

**City of Carson City
Agenda Report**

Date Submitted: January 25, 2011

Agenda Date Requested: February 3, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License, Public Works

Subject Title: Action to approve Dale Michael Barcomb as the liquor manager for 7-Eleven Store #22629 (Liquor License #11-27361) located at 3701 N Carson St, Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Dale Michael Barcomb is applying to be listed as the liquor manager on the liquor license. 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 Dale Michael Barcomb as the liquor manager for 7-Eleven Store #22629 (Liquor License #11-27361) located at 3701 N 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:



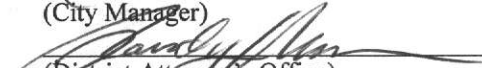
(Public Works Director)

Date: 1-25-11



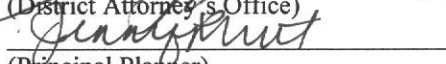
(City Manager)

Date: 1/25/11



(District Attorney's Office)

Date: 1/25/11



(Principal Planner)

Date: 1-25-11

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(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 #: BL 10-28297
HL 11-27361
Submittal Date: 10/19/2010

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

4	Entity Name	<u>7-Eleven, Inc</u>			5	Business Opening Date	<u>10/20/10</u>
6	Business Name (DBA)	<u>7-Eleven Store 22629 H</u>			7	EIN #	<u>75-1085131</u>

8	Business Address	<u>3701 North Carson</u>	City	<u>Carson City</u>	State	<u>NV</u>	Zip Code	<u>89706</u>
9	Mailing Address	<u>PO Box 219088 Dept 274L</u>	City	<u>Dallas</u>	State	<u>TX</u>	Zip Code	<u>75221</u>
10	Corporate Phone	<u>(775) 823-7111</u>	Business Phone	<u>(775) 882-7459</u>	Cellular Phone	<u>(775) 247-5781</u>	Business Fax	<u>(775) 827-8862</u>
11	E-mail Address	Business Website						

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

Last, First, MI	Percent Owned	Title	Date of Birth	SSN
<u>Please see attached</u>				
Residence Address (Street)		City, State, Zip		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone

Manager/Liquor Manager Oale Barcomb

On-Site Off-Site

Contact Phone Number 853-8711

Residence Address (Street) 1695 Slideview Wy City, State, Zip Washoe Valley, NV 89704

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
Retail convenience selling tobacco products, off premise alcoholic beverages, groceries, fast foods, gasoline, etc.

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
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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>0</u>	<input type="checkbox"/> Multi <u>0</u>
<input type="checkbox"/> 5 cent <u>0</u>	<input type="checkbox"/> Poker <u>0</u>
<input type="checkbox"/> 25 cent <u>0</u>	<input type="checkbox"/> Mega Buck <u>0</u>
<input type="checkbox"/> 1.00 <u>0</u>	

List number of table games (If applicable)

<input type="checkbox"/> Craps <u>0</u>	<input type="checkbox"/> Baccarat <u>0</u>
<input type="checkbox"/> Roulette <u>0</u>	<input type="checkbox"/> Race Book <u>0</u>
<input type="checkbox"/> Twenty-One <u>0</u>	<input type="checkbox"/> Sports Book <u>0</u>
<input type="checkbox"/> Keno <u>0</u>	<input type="checkbox"/> Poker <u>0</u>

united can.

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below
Glen Peoples

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