



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: February 16, 2017

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Jason Brown as the liquor manager for Capital Beverages, Inc. (Liquor License #17-3962) located at 2333 Fairview Drive. (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. Capital Beverages, Inc. is updating the license with a new liquor manager. 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 Jason Brown as the liquor manager for Capital Beverages, Inc. (Liquor License #17-3962) located at 2333 Fairview Drive.

Board's Strategic Goal

Safety

Previous Action

N/A

Background/Issues & Analysis

Jason Brown is replacing Joe Brown as the liquor manager. No Health Report is required for this update.

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 #: 16-127

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

LL-17-3962

Submittal Date: 12/22/14

1 New Business, 2 Type of License(s), 3 Type of Entity

4 Entity Name: Capital Beverages Inc., 5 Business Opening Date, 6 Business Name (DBA), 7 EIN #

8 Business Address: 2333 Fairview Dr., Carson City, NV, 89701

9 Mailing Address: same

10 Corporate Phone: 775 882 2122, Business Phone: 775 882 2122, Cellular Phone: 775 771 4531, Business Fax: 775-883-2333

11 E-mail Address: jason.brown@capitalbeverages.com, Business Website

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

Owner information table with columns: Last, First, MI, Percent Owned, Title, Residence Address (Street), City, State, Zip, Residence Telephone

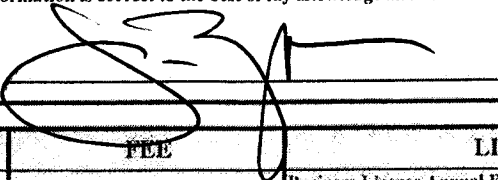
13 Describe in detail the activity of your business: *replacing Joe Brown as liquor manager

14 Type of Liquor License Applying for (If applicable): Tavern/Bar, Dining Room w/Beer and Wine Only, Packaged Liquor, Dining Room w/Hard Liquor, Combo (On-Premise & Pkg), General Wholesale, Catering, Additional Wet Bars

16 List number of slot machines (If applicable) and List number of table games (If applicable)

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

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</i>	Has a Special Use Permit been obtained for this business location
	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	<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  Date <u>12-17-16</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: <u>500.00</u>
TOTAL FEES DUE: <u>500.00</u>		Gaming License Quarterly Fee:
Payment Type <u>1# 3730</u>		Gaming License Application Fee:
Received By <u>Reseck</u>	Date <u>12/22/16</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: