

**Carson City
Agenda Report**

Date Submitted: October 23, 2012

Agenda Date Requested: November 1, 2012
Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Dean Siracusa as the liquor manager for Wingstop Restaurants (Liquor License #13-29375) located at 3965 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. Dean Siracusa is opening the business and will be the liquor manager.

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 (X) No

Recommended Board Action: I move to approve Dean Siracusa as the liquor manager for Wingstop Restaurants (Liquor License #13-29375) located at 3965 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 Reseck, Senior Permit Technician

Reviewed By:



(Public Works Director)

Date: 10-23-12



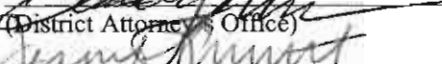
(City Manager)

Date: 10/23/12



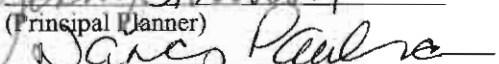
(District Attorney's Office)

Date: 10/23/12



(Principal Planner)

Date: 10-22-12



(Finance Director)

Date: 10/23/12

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #: **LL# 13-293 75**

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

12-29695
Submittal Date: **9/27/2012**

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 checked="" type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company
4	Entity Name: D AND M WingTeam 4. L.L.C.			Business Opening Date: 12-12	
5	Business Name (DBA): WINGSTOP Restaurants Inc.			EIN #: 80-0853486	
6	Business Address: 3965 S. Carson St.		City: Carson City	State: Nevada	Zip Code: 89701
7	Mailing Address: 1620 Silverthread DR.		City: Reno	State: Nevada	Zip Code: 89521
8	Corporate Phone: 775-233-0269	Business Phone: 775-830-3242	Cellular Phone: 775-233-0269	Business Fax:	
9	E-mail Address: dean3181@yahoo.com			Business Website: WWW.Wingstop.com	

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

Last, First, MI Siracusa, Dean J.	Percent Owned 50%	Title Managing member	Date of Birth 02-01-58	SSN [REDACTED]
Residence Address (Street) 1620 Silverthread DR.		City, State, Zip RENO, NV. 89521		Residence Telephone 775-830-3242
Last, First, MI Siracusa, Melissa A.	Percent Owned 50%	Title member	Date of Birth 10-07-1969	SSN [REDACTED]
Residence Address (Street) 1620 Silverthread DR.		City, State, Zip RENO, NV. 89521		Residence Telephone 775-830-3242
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager Dean Siracusa		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-233-0269	
Residence Address (Street) 1620 Silverthread DR.		City, State, Zip RENO, NV. 89521		

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 **Quick Service Restaurant, Primarily Serving Chicken wings and Breast Strips along with Appetizers/Bar** *with a full bar*

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 0		Will there be an Interim Management Agreement? NO		
List number of slot machines (If applicable) 6			List number of table games (If applicable) NONE		
<input type="checkbox"/> 1 cent	<input checked="" type="checkbox"/> Multi	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat	<input type="checkbox"/> Race Book	<input type="checkbox"/> Sports Book
<input type="checkbox"/> 5 cent	<input type="checkbox"/> Poker	<input type="checkbox"/> Roulette	<input type="checkbox"/> Race Book	<input type="checkbox"/> Sports Book	<input type="checkbox"/> Poker
<input type="checkbox"/> 25 cent	<input type="checkbox"/> Mega Buck	<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Keno	<input type="checkbox"/> Poker	<input type="checkbox"/> Poker
<input type="checkbox"/> 1.00		<input type="checkbox"/> Keno			

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 yes	Has a Special Use Permit been obtained for this business location yes
	Will you be installing any outdoor signs yes	Are there any existing signs of the property yes
	Will there be any outside storage (If yes, please explain items being stored and how being screened) NO	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) NO	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business NONE	

Rules and Regulations	<p>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</p> <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>Dean J...</i></u> Date <u>9/27/2012</u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee:	63.85	Business License Annual Fee: 315.05
Square Footage	64.70	Business License Pro-rated Fee: (25.21) 12-12
Number of Employees: 10	61.50	Business License Application/Update Fee: 25.00
Health Fee:	125.00	Liquor License Annual Fee: (800.00)
Number of Rental Units:		Liquor License Pro-rated Fee:
Number of Coin Operated Machines:		Liquor License Application Fee: 1000.00
Number of Slot Machines:		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1910.26		Gaming License Quarterly Fee:
Payment Type: Ch # 3367		Gaming License Application Fee:
Received By: SW Date: 10-4-12		Fictitious Name Fee: 20.00
Date Applicant Fingerprinted:	By:	File #:
		Health Pre-Inspection Fee: 25.00