



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

MEMORANDUM

Liquor License Hearing - Tuesday, November 29, 2022 - 9am

TO:

The Hearings Officer

FROM:

Natalie Kiel, Business License Specialist

DATE:

November 21, 2022

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

regarding an application to reinstate and approve a change of location for Tavern/Bar Liquor License (LIQUOR-004766-2020) with Gina Rohrer as the liquor manager for Living the Good Life, LLC dba Gina's Good Life Music and Lounge located at

507 N Carson Street, Carson City, NV 89701.

<u>Recommendation</u>: To approve an application to reinstate and approve a change of location for a Tavern/Bar Liquor License with Gina Rohrer as the liquor manager for Living the Good Life, LLC dba Gina's Good Life Music and Lounge at 507 N Carson Street, Carson City, NV 89701 subject to the following 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. Alcohol sold must come from approved sources.
- 3. 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 Living the Good Life, LLC dba Gina's Good Life Music and Lounge to reinstate and to change the location of Tavern/Bar Liquor License LIQUOR-004766-2020 with Gina Rohrer as the liquor manager. The new bar and music lounge will be located inside the Nugget Casino. The business license is number BL-005054-2020.

A background investigation by the Sheriff's Office was not required as Living the Good Life, LLC is an existing liquor license being reinstated and changing locations, per CCMC 4.13.070 and 4.13.120.

This request has been reviewed by the Health Department. The Health Department inspected the premises and is recommending approval based on the above conditions being met.



CARSON CITY LICENSE APPLICATION

Incomplete or illegible applications will not be accepted. Applications must bear an original signature

LTQUOR-00776607070 Submittal Date:

THE PERSON NAMED AND POST OF THE PERSON NAMED					
☐ New B	usiness Change of	Physical Location	Ofher		
Type of Entity:	(Sole Proprietor	☐ Corporation	☐ Partnership	Limited Liability Company	/ Non-Profit
Requir	ed: NV State Buiness License I	Number	Specialty License Number	Business Opening Date i	n Carson City
NV20	14126200	7		NOV 9-20	2.7
Entity Name			1 1 6	1000	
-	-Wing Ir	ne Go	od Lite		
Business Name (DBA)	'S GOOD L	IFE M	usic and (_aung E	
Business Address	1			City, State, Zip	
507	N CARSON		CARSONCH	X NU	
Mailing Address		•		City, State, Zip	0
P	Email Address	N	Tobile Phone	Business Pho	ne
Ima	inate Aolcoy	775-76	20-5834	Same.	
	Owner(s), M	lanager(s), or other	Principal(s) attach addition	al pages if required	
First, Middle, Last					
Residence Address (St	reet)		City, State, Zip	Residence Tel	ephone
					• ****
		The second second second			
First, Middle, Last					
Residence Address (St	reet)		City, State, Zip	Residence Tel	ephone
		Describe in deta	ail the activity of your busine	ess:	
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				Annual Company of the	
			your business, please note		
Chan	ge to loca	ition. Imme	And Scalind Producte Pro	ing-to having	E/BAG.
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OFFICE US	E ONLY [The second secon	

	Miscellaneous Information											
M I	Commercial Location Square Footage:	120)O		Number of Full-Tir Employees/C	- I	2					
S C	Attach a list of the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business											
	Health Department											
	Do you provide or m	anufacture food, bever	ages, or supplen	1 /								
H E		ng for customers? How many people can be seated?										
A	Do you provide seati	ng for customers? How many people can be sented?										
L	Do you provide tatto	oing, permanent make	up, microbladii	ng or piercing within	your establishment?							
T H		oing, permanent make up, microblading or piercing within your establishment?										
D	Do you provide swimming pools, hot tubs, hot springs, childcare or lodging at your establishment?											
E	Does vour establishn	Does your establishment utilize a septic system or well?										
P T												
	Please complete the following if applying for a Liquor or Gaming License											
	Email Address											
Liquor Manager - First, MI, Last Liquor												
I	Residence Address (Street) 1208 Chapperal Dr				City, State, Zip	Contact Number 44 NO 775 720583		ber				
Q					CAYSON CT			2831				
U O R	Tavern/Bar	Dining Room v Wine On		Packaged Liquor	Dining Room w/Hard Liquer	Combo (On- Premise & Pkg)	General Who	olesale				
	☐ Catering		al Wet Bars		Will there be an Interim Management Agreement?							
&		number of slot mach			List number of table games (If applicable)							
G A	1 cent_				Craps	☐ Baccarat						
M	5 cent	-	Multi		Roulette	Race Book						
I		Poker			☐ Twenty-One	Sports Bo	Sports Book					
G	1.00	Mega Buck			□ Keno	Poker						
	I, the undersigned understands that I cannot operate my business until my license is issued by Carson City indicating approval by all necessary city departments											
	If any changes are made after completing said license application the business license division must be notified immediately and an updated application 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 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. Date 10-11-22											
			1									

Certificate of Business: Fictitious Firm Name
The undersigned do hereby certify that
The state of the s
(Name of individual, corporation, partnership, or trust) located at Street Address of Park (Street Ad
(Successful Business of Residence)
Nevada, under the fictitious name of Gina's Good Life Music and Laura (Fictitious Firm Name)
and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows: By signing below, I do solemnly affirm, under penalty of perjury, that all statements made in this document are true. 1. Check bourse Volume May/ourse Polyne Polyne May/ourse Polyne Polyne Polyne May/ourse Polyne Poly
Full Name and Title Signature Date
Street Address City, State, Zip
Mailing Address, if different from above Carson City, State Zip City, State Zip
2. Two Constoner Organianes Signature Date
Street Address City, State, Zip
Mailing Address, if different from above City, State, Zip
Full Name and Title Signature Date
Street Address City, State, Zip
Mailing Address, if different from above City, State, Zip
Steff State, Zip
RECEIVED AND FILED
Date 11.6.22
alli
Deputy County Clerk
Please provide the following details where verification of filing should be sent:
Email Address
Phone Number
Mailing Address



■CARSON CITY, NEVADA■

CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS)

Date: November 17, 2022

Re: Liquor License - Gina's Good Life Music and Lounge, BLR-2022-0477

On November 14, 2022 a pre-opening inspection with Gina's Good Life Music and Lounge, located inside the Carson Nugget at 507 N. Carson St., was conducted.

Our approval is based on the following conditions being met:

- Use of commercial equipment only.
- Serving of alcohol must come from approved sources.
- No changes to bar set up may be made without approval from health authority. All handwashing sinks and dump sinks must be properly used according to the FDA Food Code and NAC 446.
- No construction may take place without prior approval from the Carson City Building Department and CCHHS.

Please contact CCHHS with any questions or concerns.

Phone: (775) 283-7227

Kandis Harvey, REHS

Environmental Health Specialist

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired-Use 711