

**Carson City
Agenda Report**

Date Submitted: February 8, 2011

Agenda Date Requested: February 17, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

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: 2-8-11



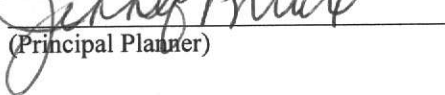
(City Manager)

Date: 2/8/11



(District Attorney's Office)

Date: 2/8/11



(Principal Planner)

Date: 2-8-2011

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 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-Elven, Inc</u>			5 Business Opening Date <u>10/20/10</u>
6	Business Name (DBA)	<u>7-Elven 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	Business Phone	Cellular Phone	Business Fax	
	<u>(775) 823-7111</u>	<u>(775) 882-7459</u>	<u>(775) 247-5781</u>	<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	<u>Oale Barcomb</u>		<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number <u>853-8711</u>
	Residence Address (Street)		City, State, Zip		
	<u>1695 Slideview Wy</u>		<u>Washoe Valley, NV 89704</u>		
	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 <u>Retail convenience selling tobacco products, off premise alcoholic beverages, groceries, fast foods, gasoline, etc.</u>				
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 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
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? <u>No</u>	
16	List number of slot machines (If applicable)		List number of table games (If applicable)		
	<input type="checkbox"/> 1 cent <u>0</u>	<input type="checkbox"/> Multi <u>0</u>	<input type="checkbox"/> Craps <u>0</u>	<input type="checkbox"/> Baccarat <u>0</u>	<u>united can.</u>
	<input type="checkbox"/> 5 cent <u>0</u>	<input type="checkbox"/> Poker <u>0</u>	<input type="checkbox"/> Roulette <u>0</u>	<input type="checkbox"/> Race Book <u>0</u>	
	<input type="checkbox"/> 25 cent <u>0</u>	<input type="checkbox"/> Mega Buck <u>0</u>	<input type="checkbox"/> Twenty-One <u>0</u>	<input type="checkbox"/> Sports Book <u>0</u>	
	<input type="checkbox"/> 1.00 <u>0</u>		<input type="checkbox"/> Keno <u>0</u>	<input type="checkbox"/> Poker <u>0</u>	
17	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below <u>Glen Peoples</u>				
18	Check One	<input type="checkbox"/> I am not subject to a court order for the support of a child			
		<input type="checkbox"/> I am subject to a court order for the support of one or more children and am <i>in compliance</i> 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			
		<input type="checkbox"/> I am subject to a court order for the support of one or more children and am <i>not in compliance</i> 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			