

**Carson City
Agenda Report**

Date Submitted: February 16, 2012

Agenda Date Requested: March 1, 2012

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Vidalia Ramirez as the liquor manager for the Rodeo Night Club (Liquor License #12-28635) located at 298 E. Winnie Ln., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Vidalia Ramirez is applying to be listed as the liquor manager on the liquor license.

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 Vidalia Ramirez as the liquor manager for the Rodeo Night Club (Liquor License #12-28635) located at 298 E. Winnie Ln., 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:

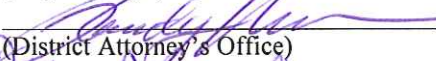


(Public Works Director)

Date: 2/21/12

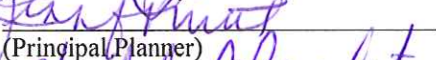
(City Manager)

Date: 2/21/12



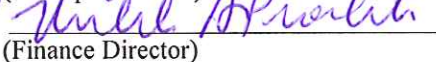
(District Attorney's Office)

Date: 2/21/12



(Principal Planner)

Date: 2-16-12



(Finance Director)

Date: 2/21/12

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 #: LL# 12-28635

RL# 12-29248

Submittal Date: 1-20-2012

1	<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
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 type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	Ramirez de Pacheco Vidalia			5 Business Opening Date
6	Business Name (DBA)	RODEO NIGHT CLUB			7 EIN #
8	Business Address	298 E Winnie Ln.	City	Carson City	State NV Zip Code 89706
9	Mailing Address	298 E Winnie Ln.	City	Carson City	State NV Zip Code 89706
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
11	E-mail Address	rodeonightclub@hotmail.com			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
Ramirez de Pacheco, Vidalia	50	Partner	05/27/1958	680-28-7558
Residence Address (Street)	City, State, Zip		Residence Telephone	
21 Tiger Dr.	Carson City NV 89706		(775) 885-1087	
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Avalos Peña, Milma, M.	50	Partner	03/03/1983	680-27-9141
Residence Address (Street)	City, State, Zip		Residence Telephone	
158 G Mile Canyon Rd.	Dayton, NV 89403		(775) 246-4938	
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	
Vidalia Ramirez			775-885-1087	
Residence Address (Street)	City, State, Zip			
21 Tiger Dr	Carson City, NV 89706			

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
Night Club: Live entertainment.

14 Type of Liquor License Applying for (If applicable)

<input checked="" 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
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15 Catering Additional Wet Bars _____ Will there be an Interim Management Agreement?

16 List number of slot machines (If applicable) List number of table games (If applicable)

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

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

Miscellaneous Information	Please answer this section if your business is <i>located</i> 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>Yes.</i>	Are there any existing signs of the property <i>No.</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>No.</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>0.</i>	

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 <p>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.</p> <p>Applicant's Signature <u><i>Daphnia Boyd</i></u> Date <u><i>01-20-12</i></u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		<i>63.85</i>	Business License Annual Fee:	<i>153.15</i>
Square Footage		<i>64.70</i>	Business License Pro-rated Fee:	
Number of Employees <i>X</i>		<i>24.60</i>	Business License Application/Update Fee:	<i>25⁰⁰</i>
Health Fee			Liquor License Annual Fee:	<i>800.00</i>
Number of Rental Units			Liquor License Pro-rated Fee:	
Number of Coin Operated Machines			Liquor License Application Fee:	<i>1000.00</i>
Number of Slot Machines			Liquor License Investigation Fee:	<i>500.00</i>
TOTAL FEES DUE:	<i>19815</i>	<i>/ \$1500</i>	Gaming License Quarterly Fee:	
Payment Type	<i>CASH</i>	<i>/ cash</i>	Gaming License Application Fee:	
Received By <i>SW</i>	Date	<i>1-20-2012</i>	Fictitious Name Fee:	<i>20⁰⁰</i>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	