Carson City Agenda Report

Date Submitted: December 11, 2012	Agenda Date Requested: December 20, 2012 Time Requested: 10 minutes
To: Liquor and Entertainment Board	
From: Business License Division	
2	Mary Jane Riva as the liquor manager for South 129) located at 135 Clearview Dr., Carson City.
Staff Summary: All liquor license requests are 4.13. Mary Jane Riva is purchasing the business	to be reviewed by the Liquor Board per CCMC and will be the liquor manager.
Type of Action Requested: Resolution Formal Action/Motion	Ordinance Other (Specify)
Does This Action Require A Business Impact	Statement: () Yes (X) No
* *	rove Mary Jane Riva as the liquor manager for 13-29429) located at 135 Clearview Dr., Carson
Explanation for Recommended Board Actionall liquor licenses pursuant to CCMC 4.13(1).	: The Liquor Board has the authority to approve
Applicable Statute, Code, Policy, Rule or Reg	gulation: CCMC 4.13
Fiscal Impact: N/A	
Explanation of Impact: N/A	
Funding Source: N/A	
Alternatives: 1) Refer back to the Business Lie 2) Deny	cense Division, or
Supporting Material: 1) Carson City Liquor I	License Application

Board Action Report - Liquor License Riva - Pizza Factory December 20, 2012 Page 2

Prepared By: Lena Reseck, Senior Permit Technicia	n
(Principal Planner) (Finance Director)	Date: $\frac{ 2/11/12 }{ 2/11/12 }$ Date: $\frac{ 2/11/12 }{ 2/11/12 }$ Date: $\frac{ 3\cdot 1^{-} 2 }{ 2/11/12 }$
Board Action Taken:	
Motion:	1) Aye/Nay

(Vote Recorded By)

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CARSON CITY LICENSE APPLICATION

Please type or	print in black ink; Incomplete or i					140	•
not be ac	cepted. Applications must bear a	n original signature	Submittal D	ate:	\prod_{1}	6-2	(
siness	☐ Change of Location/Mailing	Change of Name	C Chang	e of Cor	porate	Officer	Ī

		optod. Toppii	cations must beat a	an original signature	Submittal Date:	16-2	012
XNew I	Business	☐ Change of	Location/Mailing	☐ Change of Name	C Change of Corpo	rate Officer	□ Other
Type of L	icense(s)	X	Business	□ Short-Term	□ Gamis	ıg	Liquer
Type of Entity	_ Sole Pro	príetor	Corporation	□ Partuership	☐ Limited Liabilit	у Сотрапу	□ Non-Profit
Entity Name	ZZa Fact	ac la	<u> </u>		Business Open	ing Date	11/12
Business Name (D)		Tall 10	0 7774	to atom	EIN#	110 1-	1112
ست س ماه د مدونده	DOMNI	מעקונצ	1 PILLE	City	State ,	Zip Code	
Business Address 135_C.186	erview Di	cive . U	nit 127	5 Carson City	NV	3970	1
Mailing Address				City	State	Zip Code	
135 Cle		Business Phone	<u>"t 127 </u>	Cellular Phone	Business Fax	3970	
559 683			83-3456			83-295	
E-mail Address		,		Business Website	a factory. con	V	
Owner(s), Manage	r(s), or other Princ	ipal(s) attach a	dditional pages if req		A TACTOR OF COL		
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Last, First, MI			rercent Owned	Title	Date of Birth	SSN	
Residence Address	(Street)			City, State, Zip		Residence Tele	phone
Last, First, MI			Percent Owned	Title	Date of Birth	SSN	
Residence Address	(Street)		_	City, State, Zip		Residence Tele	phone
Manager/Liquor M	Janager A			□ On-Site			
MA NA.		Va	•	C Off-Site	ļ I		
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Pursuant to NDS	244 32507 and 42	IISC Sec 66	6 vou are required	to provide your social sec	ueity aumbae on the anali		
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	Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage,						
٦	contact the Planning Division at (775) 887-2180						
ij	Is your business	location zoned for this type of business	Has a Special Use Permit been obtained for this business location				
Information	1 10	S					
Į.	Will you be insta	lling any outdoor signs	Are there any existing signs of the property				
Ĭ	l NO		IAMS				
- Snc	Will there be any	outside storage (If yes, please explain items bein	g stored and now being screened)				
Will there be any outside storage (If yes, please explain items being stored and now being screened) 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 bazardous materials that will be used for this business							
	Will any comme	cial vehicles be used for this business (If yes, ple-	ase describe size, type, and location of storage)				
Sce		NO					
Ξ	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business						
		<u> </u>					
Г	I, the undersign	ed understand that I cannot operate my busin	ess until my license is actually issued by this office indicating approval by all necessary				
ı							
1		If any changes are made after completing said license application this office must be notified immediately and an updated is					
18	•	in include approximation and other latest of normal mineral function, and an apparent					
jor	ming license are issued to a given owner at a SPECIFIC LOCATION and are NON-						
lat	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						
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applied penalties and is grounds for the revocation of the needse.							
SS 3	Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation						
lu je	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 bo	est of my knowledge and belief. I understand that failure to complete this form				
1	truthfully is an	act of perjury.	Ω				
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	Applicant's Signature Date 11/12						
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FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	43.85	Business License Annual Fee: 20 30
Square Footage	32.25	Business License Pro-rated Fee: (17.63) Dec 202
Number of Employees 8	49.20	Business License Application/Updat See
Health Fee	75.00	Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee:
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: \307	.93	Gaming License Quarterly Fee:
Payment Type \ SA		Gaming License Application Fee:
Received By	Date 1-0-20 2	Fictitious Name Fee:
Date Applicant Fingerprinted	By File#	Health Pre-Inspection Fee: 25.00