

**Carson City  
Agenda Report**

**Date Submitted:** August 25, 2015

**Agenda Date Requested:** September 3, 2015  
**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

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

**Subject Title:** For Possible Action: To approve Roberta Ann Davies as the liquor manager for Bleu Café, LLC. (Liquor License #16-30816) located at 240 E. Winnie Ln. (Lena Reseck, lreseck@carson.org)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Bleu Café, LLC. is applying for a full liquor license. Bleu Café, LLC. is a full service restaurant open for breakfast and lunch. 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 Roberta Ann Davies as the liquor manager for Bleu Café, LLC. (Liquor License #16-30816) located at 240 E. Winnie Ln.

**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

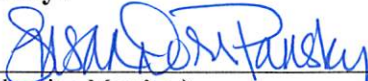
**Funding Source:** N/A

**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: 8.21.15

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

Date: 8/25/15

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

Date: 8/25/15

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

Date: 8/25/15

**Board Action Taken:**

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

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

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

11# 30816



**CARSON CITY LICENSE APPLICATION**

Business License #: 15-00031185  
 Submittal Date: 7-27-15

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

<input 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 type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit

Entity Name Bleu Cafe LLC	Business Opening Date 6-28-15
Business Name (DBA)	EIN # 47-3241817

Business Address 240/244 E. Winnie Lane	City Carson City	State NV	Zip Code 89706
Mailing Address 1805 W. Carson St unit #244	City Carson City	State NV	Zip Code 89701
Corporate Phone	Business Phone 775-297-3301	Cellular Phone 916-390-8891	Business Fax
E-mail Address radd4105@yahoo.com	Business Website bleucafeCarson.com		

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

Last, First, MI Davies Roberta A	Percent Owned 70%	Title Manager	Date of Birth 1-18-64	SSN
Residence Address (Street) 1688 Sewell Dr.		City, State, Zip Reno, NV 89521		Residence Telephone 775-384-2530
Last, First, MI Koepfel Eric R	Percent Owned 30%	Title Manager	Date of Birth 6-30-88	SSN
Residence Address (Street) 2390 Poole Way		City, State, Zip Carson City, NV 89706		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager Roberta Davies	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 916-390-8891		
Residence Address (Street) 1688 Sewell Dr		City, State, Zip Reno, NV 89521		

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 w/ liquor

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
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? No		

List number of slot machines (If applicable)	List number of table games (If applicable)
<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____
<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <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

<b>Miscellaneous Information</b>	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	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

<b>Rules and Regulations</b>	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>Robert D. Davis</u> Date <u>7-27-15</u>

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:
Health Fee		Liquor License Annual Fee: <u>800.00</u>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <u>1000.00</u>
Number of Slot Machines		Liquor License Investigation Fee: <u>500.00</u>
TOTAL FEES DUE:	<u>1500.00</u>	Gaming License Quarterly Fee:
Payment Type	<u>VISA</u>	Gaming License Application Fee:
Received By	<u>SW</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By <u>7/27/2015</u> File #	Health Pre-Inspection Fee:



**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: August 4, 2015

Re: Liquor License- Bleu Café LLC

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On August 4, 2015 an advisory inspection of Bleu Café LLC, located at 240 E. Winnie Lane, 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

Robert Elliott, REHS  
Environmental Health Specialist 2  
Disease Prevention and Control  
Carson City Health and Human Services

**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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