

**City of Carson City
Agenda Report**

Date Submitted: November 8, 2010

Agenda Date Requested: November 16, 2010

Time Requested: 10 minutes

To: Board of Supervisors and Mayor

From: Business License, Public Works

Subject Title: Action to approve the transfer of the gaming license for Slotworld, Inc. dba Golden Nickel (Gaming License #10-2065) to 444 E. William St., Ste 8, Carson City. (Jennifer Pruitt)

Staff Summary: All gaming license transfer requests are to be reviewed by the Board of Supervisors per CCMC 4.14.050. Slotworld, Inc. dba Golden Nickel is applying to transfer the gaming license from 1325 S. Carson St. to 444 E. William St., Ste 8. The name of the business has also changed from Smoke Shop to the Golden Nickel. Staff is recommending approval.

Type of Action Requested:

- | | |
|--|--|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Ordinance |
| <input checked="" type="checkbox"/> Formal Action/Motion | <input type="checkbox"/> Other (Specify) |

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve the transfer of the gaming license for Slotworld, Inc. dba Golden Nickel (Gaming License #10-2065) to 444 E. William St., Ste 8, Carson City. (Jennifer Pruitt)

Explanation for Recommended Board Action: The Board of Supervisors has the authority to approve gaming license transfers pursuant to CCMC 4.14.050.

Applicable Statute, Code, Policy, Rule or Regulation: CCMC 4.14.050

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 License Application

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:



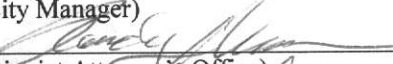
(Public Works Director)

Date: 11/8/10



(City Manager)

Date: 11/8/10



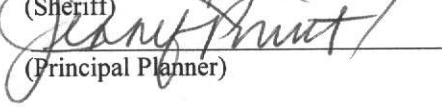
(District Attorney's Office)

Date: 11/8/10



(Sheriff)

Date: 11/8/10



(Principal Planner)

Date: 11.8.2010

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Busin

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

2065
10 2015
Submittal Date: 11-17-2010

1	<input type="checkbox"/> New Business	<input checked="" type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other	
2	Type of License(s)	<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input checked="" type="checkbox"/> Gaming	<input type="checkbox"/> Liquor	
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit

4	Entity Name	Slot World, Inc			5	Business Opening Date	10-29-10	
	Business Name (DBA)	Golden Nickel			7	EIN #	88-0233638	
8	Business Address	444 E. William #8	City	Carson City	State	NV	Zip Code	89701
9	Mailing Address	3879 Highway 50 E. CCNV	City	Carson City	State	NV	Zip Code	89701
10	Corporate Phone	775-882-7568	Business Phone	Same	Cellular Phone	775-742-6199	Business Fax	775-882-8670
11	E-mail Address	slotworld-casino.com						

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

Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Small, John D	30	Chair	2-3-59	
Residence Address (Street)	City, State, Zip	Residence Telephone		
1641 FAIR Way	Carson City, NV 89701	882-2324		
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Sneath, Jeffry	20	President	10-29-68	
Residence Address (Street)	City, State, Zip	Residence Telephone		
1564 Truckee Dr	Carson City, NV 89701	885-8188		
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Taylor, Steve R	24.5	Secretary	4-5-53	
Residence Address (Street)	City, State, Zip	Residence Telephone		
2200 Sun Chaser Ct	Reno NV 89511	851-1090		
Manager/Liquor Manager	<input type="checkbox"/> On-Site	Contact Phone Number		
	<input type="checkbox"/> Off-Site			
Residence Address (Street)	City, State, Zip			

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

Gaming - Fifty to Sixty slots.

14 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? NO

16 List number of slot machines (If applicable)

<input type="checkbox"/> 1 cent <u>6</u>	<input type="checkbox"/> Multi <u>22</u>	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____
<input type="checkbox"/> 5 cent <u>14</u>	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____
<input type="checkbox"/> 25 cent <u>6</u>	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____
<input type="checkbox"/> 1.00 <u>2</u>		<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

SlotWorld, INC dba Smoke Shop 1325 S. Carson St. Carson City NV

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