



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: April 6, 2017

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Kurt 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 Kurt 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

Kurt 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: 2/15/2017

1	<input 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 checked="" 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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit

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

8	Business Address	2333 Fairview Dr	City	Carson City	State	NV	Zip Code	89701
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9	Mailing Address	Same	City		State		Zip Code	
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10	Corporate Phone	775 882-2122	Business Phone		Cellular Phone	775-771-4531	Business Fax	
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11	E-mail Address	KBrown@att.net	Business Website	
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12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI	Percent Owned	Title
Brown, Kurt		President
Residence Address (Street)	City, State, Zip	Residence Telephone
3711 Paradise View	Carson City, NV 89703	884-3311
Last, First, MI	Percent Owned	Title
Brown, Jason		Treasurer
Residence Address (Street)	City, State, Zip	Residence Telephone
110 Plantation Dr	Carson City, NV 89703	771-4531
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
Kurt Brown		775-220-7447
Residence Address (Street)	City, State, Zip	
3711 Paradise View	Carson City, NV 89703	

13 Describe in detail the activity of your business

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 type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____	Will there be an Interim Management Agreement?			


16 List number of slot machines (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:

Replacing Joe Brown as the liquor manager

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	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	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 <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 _____</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:
TOTAL FEES DUE:			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	Date		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: