

Mem# 4G

**City of Carson City  
Agenda Report**

**Date Submitted:** May 6, 2008

**Agenda Date Requested:** May 15, 2008

**Time Requested:** 10 minutes

**To:** Liquor Board

**From:** Business License Division, Development Services

**Subject Title:** Action to revoke a full bar liquor license for On The Case, LLC (liquor manager: Jason McKinney) dba Scavo's, located at 4570 Hwy 50 E, Carson City.

**Staff Summary:** Per CCMC 4.13.140, all liquor license requests are to be reviewed by the Liquor Board. Applicant has not paid 1<sup>st</sup> and 2<sup>nd</sup> quarter fees, thus his liquor license is being requested to be revoked

**Type of Action Requested:**

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to revoke a full bar liquor license for On The Case, LLC (liquor manager: Jason McKinney) dba Scavo's, located at 4570 Hwy 50 E, Carson City.

**Explanation for Recommended Board Action:** The Liquor Board has the authority to revoke all liquor licenses pursuant to CCMC 4.13.140. See attached memo

**Applicable Statute, Code, Policy, Rule or Regulation:** CCMC 4.13.140

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Alternatives:** N/A

**Supporting Material:** 1) Notice of Show Cause Hearing Letter  
2) Billing Statement

**Prepared By:** Lena E Tripp, Senior Permit Technician

**Reviewed By:**

  
(Development Services Director)

(City Manager)  
  
(District Attorney's Office)

\_\_\_\_\_  
(Sheriff)

Date: 5-6-08

Date: 5-6-08

Date: 5-6-08

Date: \_\_\_\_\_

**Board Action Taken:**

Motion: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)



**CARSON CITY, NEVADA**  
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL  
DEVELOPMENT SERVICES

**CARSON CITY LIQUOR BOARD**

**NOTICE OF SHOW CAUSE HEARING**

DATE: May 1, 2008

NAME AND ADDRESS OF BUSINESS:

*X Jeffrey E. Davis*  
*DATE 5/3/08*  
Scavo's  
4750 Hwy 50 E, Carson City, NV 89701

NAME AND ADDRESS OF LIQUOR LICENSE HOLDER:

On The Case, LLC  
4750 Hwy 50 E, Carson City, NV 89701

RE: ORDER TO SHOW CAUSE REGARDING REVOCATION OF LIQUOR LICENSE FOR  
**ON THE CASE, LCC AT SCAVO'S (LIQUOR LICENSE #07-22235)**

Pursuant to Nevada Revised Statute (NRS) 241.033 and NRS 241.034, you are being provided notice that the Carson City Liquor Board may consider your character, alleged misconduct, professional competence, or physical or mental health relating to your liquor license. The Board may also discuss and take administrative action relating to your liquor license. Furthermore, the Board may, without further notice take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health.

Pursuant to CCMC 4.13.150 (2), the Carson City Liquor Board is requiring you and/or your representative to appear at the Liquor Board hearing on **May 15, 2008 at 8:30am**. The Liquor Board will meet at the Community Center, Sierra Room, 851 East William Street, Carson City, Nevada. This is your notice to show cause why your liquor license should not be revoked.

The grounds for your liquor license revocation: **Non-payment of Business License and Liquor License – CCMC 4.13.140 (See Attachments)**

You and/or your representative shall have an opportunity to be heard, present witnesses and cross-examine witnesses against you.

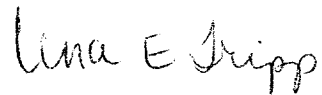
The Liquor Board may take action on your liquor license on the hearing date or may take up to 20 days to render a decision as to the liquor license revocation and then give notice to the licensee.

BUSINESS LICENSE DIVISION • 2621 Northgate Lane, Suite 6 • Carson City, Nevada 89706  
Phone: (775) 887-2105 Fax: (775) 887-2202 TNosenzo@ci.carson-city.nv.us



Should you have any questions regarding the meeting date, please call Walter Sullivan, Development Services Director, at (775) 887-2310 x 1001 or email him at [wsullivan@ci.carson-city.nv.us](mailto:wsullivan@ci.carson-city.nv.us). A copy of the liquor license revocation process as contained in the Carson City Municipal Code is enclosed.

Sincerely,



Lena E Tripp  
Senior Permit Technician

enclosures

Certified Mail Receipt #7005 0390 0002 0512 3188

# Invoice

## Carson City Business License

Registered Mail: 7005 0390 0002 0512 3126

Business: 07-24036

Remit To:

SCAVO'S  
Jeffrey Donovan  
4750 Hwy 50.  
Carson City, NV 89701

Carson City Development Services  
Business License Division  
2621 Northgate Lane, Suite #6  
Carson City, NV 89706

Your Liquor License for the 1<sup>st</sup> & 2<sup>nd</sup> quarters are delinquent. Liquor License renewal fees for each quarter were due on the first day of each quarter. License fees paid after the due date are assessed a 50% penalty.

**These Licenses fees are required to be paid in full on or before April 15, 2008, or the license will be revoked.**

### Balance Due:

1 <sup>st</sup> Quarter (Jan. – March 2008)	\$200.00
Penalty	100.00
2 <sup>nd</sup> Quarter (April – June 2008)	200.00
Penalty	100.00
<b>Total due on or before April 15, 2008:</b>	<b>\$600.00</b>

If any information is incorrect or has changed please call 887-2088

Business – 07-24036  
SCAVO'S  
Jeffery E. Donovan  
4750 Hwy. 50 E.  
Carson City, NV 89701

Remit To –  
Carson City Development Services  
Business License Division  
2621 Northgate Ln., Ste #6  
Carson City, NV 89706

Total due by April 15, 2008 ----- \$600.00

+ 285.00 B.L. fee  
            
\$ 885.00

Return this portion with payment

*Q... attached*



**ORDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

JEFFREY DONOVAN  
4750 Hwy 50 E.  
Carson City, NV 89701

APR 15 2008

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

RECEIVED

7005 0390 0002 0512 3126

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540