



# STAFF REPORT

**Report To:** Liquor and Entertainment Board

**Meeting Date:** December 1, 2016

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

**Agenda Title:** For Possible Action: To approve Paul Brychel Jr. as the liquor manager for Blazin Wings, Inc. dba Buffalo Wild Wings (Liquor License #17-30770) located at 3815 S. Carson St. (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. Blazin Wings, Inc. dba Buffalo Wild Wings is applying to replace the liquor manager on 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

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## **Proposed Motion**

I move to approve Paul Brychel Jr. as the liquor manager for Blazin Wings, Inc. dba Buffalo Wild Wings (Liquor License #17-30770) located at 3815 S. Carson St. 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**

Blazin Wings, Inc. dba Buffalo Wild Wings is replacing the previous liquor manager. Paul Brychel Jr. is the operations manager for 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 #:

17-30770

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

Submittal Date:

10-14-2016

|  |   |   |  |  |                                     |
|--|---|---|--|--|-------------------------------------|
| <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                     |                                     |
| Type of License(s)                               | <input type="checkbox"/> Business                   | <input type="checkbox"/> Short-Term             | <input type="checkbox"/> Gaming                      | <input type="checkbox"/> Liquor                    |                                     |
| Type of Entity                                   | <input type="checkbox"/> Sole Proprietor            | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit |

|   |  |   |
|---|--|---|
| Entity Name<br>Blazin Wings, Inc.         |  | Business Opening Date<br>Upon licensing |
| Business Name (DBA)<br>Buffalo Wild Wings |  |   |

|  |                     |                 |                   |
|--|---------------------|-----------------|-------------------|
| Business Address<br>3815 South Carson Street | City<br>Carson City | State<br>Nevada | Zip Code<br>89701 |
|--|---------------------|-----------------|-------------------|

|   |                     |                    |                   |
|---|---------------------|--------------------|-------------------|
| Mailing Address<br>5500 Wayzata Boulevard, Suite 1600 | City<br>Minneapolis | State<br>Minnesota | Zip Code<br>55416 |
|---|---------------------|--------------------|-------------------|

|                                 |                                |                                    |                              |
|---------------------------------|--------------------------------|------------------------------------|------------------------------|
| Corporate Phone<br>952-479-2496 | Business Phone<br>952-479-2496 | Cellular Phone<br>c/o 702-868-2606 | Business Fax<br>952-818-3674 |
|---------------------------------|--------------------------------|------------------------------------|------------------------------|

|  |  |
|--|--|
| E-mail Address<br>licensing@buffalowildwings.com | Business Website<br>www.buffalowildwings.com |
|--|--|

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

|                                   |                      |                                       |               |     |
|-----------------------------------|----------------------|---------------------------------------|---------------|-----|
| Last, First, MI<br>Wold, Sally J. | Percent Owned<br>-0- | Title<br>President/CEO/Treasurer/Secy | Date of Birth | SSN |
|-----------------------------------|----------------------|---------------------------------------|---------------|-----|

|  |   |                                     |
|--|---|-------------------------------------|
| Residence Address (Street)<br>5500 Wayzata Boulevard, Suite 1600 | City, State, Zip<br>Minneapolis, MN 55416 | Residence Telephone<br>952-479-2496 |
|--|---|-------------------------------------|

|                                      |                      |                         |               |     |
|--------------------------------------|----------------------|-------------------------|---------------|-----|
| Last, First, MI<br>Schmidt, James M. | Percent Owned<br>-0- | Title<br>Vice President | Date of Birth | SSN |
|--------------------------------------|----------------------|-------------------------|---------------|-----|

|  |   |                                     |
|--|---|-------------------------------------|
| Residence Address (Street)<br>5500 Wayzata Boulevard, Suite 1600 | City, State, Zip<br>Minneapolis, MN 55416 | Residence Telephone<br>952-479-2496 |
|--|---|-------------------------------------|

|                                       |                      |                  |                             |     |
|---------------------------------------|----------------------|------------------|-----------------------------|-----|
| Last, First, MI<br>Dr. Brychel Paul J | Percent Owned<br>-0- | Title<br>Manager | Date of Birth<br>07/29/1977 | SSN |
|---------------------------------------|----------------------|------------------|-----------------------------|-----|

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| Residence Address (Street)<br>2893 HOT Springs RD | City, State, Zip<br>Miner, NV 89423 | Residence Telephone<br>702-406-1170 |
|---|-------------------------------------|-------------------------------------|

|  |  |                                      |
|--|--|--------------------------------------|
| Manager/Liquor Manager<br>Dr. Brychel Paul J | <input checked="" type="checkbox"/> On-Site<br><input type="checkbox"/> Off-Site | Contact Phone Number<br>702-406-1170 |
|--|--|--------------------------------------|

|  |                                     |
|--|-------------------------------------|
| Residence Address (Street)<br>2893 HOT Springs | City, State, Zip<br>Miner, NV 89423 |
|--|-------------------------------------|

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

Describe in detail the activity of your business

Restaurant/tavern with alcohol sales and amusement machines *new Liquor manager*

Type of Liquor License Applying for (If applicable)

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <input checked="" 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 type="checkbox"/> General Wholesale |
|--|---|--|--|---|--|

|                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Catering | <input type="checkbox"/> Additional Wet Bars _____ | Will there be an Interim Management Agreement?<br>None |
|-----------------------------------|--|--|

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 _____       |

If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below

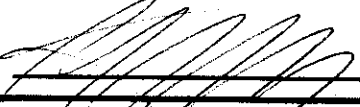
|     |  |
|-----|--|
| XXX | I am not subject to a court order for the support of a child |
|-----|--|

|       |   |
|-------|---|
| _____ | I am subject to a court order for the support of one or more children and am <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 |
|-------|---|

|       |   |
|-------|---|
| _____ | 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 |
|-------|---|

|       |   |
|-------|---|
| _____ | 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 |
|-------|---|

|                           |   |  |
|---------------------------|---|--|
| 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<br>Yes  | Has a Special Use Permit been obtained for this business location<br>Yes |
|                           | Will you be installing any outdoor signs<br>No  | Are there any existing signs of the property<br>Yes                      |
|                           | Will there be any outside storage (If yes, please explain items being stored and how being screened)<br>No  |  |
|                           | Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)<br>No  |  |
|                           | Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business<br>None   |  |

|                       |  |
|-----------------------|--|
| 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"> <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 <u></u> Date <u>8/26/16</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: 500.00 |
| TOTAL FEES DUE:                  | 500.00                                    | Gaming License Quarterly Fee:            |
| Payment Type                     | ✓ Order                                   | Gaming License Application Fee:          |
| Received By                      | SD  | Fictitious Name Fee:                     |
| Date Applicant Fingerprinted     | By <u>SD</u> Date <u>10/4/2016</u> File # | Health Pre-Inspection Fee:               |