



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: October 20, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Regi Kunnel as the liquor manager for Southern Glazer's Wine and Spirits LLC dba Southern Glazer's of NV (Liquor License #17-3984) 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. Southern Glazer's Wine and Spirits LLC dba Southern Glazer's of NV is applying to add a new liquor manager to the current wholesale liquor license. The applicant has met the requirements per CCMC 4.13.125 and staff is recommending approval.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to approve Regi Kunnel as the liquor manager for Southern Glazer's Wine and Spirits LLC dba Southern Glazer's of NV (Liquor License #17-3984) located in Sparks, Nevada subject to the following condition that the liquor manager must complete a server training course acceptable to the Sheriff's Office within 120 days, pursuant to CCMC 4.13.060.

Board's Strategic Goal

Safety

Previous Action

N/A

Background/Issues & Analysis

Southern Glazer's Wine and Spirits LLC dba Southern Glazer's of NV is replacing the previous liquor manager. Southern Wine & Spirits of America, Inc. and Glazer's Inc. merged and changed the company name to Southern Glazer's of NV. Regi Kunnel is the controller for the company. A report is not required by the Health Department for this update to the liquor license. Nicole Scott with Lewis Roca Rothgerber Christie LLP will be the authorized representative for Regi Kunnel.

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

Business License #:

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

Submittal Date:

3984

9-7-2016

<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input checked="" 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
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 Southern Glazer's Wine and Spirits, LLC		Business Opening Date	
Business Name (DBA) Southern Glazer's of NV		EIN # 59-1285786	
Business Address 1170 S. Rock Blvd., Suite 100		City Reno	State NV
		Zip Code 89502	
Mailing Address ATTN: Steven R. Becker, 1600 NW 163rd Street		City Miami	State FL
		Zip Code 33169	
Corporate Phone 305-625-4171	Business Phone	Cellular Phone	Business Fax
E-mail Address		Business Website	

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

Last, First, MI SWS Holdings Inc	Percent Owned 77	Title	Date of Birth	SSN
Residence Address (Street) 1600 NW 163rd St		City, State, Zip Miami FL 33169		Residence Telephone
Last, First, MI Glazer's Inc	Percent Owned 23	Title	Date of Birth	SSN
Residence Address (Street) 14911 Quorum Dr Sk 150		City, State, Zip Dallas TX 75254		Residence Telephone
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager Regi M Kunnel		<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number 702-876-4500	
Residence Address (Street) 8400 S Jones Blvd		City, State, Zip Las Vegas, NV 89139		

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
Wholesale, transport and storage of alcoholic beverages.

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
-------------------------------------	---	--	--	---	---

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
Southern Wine & Spirits of America, Inc.

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 YES	Has a Special Use Permit been obtained for this business location NO
	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	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 <u><i>[Signature]</i></u> Date <u>7/11/16</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:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee:
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE:	520.00	Gaming License Quarterly Fee:
Payment Type	Ch# 166955	Gaming License Application Fee:
Received By	SW	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By	Health Pre-Inspection Fee:
	Date	
	File #	