Hem# 3

## City of Carson City Agenda Report

Date Submitted: July 24, 2007	Agenda Date Requested: August 2, 2007 Time Requested: 10 minutes
To: Liquor Board	
From: Planning Division, Development Se	rvices
Subject Title: Action to approve a full (pa LLC, (liquor manager: Jeffery G. De La Pe Fairview Drive, Carson City,	ckaged) liquor license for Nevada CVS Pharmacy, na) for Longs CVS/Pharmacy #8779, located at 220
Staff Summary: Per CCMC 4.13, all lique Board.	or license requests are to be reviewed by the Liquor
Type of Action Requested:  ( ) Resolution (X) Formal Action/Motion	( ) Ordinance ( ) Other (Specify)
Does This Action Require A Business Im	pact Statement: ( ) Yes (X) No
Recommended Board Action: I move to a CVS Pharmacy, LLC, (liquor manager: Jeff located at 220 Fairview Drive, Carson City,	approve a full (packaged) liquor license for Nevada ery G. De La Pena) for Longs CVS/Pharmacy #877
Explanation for Recommended Board Acall liquor licenses pursuant to CCMC 4.13. Pena's birth certificate and a copy of Mr. D	etion: The Liquor Board has the authority to approve Business license is waiting for a copy of Mr. De La e La Pena's character references.
Applicable Statute, Code, Policy, Rule or	Regulation: CCMC 4.13
Fiscal Impact: N/A	
Explanation of Impact: N/A	
Junding Source: N/A	
Alternatives: 1) Refer back to the Busines 2) Deny	s License Division, or
<b>Supporting Material:</b> 1) Background ch 2) Carson City Liq	eck from Sheriff's Office uor License Application

## Prepared By: Donna Fuller, Administrative Services Manager

Reviewed By:		
Watter Sullivin	Date: 7/24/07	
(Walter Sullivan, Planning Director	7///	
(Larry Werner), Development Services Director/City Engineer	Date: 7/24/37	
	Date: 7/24/1	>
(Linda Ritter, City Manager)  Milland Transcotto	Date: 7-24-07	
(Things at Astronomy)		
Water Paulsa-Finasce	7124107	
Board Action Taken:		
Motion:1)		Aye/Nay
		· · · · · · · · · · · · · · · · · · ·
(Vote Recorded By)		

## CITY OF CARSON CITY LIQUOR LICENSE APPLICATION

201 N Carson Street #5 Carson City, NV 89701 (775)887-2092 #2 fax (775)887-2102

	(773)007-2092 #2 1 <b>3</b>		111
Full Name of Applicant(s)	FEAN G DEL.	Account	# 07-232
Corporate Name _Nevada	Cals Pharmac	VIIC	
Fictitious Firm Name <u>CVS /</u>	pharmacy #8	Date Filed	
Business Location 220 FC	URVIEW Ln. M.	NV Business Phone 88	7 - 1000
Mailing Address		Home Phone	<u> </u>
Date Liquor Sales will start?	M	anagement Agreement on file?	
		- Igroement on me.	
Type of Liquor Sales:	Liquor om w/full liquor	☐ Dining room w/beer & wine ☐ Wholesaler ☐ Manufacturer ☐ Additional Bar(s) @ location (#) ☐ Combo Packaged & on-premise liquor	license
List ALL owners, partners or cor	morate officers kalony	SPANDASAND, NV &	BNO
Effeny GDE LA PERA	Sha man	SPANISH Spring, NV 2	
Name & Ville	Address		24-0517
	3.844461 CAIN	Phon	<b>着</b>
Name & Title	Address	Phon	3 <b>#</b>
Vame & Title	Address	Phone	#
Are you familiar with Nevada Lic Have you ever obtained a liquor l Non-Refundable Investiga	icense before? ☐ yes ☐ tion Fee \$_75.00	no If yes, where?	
Original New Application Liquor License Per Quarte		Date Paid Date Paid	
CERTIFICATION: I hereby certify that t	the above information is correct cansferred to any other nerson	t to the best of my knowledge and belief. I t	inderstand that this coval by the Liquor
Signature John	Jok la la	Date 6/14/17	
Signature_		Date	
Signature		Date	
Witnessed by:	ugue	Date 6 14 07	
Figure 1	OR SHERIFF'S DEPART	MENT USE ONLY	
	901 B Musser St. Carson C (775)887-2020 x	ity, NV 89701	
ate Applicant Fingerprinted	By	T21	
ate Applicant Fingerprinted	By	File # File #	
ate Applicant Fingerprinted	Bv	File#	