



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 Dean Dilullo as the liquor manager for Carson Nugget Casino, Inc. (Liquor License #17-27165) located 507 N. 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. Carson Nugget Casino, Inc. is applying to add a new liquor manager to the current 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 Dean Dilullo as the liquor manager for Carson Nugget Casino, Inc. (Liquor License #17-27165) located 507 N. Carson Street 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

Carson Nugget Casino, Inc. is replacing the previous liquor manager. Dean Dilullo is the owner and General Manager of the business. A report is not required by the Health Department for this update to the liquor license.

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 #:

27165

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

Submittal Date:

9-13-2016

1	<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
2	Type of License(s)		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input checked="" type="checkbox"/> Gaming
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
4	Entity Name CARSON NUGGET CASINO			5 Business Opening Date 1954	
6	Business Name (DBA) N/A			7 EIN # 88-0094501	
8	Business Address 507 N. CARSON ST.	City	State	Zip Code 89701	
9	Mailing Address SAME	City	State	Zip Code	
10	Corporate Phone 775-882-1626	Business Phone	Cellular Phone	Business Fax	
11	E-mail Address DEAN@CCNUGGET.COM		Business Website		

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

Last, First, MI DILULLO, DEAN	Percent Owned 100%	Title GM	Residence Address (Street) 1880 DOUG MINT CT		City, State, Zip Reno NV 89523	Residence Telephone 702-630-8007
Last, First, MI	Percent Owned	Title	Date of Birth	SSN		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN		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
CASINO - Full Service REMOVING Tim Morrissey

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 checked="" type="checkbox"/> Packaged Liquor	<input checked="" type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input checked="" type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? NO		

16 List number of slot machines (If applicable)

<input checked="" type="checkbox"/> 1 cent	<input checked="" type="checkbox"/> Multi
<input checked="" type="checkbox"/> 5 cent	<input checked="" type="checkbox"/> Poker
<input checked="" type="checkbox"/> 25 cent	<input checked="" type="checkbox"/> Mega Buck
<input checked="" type="checkbox"/> 1.00	

508 slots

List number of table games (If applicable)

<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat
<input type="checkbox"/> Roulette	<input type="checkbox"/> Race Book
<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Sports Book
<input type="checkbox"/> Keno	<input type="checkbox"/> Poker

1 craps, 0 roulette, 7 twenty-one, 1 keno, NO baccarat, NO race book, 1 sports book, 1 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 <i>YES - CURRENT & ACTIVE</i>	Has a Special Use Permit been obtained for this business location <i>NO</i>
	Will you be installing any outdoor signs <i>NO</i>	Are there any existing signs of the property <i>YES</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>NO</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>ONLY EXISTING</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>STD CASINO OPS</i>	

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><i>Don DeTullo</i></u> Date <u><i>6/4/2016</i></u></p>

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: <i>500.00</i>
TOTAL FEES DUE: <i>500.00</i>		Gaming License Quarterly Fee:
Payment Type <i>CHE# 19852</i>		Gaming License Application Fee:
Received By <i>SW</i>	Date <i>9-13-16</i>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: