b>775-691-4630</b>
Residence Address (Street) <b>179 Carson St</b>		City, State, Zip <b>Genoa, NV 89411</b>

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:  
**Adult consumers paint in class-like setting and, if they want, they can order an alcoholic drink. Not retail hours ~ only classes**

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
-------------------------------------	-----------------------------------------------------------	------------------------------------------	---------------------------------------------------------------	---------------------------------------------------	--------------------------------------------

15  Catering  Additional Wet Bars \_\_\_\_\_ Will there be an Interim Management Agreement? **NO**

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  
**N/A**

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	Has a Special Use Permit been obtained for this business location
	YES	NO
	Will you be installing any outdoor signs	Are there any existing signs of the property
	YES	NO
	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		
None		

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
	<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>
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>Diana P. Baschi</u> Date <u>5/12/15</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 164.15
Square Footage	13.00	Business License Pro-rated Fee: 82.07
Number of Employees	12.30	Business License Application/Update Fee: 25.00
Health Fee	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: 11652.07		Gaming License Quarterly Fee:
Payment Type: Cash 2880		Gaming License Application Fee:
Received By: JW	Date: 5/12/15	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted:	By:	Health Pre-Inspection Fee: 25.00
	File #:	



**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: June 5, 2015

Re: Liquor License- Mona Lisa and Wine

Staff has communicated with the operator of Mona Lisa and Wine. This location is a previous food establishment and should meet the minimum requirements for this type of operation. Building plans need to be submitted and a final inspection for this operation to ensure full compliance with applicable food establishment regulations. At time of final inspection if Mona Lisa and Wine meet the minimum CCHHS standards, approval or there liquor license for on-site beer and wine sales would be granted.

Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190

Fax: (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

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
------------------------------------------------------------	---------------------------------------------------------------------	---------------------------------------------------------	--------------------------------------------------------------------------	-------------------------------------------------------------------------------------------