



108 E. Proctor Street Carson City, Nevada 89701 (775) 887-2105 Hearing Impaired: 711

MEMORANDUM

Liquor License Hearing - Thursday, September 15, 2022, 1:30pm

TO:

The Hearings Officer

FROM:

Natalie Kiel, Business License Specialist

DATE:

September 12, 2022

AGENDA ITEM 4.B: For Possible Action: Discussion and possible action

regarding an application for a change of liquor manager for

Liquor License (LIQUOR-004748-2020) with Kimberly Fiegehen as the new liquor manager for Gold Lock

Corporation dba Glen Eagles located at 3700 N Carson Street,

Carson City, NV 89703.

<u>Recommendation</u>: To approve an application for a change of liquor manager to Kimberly Fiegehen for Gold Lock Corporation dba Glen Eagles located at 3700 N Carson Street, Carson City, NV 89703 subject to the following conditions of approval:

- 1. The applicant must sign a sworn affidavit consistent with Carson City Municipal Code (CCMC) 4.13.060 regarding a server training course.
- 2. The holder of the liquor license must maintain on the premises, evidence of employee server training certification for all employees that serve or sell alcohol.

Per Carson City Municipal Code (CCMC) 4.13, all liquor license requests are to be reviewed by the Hearings Officer. The Hearings Officer may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with the Municipal Code.

The subject request is for Gold Lock Corporation dba Glen Eagles to change their liquor manager to Kimberly Fiegehen for liquor license LIQUOR-004748-2020.

The Sheriff's Office did a background investigation and did not find any disqualifying information based on CCMC 4.13.125.

This request has been reviewed by the Health Department. The Health Department noted that the current health permit is in good standing.

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				illegible applications will an original signature	Liquor License #:				-202
☐ New	New Business Change of Location/Mailin		Location/Mailing	Change of Name	Change of Name Change of C		rate Officer	Mother 2	LM
Type of License(s)		Business		Short-Term	∫ ∏Gam		g	Liquor	
Type of Entity	Sole Pr	oprietor	Corporation	Partnership	DLi	mited Liability	Company	Non-Profit	
Business Name (D	HOCK BA) TOCK	Corp	pration		5 7	Business Openi	ing Date		
Business Address	NR	Syson	Street	Org ROOCH	State	1	Zip Code	10	
Mailing Address		3001		City	State	N.	Zip Code	· · ·	
Corporate Phone	-0130	Business Phone	4-1414	Cellular Phone	0	Business Fax	34-444	2	
E-mail Address Business Website Www.a.lancage(s), or other Principal(s) attach additional pages if required									
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Residence Address (Street)				City, State, Zip			Residence Tele	phone	
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Residence Address (Street)				City, State, Zip Residence Telephone			phone		
Liquor Manager (if applicable)	&	I	On-Site Contact Phone Number					
Residence Address	(Street)	EVER	1	Off-Site City, State, Zip					
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Describe in detail	the activity of yo	ur business				TE	RECE	WED	
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	,						CARSO	N CITY	
Type of Liquor L	icense Applying f	or (If applicab	le)	^			BUSINESS	ICENSES	
Tavern/Bar	Dining I w/Beer and \		Packaged Liquor	Dining Room WHard Liquor		ombo emise & Pkg)	Genera	al Wholesale	
Catering				Will there be an Interim Management Agreement?					
List number of sl	ot machines (If ap	plicable)		List number of table games (If applicable)					
1 cent Multi				Craps Baccarat					
Poker			□ Roulette □ Race Book □ Twenty-One □ Sports Book						
1.00		☐ Mega Buck	De Co	Keno		Poker			
If this application				o, list the previous name, add					

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	Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage,							
nc	contact the Planning Division at (775) 887-2180							
rmati	Is your business location zoned for this	type of business	Has a Special Use Permit been obtained for this business location					
Info	Will you be installing any outdoor signs		Are there any existing signs of the property					
neous	Will there be any outside storage (If yes, please explain items being stored and how being screened)							
Miscellaneous Information	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)							
Mi	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business							
	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							
su	If any changes are made after completing said license application this office must be notified immediately and an updated is required.							
Kegulations	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.							
d Keg	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.							
Kules and	 Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation. 							
Ku	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	Steel	Date 0 6 2022					
_		10						
1.00	FEE STRUCTURE	REE	LICENSE TOTAL FEES					
Jusi	iness License Fee		Business License Annual Fee:					
	are Footage		Business License Pro-rated Fee:					
	nber of Employees		Business License Application/Update Fee:					
lealth Fee			Liquor License Annual Fee:					
lumber of Rental Units			Liquor License Pro-rated Fee:					
	nber of Coin Operated Machines		Liquor License Application Fee: #75 change LN Liquor License Investigation Fee:					
lumber of Slot Machines								
1000	FAL FEES DUE:		Gaming License Quarterly Fee:					
	ment Type		Gaming License Application Fee:					
tece	eived By Da	ate	Fictitious Name Fee:					

Health Pre-Inspection Fee:

DATE

ate Applicant Fingerprinted

By

File#

CARSON CITY BUSINESS LICENSES



911 E, Musser St. Carson City, NV 89701 775-887-2500 Hearing Impaired: 711 Fax: 775-887-2026

To: Liquor Board

From: Carson City Sheriff's Office

Re: Liquor License Application Glen Eagles Restaurant

Fiegehen, Kimberly

The Sheriff's Office has conducted a background investigation on the above applicant as the liquor manager for Glen Eagles Restaurant.

- <u>Background of premises:</u> Glen Eagles is located at 3700 N Carson St. and is an existing business which is owned and operated by the Fiegehen family. The location has had minimal calls for service.
- <u>Financial arrangements:</u> There are no new financial arrangement as the business and property is stilled owned within the Fiegehen family under Gold Lock Corporation. This application is for a change in liquor manager from Allan Fiegehen to Kimberly Fiegehen.
- Method of operation: Glen Eagles operates as a full-service restaurant and is open
 Wednesday Saturday for dinner and offers full liquor sales. The restaurant employs approximately fourteen persons and Kimberly Fiegehen manages the restaurant on a full-time basis.
- <u>Results of background</u>: The background for Kimberly Diane Fiegehen consisting of DMV records, law enforcement checks, Nevada criminal history, credit report and fingerprint responses did not find any disqualifying information based on CCMC 4.13.125.

Elizabeth Martin Administrative Assistant Investigations Division	Date August 24, 2027
Recommend Approval Do Not Recommend Approval	
Ken Furlong Sheriff	Date 8/25/22