

**Carson City
Agenda Report**

Date Submitted: November 10, 2015

Agenda Date Requested: November 19, 2015

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For Possible Action: To approve Teresa Sexton as the liquor manager for Van Gogh & Vino (Liquor License #16-31046) located at 1087 S. Carson St. (Lena Reseck, lreseck@carson.org)

Staff Summary: All liquor license requests are to be reviewed by the Liquor and Entertainment Board per CCMC 4.13. Teresa Sexton is applying for an on premise beer and wine liquor license. Tenant Improvement plans have been submitted for review for a building permit. 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 Teresa Sexton as the liquor manager for Van Gogh & Vino (Liquor License #16-31046) located at 1087 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: 11.9.15
Date: 11/9/15
Date: 11/9/15
Date: 11/9/15

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #: **LL# 16-31046**

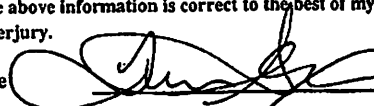
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

RL# **15-31292**

Submittal Date: **10/27/2015**

1	<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 checked="" type="checkbox"/> Other	
2	Type of License(s)		<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming <input checked="" type="checkbox"/> Liquor	
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit	
4	Entity Name Sexton Teresa			5 Business Opening Date 3-1-14		
6	Business Name (DBA) Teresa Sexton DBA Vangogh & Vino			7 EIN# 88-0424545		
8	Business Address 1087 So Carson St		City Carson City	State NV	Zip Code 89701	
9	Mailing Address 3284 Dog Leg Dr		City Minden	State NV	Zip Code 89423	
10	Corporate Phone	Business Phone 7756915406	Cellular Phone	Business Fax		
11	E-mail Address vanagoghvino@gmail			Business Website vangogh-vino.com		
12	Owner(s), Manager(s) or other Principal(s) attach additional pages if required					
	Last, First, MI Sexton Teresa A	Percent Owned 100	Title OWNER	Date of Birth 1-27-60		
	Residence Address (Street) 3284 Dog Leg Dr		City, State, Zip Minden NV 89423	Residence Telephone 7756915406		
	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			<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						
13	Describe in detail the activity of your business Painting Class serving beer & wine					
Type of Liquor License Applying for (If applicable)						
14	<input type="checkbox"/> Tavern/Bar	<input checked="" 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
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		
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					
18	Check One	<input checked="" type="checkbox"/> 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 <i>in compliance</i> 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 <i>not in compliance</i> 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 no	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	

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.
	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  Date 10-27-15

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	75.00 (13.50)	Liquor License Annual Fee: (600.00)
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 500.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1058.50		Gaming License Quarterly Fee:
Payment Type CHQ 2747		Gaming License Application Fee:
Received By SW	Date 10/27/2015	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By	File #
		Health Pro-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: November 4, 2015
Re: Liquor License- Van Gogh and Vino

On October 20, 2015 an advisory inspection of Van Gogh and Vino, located at 1087 S. Carson St., was conducted.

Our approval is based on the following conditions being met:

- Storage area being converted into a bar needs to meet all applicable requirements of Nevada Administrative Code 446, including but not limited to, a hand sink and smooth and cleanable surfaces.
- Restricted to serving only prepackaged foods and drinks, including alcohol.
- A separation or barrier to be placed between utility sink and handwashing sink in restroom.
- A pre operational inspection.

Please contact CCHHS with any questions or concerns.

Phone: (775) 283-7225

Brendon Gibb
Environmental Health Specialist
Disease Prevention and Control

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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