



# STAFF REPORT

**Report To:** Liquor and Entertainment Board

**Meeting Date:** April 7, 2016

**Staff Contact:** Lena Reseck, lreseck@carson.org

**Agenda Title:** For Possible Action: To approve Rory Bedore as the liquor manager for 7 Bears LLC dba Black Bear Diner (Liquor License #16-31258) located at 900 S. Carson Street. (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. 7 Bears LLC dba Black Bear Diner is applying for a beer and wine only liquor license. The restaurant is opening inside of Max Casino. Rory Bedore is the current liquor manager for Max Casino. Staff is recommending approval.

**Agenda Action:** Formal Action/Motion

**Time Requested:** 10 minutes

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## **Proposed Motion**

I move to approve Rory Bedore as the liquor manager for 7 Bears LLC dba Black Bear Diner (Liquor License #16-31258) located at 900 S. Carson Street.

## **Board's Strategic Goal**

Safety

## **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)

LL# 16-31258



**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 #:


16-31575

Submission Date:

2/23/2016

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 <input type="checkbox"/> Non-Profit	
4	Entity Name 7 BEARS, LLC			5	Business Opening Date March 2016	
6	Business Name (DBA) Black Bear Diner			7	EIN # 81-1277190	
8	Business Address 900 S. Carson Street		City Carson City	State NV	Zip Code 89701	
9	Mailing Address 6145 S. Rainbow Blvd., Ste. 100		City Las Vegas	State NV	Zip Code 89118	
10	Corporate Phone (702) 568-8777	Business Phone tbd	Cellular Phone (702) 812-5557	Business Fax (702) 873-3131		
11	E-mail Address rory@bedoreinternational.com		Business Website			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI Rory L. Bedore Trust dated August 8, 2002 Rory L. Bedore, Trustee	Percent Owned 100%	Title Owner	Date of Birth	SSN	
	Residence Address (Street) 6145 S. Rainbow Blvd., Ste. 100		City, State, Zip Las Vegas, Nevada 89118		Residence Telephone	
	Last, First, MI Bedore, Rory L.	Percent Owned 0%	Title Manager	Date of Birth 05/01/1963		
	Residence Address (Street) 2665 S. Tioga Way		City, State, Zip Las Vegas, Nevada 89117		Residence Telephone (702) 812-5557	
	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  Restaurant					
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  N/A					
18	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 <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				
		<input type="checkbox"/> 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				

<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 Yes, added to existing signage and building side	Has a Special Use Permit been obtained for this business location N/A
	Will you be installing any outdoor signs Yes	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	

<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> <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  Date <u>2-10-2016</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee		63.85	Business License Annual Fee: 779.75
Square Footage	5,712	96.90	Business License Pro-rated Fee: 647.19 march-Dec
Number of Employees	60	369.00	Business License Application/Update Fee: 25.00
Health Fee	188	250.00	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:
TOTAL FEES DUE:		1217.19	Gaming License Quarterly Fee:
Payment Type	CH# 23179		Gaming License Application Fee:
Received By	SW	Date 2/23/2016	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: March 23, 2016

Re: Liquor License- Black Bear Dinner

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On March 23, 2016 construction plans for Black Bear Dinner located at 900 S. Carson St. were approved. The premises depicted on the construction plans met the minimal standards for a dining room for beer and wine sales.

Our approval is based on the following conditions being met:

- A pre operational inspection is conducted prior to opening.

Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190

Dustin Boothe, MPH, REHS  
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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