



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 Kurt Brown as the liquor manager for Palidin LLC (Liquor License #17-31666) located at 2039 S. Lompa Lane. (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. Palidin LLC is applying for a wholesale beer and wine 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 Kurt Brown as the liquor manager for Palidin LLC (Liquor License #17-31666) located at 2039 S. Lompa Lane.

Board's Strategic Goal

Safety

Previous Action

N/A

Background/Issues & Analysis

Palidin LLC is opening a new wholesale beer and wine only business. No Health Report is required.

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 #: 17-32048

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

LL-17-31666

Submittal Date: 12/22/2016

1	<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
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 <input type="checkbox"/> Non-Profit
4	Entity Name PALIDIN LLC		Business Opening Date 5 JAN 2017		
6	Business Name (DBA) PALIDIN LLC		7 EIN # 81-1403989		
8	Business Address 2039 S. COMPA LN	City CC	State NV	Zip Code 89701	
9	Mailing Address 2333 FAIRVIEW DR	City CC	State NV	Zip Code 89701	
10	Corporate Phone 775-220-7447	Business Phone	Cellular Phone 775-2207447	Business Fax	
11	E-mail Address KBROWN@ATT.NET	Business Website NA			

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

Last, First, MI BROWN, KURT R.	Percent Owned 100	Title MANAGER.
Residence Address (Street) 3711 PARADISE VIEW	City, State, Zip CC NV 89703	Residence Telephone 775-884-3311
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Liquor Manager (if applicable)	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number
Residence Address (Street)	City, State, Zip	

13 Describe in detail the activity of your business
WHOLESALE BEER + WINE

14 Type of Liquor License Applying for (If applicable)

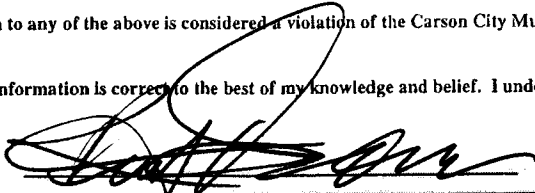
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input checked="" type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? NA		

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:

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 NA
	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) 1 ton VAN	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business NA	

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  Date 12/21/16

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 199.45
Square Footage	129.45	Business License Pro-rated Fee:
Number of Employees	6.15	Business License Application/Update Fee: 25.00
Health Fee		Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee: 800.00
Number of Coin Operated Machines		Liquor License Application Fee: 500.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1224.45		Gaming License Quarterly Fee:
Payment Type V# 5428		Gaming License Application Fee:
Received By Buseck	Date 12/22/16	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: