



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: February 4, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Scott Blazek as the liquor manager for Breakthru Beverage Nevada Reno, LLC (Liquor License #16-31210) located at 100 Distribution Dr., Sparks, NV.

Staff Summary: All liquor license requests are to be reviewed by the Liquor and Entertainment Board per CCMC 4.13. Breakthru Beverage Nevada Reno, LLC is applying for a general wholesale license. Staff is recommending approval.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to approve Scott Blazek as the liquor manager for Breakthru Beverage Nevada Reno, LLC (Liquor License #16-31210) located at 100 Distribution Dr., Sparks, NV.

Board's Strategic Goal

N/A

Previous Action

N/A

Background/Issues & Analysis

N/A

Applicable Statute, Code, Policy, Rule or Regulation

CCMC 4.13

Financial Information

Is there a fiscal impact? ☐ Yes ☒ No

If yes, account name/number:

Is it currently budgeted? ☐ Yes ☒ No

Explanation of Fiscal Impact:

Alternatives

Refer back to the Business License Division or Deny

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

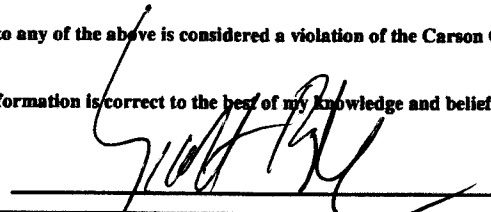
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

LL# 16-31210
BL# 16-31468
Submittal Date: 12/28/2015

1	<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
2	Type of License(s)	<input checked="" 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 checked="" type="checkbox"/> Limited Liability Company
4	Entity Name Breakthru Beverage Nevada Reno, LLC			Business Opening Date 1-1-2016	
5	Business Name (DBA) -			EIN # 38-3983070	
6	Business Address 100 Distribution Dr.			City Sparks	State NV
7	Mailing Address 100 Distribution Dr.			City Sparks	State NV
8	Corporate Phone 775-331-3400	Business Phone 775-331-3400	Cellular Phone 203-803-0425	Business Fax 775-353-3369	
9	E-mail Address Scott.blazek@wrtzbev.com			Business Website	
10	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
11	Last, First, MI SEE ATTACHED	Percent Owned	Title	Date of Birth	SSN
12	Residence Address (Street)		City, State, Zip		Residence Telephone
13	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
14	Residence Address (Street)		City, State, Zip		Residence Telephone
15	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
16	Residence Address (Street)		City, State, Zip		Residence Telephone
17	Manager/Liquor Manager Scott Blazek		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 702-240-9050	
18	Residence Address (Street) 1405 Saintsbury Drive		City, State, Zip Las Vegas, Nevada 89144		
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					
19	Describe in detail the activity of your business Wholesale distribution of alcoholic beverages				
20	Type of Liquor License Applying for (If applicable)				
21	<input 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)
22	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement? NO		
23	List number of slot machines (If applicable)		List number of table games (If applicable)		
24	<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat	
25	<input type="checkbox"/> 5 cent	<input type="checkbox"/> Poker	<input type="checkbox"/> Roulette	<input type="checkbox"/> Race Book	
26	<input type="checkbox"/> 25 cent	<input type="checkbox"/> Mega Buck	<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Sports Book	
27	<input type="checkbox"/> 1.00		<input type="checkbox"/> Keno	<input type="checkbox"/> Poker	
28	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below				
29	Check One <input checked="" type="checkbox"/> I am not subject to a court order for the support of a child <input type="checkbox"/> 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 <input type="checkbox"/> 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 N/A	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	

Rules and Regulations	<p>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</p> <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></u> Date <u>November 24, 2015</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee			Business License Annual Fee: 79.90
Square Footage			Business License Pro-rated Fee: 79.90
Number of Employees			Business License Application/Update Fee:
Health Fee			Liquor License Annual Fee: 800.00
Number of Rental Units			Liquor License Pro-rated Fee: 800.00
Number of Coin Operated Machines			Liquor License Application Fee: 1000.00
Number of Slot Machines			Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1604.90			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By <u>SW</u>	Date <u>12/29/15</u>		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: