



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: May 5, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Joseph Reed as the liquor manager for 1855 Distributors LLC (Liquor License #16-31284) located in Sparks, Nevada. (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. 1855 Distributors LLC is applying for a general wholesale liquor license. Staff is recommending approval.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to approve Joseph Reed as the liquor manager for 1855 Distributors LLC (Liquor License #16-31284) located in Sparks, Nevada.

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)



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

LL#16-31284

BL#16-31596

Submittal Date: 3/4/2016

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 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 1855 Distributors LLC		Business Opening Date 4.1.16		
6	Business Name (DBA)		EIN # 47-4567191		
8	Business Address 994 Glendale Suite 4	City SPARKS	State NV	Zip Code 89431	
9	Mailing Address 3867 S Valley View #10	City LAS VEGAS	State NV	Zip Code 89103	
10	Corporate Phone	Business Phone 702-586-7854	Cellular Phone 702-581-4593	Business Fax	
11	E-mail Address cbe@1855DISTRIBUTORS.COM	Business Website			

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

Last, First, MI Reed, Joseph A.	Percent Owned 100	Title OWNER	Date of Birth 7.25.77	Residence Telephone
Residence Address (Street) 3228 Grey Dolphin Dr		City, State, Zip LAS VEGAS NV 89117		
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
Alcohol Distribution

14 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 type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input checked="" type="checkbox"/> General Wholesale
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15 Catering 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

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	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs No	Are there any existing signs of the property No
	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) 16 ft box truck stored at Reno Warehouse	
	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>Joseph A. Reed</u> Date <u>2-25-16</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		79.90	Business License Annual Fee:	79.90
Square Footage			Business License Pro-rated Fee:	59.92 April-Dec
Number of Employees			Business License Application/Update Fee:	25.00
Health Fee			Liquor License Annual Fee:	800.00
Number of Rental Units			Liquor License Pro-rated Fee:	
Number of Coin Operated Machines			Liquor License Application Fee:	1000.00
Number of Slot Machines			Liquor License Investigation Fee:	500.00
TOTAL FEES DUE: 1584.92			Gaming License Quarterly Fee:	
Payment Type OK # 1505			Gaming License Application Fee:	
Received By SUJ	Date 3/4/2016		Fictitious Name Fee:	
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	