

**City of Carson City  
Agenda Report**

**Date Submitted:** November 8, 2010

**Agenda Date Requested:** November 16, 2010

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License, Public Works

**Subject Title:** Action to approve Mark Schloss as the liquor manager for Red's Old 395 Grill (Liquor License #11-15193) located at 1055 S. Carson St., Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Mark Schloss is applying to be listed as the new liquor manager on the liquor license and staff is recommending approval.

**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 approve Mark Schloss as the liquor manager for Red's Old 395 Grill (Liquor License #11-15193) located at 1055 S. Carson St., Carson City.

**Explanation for Recommended Board Action:** The Liquor Board has the authority to approve all liquor licenses pursuant to CCMC 4.13(1).

**Applicable Statute, Code, Policy, Rule or Regulation:** CCMC 4.13

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** N/A

**Alternatives:** 1) Refer back to the Business License Division, or  
2) Deny

**Supporting Material:** 1) Carson City Liquor License Application  
2) Carson City Sheriff's Office Background Investigation

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

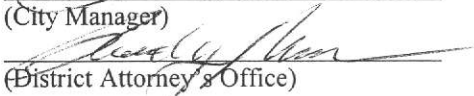
**Reviewed By:**

  
\_\_\_\_\_  
(Public Works Director)

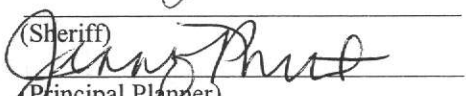
Date: 11/8/10

  
\_\_\_\_\_  
(City Manager)

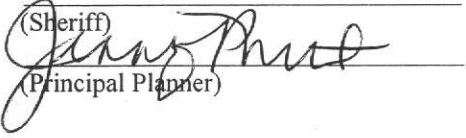
Date: 11/5/10

  
\_\_\_\_\_  
(District Attorney's Office)

Date: 11/8/10

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

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

  
\_\_\_\_\_  
(Principal Planner)

Date: 11-8-2010

**Board Action Taken:**

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

|          |         |
|----------|---------|
| 1) _____ | Aye/Nay |
| 2) _____ | _____   |
|          | _____   |
|          | _____   |
|          | _____   |

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



# CARSON CITY LICENSE APPLICATION

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

11-15193

Submittal Date:

8-27-10

|    |                                       |   |   |  |   |
|----|---------------------------------------|---|---|--|---|
| 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 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 type="checkbox"/> Corporation    | <input checked="" type="checkbox"/> Partnership      | <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit |
| 4  | Entity Name                           | SEB NEVADA, LLC                                     |   |  | Business Opening Date   |
| 5  | Business Name (DBA)                   | RED'S OLD 395 GRILL                                 |   |  | 6-1-00  |
| 6  | Business Address                      | 1055 S. CARSON ST                                   | City                                    | CARSON CITY  | State   |
| 7  | Mailing Address                       | SAME AS ABOVE                                       |   |  | Zip Code  |
| 8  | Corporate Phone                       | (775) 887-0395                                      | Business Phone                          | (775) 887-0395                                       | Cellular Phone  |
| 9  | E-mail Address                        | N/A   |   |  | Business Fax  |
| 10 |                                       |   |   |  | (775) 887-5040  |
| 11 |                                       |   |   |  |   |

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

|                            |   |                     |                      |     |
|----------------------------|---|---------------------|----------------------|-----|
| Last, First, MI            | Percent Owned   | Title               | Date of Birth        | SSN |
| STERLING, JACK G.          | 33 1/3  | MEMBER              | 2/23/60              |     |
| Residence Address (Street) | City, State, Zip  | Residence Telephone |                      |     |
| 440 CENTENNIAL AVE         | CHICO, CA 95928   | (530) 343-2722      |                      |     |
| Last, First, MI            | Percent Owned   | Title               | Date of Birth        | SSN |
| EXTINGER, ALBERT T.        | 66 2/3  | MEMBER              | 8/27/32              |     |
| Residence Address (Street) | City, State, Zip  | Residence Telephone |                      |     |
| 1604 SAWTOOTH TRAIL        | RENO, NV. 89523   | (310) 467-7495      |                      |     |
| Last, First, MI            | Percent Owned   | Title               | Date of Birth        | SSN |
|                            |   |                     |                      |     |
| Residence Address (Street) | City, State, Zip  | Residence Telephone |                      |     |
|                            |   |                     |                      |     |
| Manager/Liquor Manager     | <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site |                     | Contact Phone Number |     |
| Schloss, Mark R.           |   |                     | 775.830.8492         |     |
| Residence Address (Street) | City, State, Zip  |                     |                      |     |
| 5805 COUN SAINT MICHELLE   | RENO, NV 89511  |                     |                      |     |

Pursuant to NRS 244.33507 and 42 U.S.C. Sec. 666, you are required to provide your social security number on the application for a license, permit, or certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child or you are in arrears in the payment for the support of one or more children

13 Describe in detail the activity of your business  
 New liquor manager

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 |
|-------------------------------------|---|--|--|---|--|

15  Catering  Additional Wet Bars \_\_\_\_\_ Will there be an Interim Management Agreement?

16 List number of slot machines (If applicable)  1 cent \_\_\_\_\_  5 cent 7  25 cent \_\_\_\_\_  1.00 \_\_\_\_\_

List number of table games (If applicable)

|   |  |
|---|--|
| <input type="checkbox"/> Craps _____      | <input type="checkbox"/> Baccarat _____    |
| <input type="checkbox"/> Roulette _____   | <input type="checkbox"/> Race Book _____   |
| <input type="checkbox"/> Twenty-One _____ | <input type="checkbox"/> Sports Book _____ |
| <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  
 ELIMINATION OF JAMES V. STERLING III AS A PRINCIPAL  
 ADDITION OF MARK SCHLOSS AS MANAGER/LIQUOR MANAGER

18 Check One

I am not subject to a court order for the support of a child

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

I am subject to a court order for the support of one or more children and am not in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order