

**Carson City
Agenda Report**

Date Submitted: June 23, 2015

Agenda Date Requested: July 2, 2015

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For Possible Action: To approve John Shiner as the liquor manager for Blazin Wings, Inc. dba Buffalo Wild Wings (Liquor License #16-30770) located at 3815 S. Carson St. (Lena Reseck, lreseck@carson.org)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Blazin Wings, Inc. dba Buffalo Wild Wings is applying for a full liquor license. Blazin Wings, Inc. is purchasing the business from the previous owner Screamin Hot Reno, LLC. 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 John Shiner as the liquor manager for Blazin Wings, Inc. dba Buffalo Wild Wings (Liquor License #16-30770) located at 3815 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

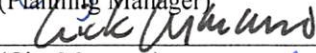
Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:



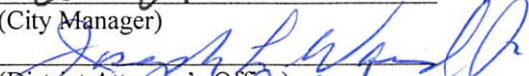
(Planning Manager)

Date: 6.23.15



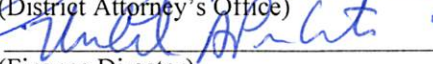
(City Manager)

Date: 6/23/15



(District Attorney's Office)

Date: 6/23/15



(Finance Director)

Date: 6/23/15

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(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#16-30770

15-31164
Submittal Date: 5-14-2015

1 New Business
2 Type of License(s)
3 Type of Entity

4 Entity Name: Blazin Wings, Inc.
5 Business Opening Date: Upon licensing
6 Business Name (DBA): Buffalo Wild Wings
EIN #: 41-1957107

7 Business Address: 3815 South Carson Street, Carson City, Nevada, 89701
8 Mailing Address: 5500 Wayzata Boulevard, Suite 1600, Minneapolis, Minnesota, 55416

9 Corporate Phone, Business Phone, Cellular Phone, Business Fax
10 E-mail Address, Business Website

11 Owner(s), Manager(s), or other Principa(s) attach additional pages if required. See attached

12 Last, First, MI, Percent Owned, Title, Date of Birth: Smith, Sally J., -0-, President/CEO, 1/7/1958

Residence Address (Street), City, State, Zip, Residence Telephone: 5500 Wayzata Boulevard, Suite 1600, Minneapolis, MN 55416, 952-593-9943

Last, First, MI, Percent Owned, Title, Date of Birth: Twinem, Mary J., -0-, CFO/Sec'y/Treasurer, 10/28/1960

Residence Address (Street), City, State, Zip, Residence Telephone: 5500 Wayzata Boulevard, Suite 1600, Minneapolis, MN 55416, 952-593-9943

Last, First, MI, Percent Owned, Title, Date of Birth: Decker, Emily, -0-, Vice President, 2/28/1979

Residence Address (Street), City, State, Zip, Residence Telephone: 5500 Wayzata Boulevard, Suite 1600, Minneapolis, MN 55416, 952-593-9943

13 Manager/Liquor Manager: John Shiner, On-Site, Off-Site, Contact Phone Number: 916-705-1818

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: Restaurant/tavern with alcohol sales and amusement machines

14 Type of Liquor License Applying for (If applicable): X Taverna/Bar

15 Will there be an Interim Management Agreement?: None

16 List number of slot machines (If applicable), List number of table games (If applicable)

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below: Screamin' Hot Reno LLC

18 Check One: I am not subject to a court order for the support of a child



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 #: _____

Submittal Date: _____

<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 type="checkbox"/> Liquor	
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit

Entity Name Blazin Wings, Inc.		Business Opening Date Upon licensing	
Business Name (DBA) Buffalo Wild Wings		EIN # 41-1957107	
Business Address 3815 South Carson Street		City Carson City	State Nevada
Mailing Address 5500 Wayzata Boulevard, Suite 1600		City Minneapolis	State Minnesota
Corporate Phone 952-593-9943	Business Phone 952-593-9943	Cellular Phone c/o 702-868-2606	Business Fax 952-818-3674
E-mail Address licensing@buffalowildwings.com		Business Website www.buffalowildwings.com	

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

Last, First, MI Schmidt, James M.	Percent Owned -0-	Title Vice President	Date of Birth 1/22/1960	Residence Telephone 952-593-9943
Residence Address (Street) 5500 Wayzata Boulevard, Suite 1600		City, State, Zip Minneapolis, MN 55416		
Last, First, MI BUFFALO WILD WINGS, INC.	Percent Owned 100%	Title OWNER	Date of Birth _____	Residence Telephone 952-593-9943
Residence Address (Street) 5500 Wayzata Boulevard, Suite 1600		City, State, Zip MINNEAPOLIS, MN 55416		
Last, First, MI _____	Percent Owned _____	Title _____	Date of Birth _____	SSN _____
Residence Address (Street) _____		City, State, Zip _____		Residence Telephone _____
Manager/Liquor Manager John Shiner	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number 916-705-1818		
Residence Address (Street) 2541 Macero Street		City, State, Zip Roseville, CA 95747		

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

Restaurant/tavern with alcohol sales and amusement machines

14 Type of Liquor License Applying for (If applicable)

<input checked="" 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 type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
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15 Will there be an Interim Management Agreement?

Catering Additional Wet Bars _____

None

16 List number of slot machines (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

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 Yes
	Will you be installing any outdoor signs No	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 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"> • 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>ES C.M.H.</u> Date <u>May 14, 2015</u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 1067.05
Square Footage	96.90	Business License Pro-rated Fee: 714.92 may.
Number of Employees	492.00	Business License Application/Update Fee: 25.00
Health Fee ^{x80} Health 13 & Health 8	375.00	Liquor License Annual Fee: 1800.00
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines ³	39.30	Liquor License Application Fee: 1000.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: <u>2284.92</u>		Gaming License Quarterly Fee:
Payment Type <u>CH# 797068</u>		Gaming License Application Fee:
Received By <u>SW</u>	Date <u>5-21-2015</u>	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: 25.00



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 19, 2015

Re: Liquor License- Buffalo Wild Wings

On June 12, 2015 an advisory inspection of Buffalo Wild Wings, located at 3815 S. Carson St., was conducted. At the time of the inspection the premises met CCHHS standards and received liquor license application approval. 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
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