

**Carson City
Agenda Report**

Date Submitted: June 28, 2011

Agenda Date Requested: July 7, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Rory Bedore as the liquor manager for the Carson Station Hotel/Casino (Liquor License #12-27609) located at 900 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. Rory Bedore is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval.

Type of Action Requested:

Resolution

Formal Action/Motion

Ordinance

Other (Specify)

Does This Action Require A Business Impact Statement: () Yes (X) No

Recommended Board Action: I move to approve Rory Bedore as the liquor manager for the Carson Station Hotel/Casino (Liquor License #12-27609) located at 900 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

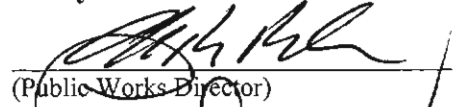
Funding Source: N/A

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:



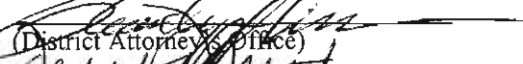
(Public Works Director)

Date: 6-28-11



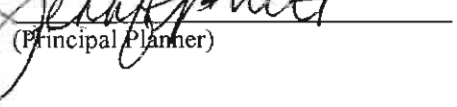
(City Manager)

Date: 6/28/11



(District Attorney's Office)

Date: 6/28/11



(Principal Planner)

Date: 6-28-11


Board Action Taken:

Motion: _____


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

(Vote Recorded By)

LL# 12-27609

		CARSON CITY LICENSE APPLICATION			Business License #: BL11-28777						
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature					Submittal Date: 5-11-2011						
<input checked="" 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 type="checkbox"/> Other			
Type of License(s)		<input checked="" type="checkbox"/> Business		<input type="checkbox"/> Short-Term		<input checked="" type="checkbox"/> Gaming		<input checked="" type="checkbox"/> Liquor			
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	
Entity Name 777 Gaming, Inc.					Business Opening Date anticipate June 23, 2011						
Business Name (DBA) Carson Station Hotel/Casino					EIN # 87-0740422						
Business Address 900 S Carson Street			City Carson City		State NV		Zip Code 89701				
Mailing Address			City		State		Zip Code				
Corporate Phone (702) 568-8777		Business Phone (775) 883-0900		Cellular Phone		Business Fax					
E-mail Address				Business Website							
Owner(s), Manager(s), or other Principal(s) attach additional pages if required											
Last, First, MI Bedore, Rory L.		Percent Owned 100		Title President		Date of Birth 5-1-1963		SSN [REDACTED]			
Residence Address (Street) 2665 S Tioga Way				City, State, Zip Las Vegas NV 89117		Residence Telephone (702) 256-3577					
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				<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		Contact Phone Number					
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											
Describe in detail the activity of your business restaurant bar, casino, hotel											
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 checked="" type="checkbox"/> Dining Room w/Hard Liquor		<input type="checkbox"/> Combo (On-Premise & Pkg)		<input type="checkbox"/> General Wholesale	
<input type="checkbox"/> Catering		<input type="checkbox"/> Additional Wet Bars		Will there be an Interim Management Agreement?							
List number of slot machines (If applicable)					List number of table games (If applicable)						
<input type="checkbox"/> 1 cent		<input checked="" type="checkbox"/> Multi 250		<input type="checkbox"/> Craps		<input type="checkbox"/> Baccarat		<input type="checkbox"/> 5 cent		<input type="checkbox"/> Race Book	
<input type="checkbox"/> 25 cent		<input type="checkbox"/> Poker		<input type="checkbox"/> Roulette		<input type="checkbox"/> Twenty-One		<input type="checkbox"/> Sports Book		<input type="checkbox"/> 1.00	
		<input type="checkbox"/> Mega Buck		<input checked="" type="checkbox"/> Keno 1		<input type="checkbox"/> Poker					
If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below not applicable											
Check One											
<input checked="" 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											

Miscellaneous Information	Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business <i>Yes</i>	Has a Special Use Permit been obtained for this business location <i>No</i>
	Will you be installing any outdoor signs <i>No</i>	Are there any existing signs of the property <i>Yes</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>No</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>current vehicles</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

Rules and Regulations	I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments
	<ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location • Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation
I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.	
Applicant's Signature  Date <u>5-2-11</u>	

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<i>63.85</i>	Business License Annual Fee: <i>1363.30</i>
Square Footage	<i>194.65</i>	Business License Pro-rated Fee: <i>681.65 July-Dec 2011</i>
Number of Employees	<i>1615⁰⁰</i>	Business License Application/Update Fee: <i>25.00</i>
Health Fee <i>Health II Health I</i>	<i>175.00 35.00</i>	Liquor License Annual Fee: <i>(800⁰⁰)</i>
Number of Rental Units <i>92 rooms</i>	<i>82⁰⁰</i>	Liquor License Pro-rated Fee:
Number of Coin Operated Machines <i>BTL</i>	<i>197.80</i>	Liquor License Application Fee: <i>1000⁰⁰</i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500⁰⁰</i>
TOTAL FEES DUE <i>\$60251.65</i>		Gaming License Quarterly Fee: <i>-</i>
Payment Type <i>75165 B/L LL 1500⁰⁰</i>		Gaming License Application Fee: <i>-</i>
Received By <i>ST</i>	Date <i>5-11-2011</i>	Fictitious Name Fee: <i>20⁰⁰</i>
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: <i>25⁰⁰</i>

CH#1541 20⁰⁰
 CH#1540 1550⁰⁰ \$681.65 due \$681.65 paid on 5-20-2011 ST