

**Carson City  
Agenda Report**

**Date Submitted:** October 29, 2013

**Agenda Date Requested:** November 7, 2013

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Community Development - Business License Division

**Subject Title:** For possible action to approve the relocation of Just Brew It (Liquor License #14-29461) to the new address of 1214 N. Carson St. and the change of the Liquor License type from packaged liquor to packaged and on-premise liquor. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor and Entertainment Board per CCMC 4.13. Trevor Rotoli dba Just Brew It is relocating the business from 1210 N. Carson St. to 1214 N. Carson St. The business will continue to sell retail homebrewing supplies and packaged beer; however Trevor Rotoli dba Just Brew It is upgrading the current liquor license from packaged liquor to a packaged and on-premise liquor license. Trevor Rotoli will continue to be the liquor manager. 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 the relocation of Just Brew It (Liquor License #14-29461) to the new address of 1214 N. Carson St. and the change of the Liquor License type from packaged liquor to packaged and on-premise liquor.

**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 Health and Human Services Inspection Report

**Prepared By:** Lena Reseck, Senior Permit Technician

**Reviewed By:**

  
\_\_\_\_\_  
(City Manager)

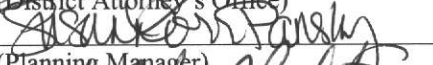
Date: 10/29/13

\_\_\_\_\_  
(Deputy City Manager)

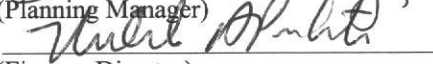
Date: \_\_\_\_\_

  
\_\_\_\_\_  
(District Attorney's Office)

Date: 10/29/13

  
\_\_\_\_\_  
(Planning Manager)

Date: 10.24.13

  
\_\_\_\_\_  
(Finance Director)

Date: 10/29/13

**Board Action Taken:**

Motion: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Aye/Nay  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

14-29461



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 #: 13-27620  
Submittal Date: 10-9-2013

1	<input type="checkbox"/> New Business	<input checked="" 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 checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	Botoli Trevor A			Business Opening Date
5	Business Name (DBA)	JUST BREW IT			EIN #
6	Business Address	1214 N. CARSON ST.	City	CARSON	State
7	Mailing Address	SAME	State	NV	Zip Code
8	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
9	E-mail Address	775 461 0641	775 351 9749		
10	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
11	Last, First, MI	Percent Owned	Title	Date of Birth	
12	ROTOU, TREVOR A	50	OWNER	10/20/80	
13	Residence Address (Street)	City, State, Zip	Residence Telephone		
14	3729 IMPERIAL WAY	CARSON, NV 89706	775 351 9749		
15	Last, First, MI	Percent Owned	Title	Date of Birth	
16	ROTOU, TESSA E	50	OWNER	05/27/87	
17	Residence Address (Street)	City, State, Zip	Residence Telephone		
18	3729 IMPERIAL WAY	CARSON, NV 89706	775 443 9500		
19	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
20					
21	Residence Address (Street)	City, State, Zip	Residence Telephone		
22	Manager/Liquor Manager	<input checked="" type="checkbox"/> On-Site	Contact Phone Number		
23	TREVOR ROTOU	<input type="checkbox"/> Off-Site	775 351 9749		
24	Residence Address (Street)	City, State, Zip			
25	3729 IMPERIAL WAY	CARSON, 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  
Homebrew Supplies, BEER STUSS / Changing LL to on premise & packaged

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 type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> 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"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____
	<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <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  
1210 N. CARSON ST CARSON, NV 89701

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