

Item # 4-B

**City of Carson City
Agenda Report**

Date Submitted: March 23, 2007

Agenda Date Requested: April 5, 2007

Time Requested: 5 minutes Liquor Board

To: Mayor and Liquor Board

From: Business License Department

Subject Title: Action to approve a packaged liquor license for Save Mart Supermarkets, Inc. dba Albertson's Store #178 with Mr. Robert Piccinini as President and liquor manager, located at 3325 Highway 50 East in Carson City.

Staff Summary: Per CCMC 4.13 all liquor requests are to be brought before the liquor board.

Type of Action Requested: (check one)

Resolution Ordinance

Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve a packaged liquor license for Save Mart Supermarkets, Inc. dba Albertson's Store #178 with Mr. Robert Piccinini as President and liquor manager, located at 3325 Highway 50 East in Carson City.

Explanation for Recommended Board Action: Mr. Robert Piccinini, President and liquor manager of Save Mart Supermarkets Inc. dba Albertson's Store #178, is requesting approval of a packaged liquor license. This establishment is located at 3325 Highway 50 East. All departmental approvals have been received. Attached is the Sheriff's Summary for your review.

Applicable Statue, Code, Policy, Rule or Regulation: CCMC 4.13

Fiscal Impact: \$1000 for original new fee and a \$200 for a quarterly fee

Explanation of Impact:

Funding Source:

Alternatives: Do not approve or approve with conditions

Supporting Material: Application and Sheriff's summary

Prepared By: Christine Burchiel, Business License Technician

Reviewed By: Albert. Kim
(Department Head)
[Signature]
(City Manager)
Melanie Baubetter
(District Attorney)
[Signature]
(Finance Director)

Date: 3-27-07
Date: 3-27-07
Date: 3-28-07
Date: 3/27/7

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____

(Vote Recorded By)

CITY OF CARSON CITY
LIQUOR LICENSE APPLICATION

BL# 07-24161

201 N Carson Street #5
Carson City, NV 89701
(775)887-2092 #2 fax (775)887-2102

Full Name of Applicant(s) Robert M Piccinini Account # 07-24162
Corporate Name Save Mart Supermarkets
Fictitious Firm Name SAME Date Filed N/A
Business Location 3325 Highway 50 E Carson City NV Business Phone 209-574-6203
Mailing Address Po Box 4278 Modesto CA 95350 Home Phone (209) 574-6203
Date Liquor Sales will start? 2-23-2007 Management Agreement on file? NO

- Type of Liquor Sales: (check all that apply)
- Full bar liquor sales
 - Packaged Liquor
 - Dining room w/full liquor
 - Packaged beer & wine
 - Dining room w/beer & wine
 - Wholesaler
 - Manufacturer
 - Additional Bar(s) @ location (# _____)
 - Combo Packaged & on-premise liquor license

List ALL owners, partners or corporate officers below:

Robert M Piccinini, 1800 STANDIFORD AVE, MODESTO, CA 95350 209-574-1600
Name & Title Address Phone #
RON RIESENBECK, 1800 STANDIFORD AVE, MODESTO, CA 95350 209-574-1600
Name & Title Address Phone #
MIKE SILVEIRA, 1800 STANDIFORD AVE., MODESTO, CA 95350 209-574-1600
Name & Title Address Phone #

Are you familiar with Nevada Liquor Laws? yes no
Have you ever obtained a liquor license before? yes no If yes, where? CALIFORNIA - 120 LIQUOR LICENSES

Non-Refundable Investigation Fee \$ _____ Date Paid _____
Original New Application Fee \$ 1000.00 Date Paid _____
Liquor License Per Quarter \$ 200.00 Date Paid _____

CERTIFICATION: I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that this liquor license, if approved, may not be transferred to any other person or to any other location, without prior approval by the Liquor Board. I further understand the investigation period may be forty-five (45) days or longer for processing.

Signature [Signature] Date 11-28-06
Signature _____ Date _____
Signature _____ Date _____
Witnessed by: [Signature] Date 11-28-06

FOR SHERIFF'S DEPARTMENT USE ONLY

901 E Musser St. Carson City, NV 89701
(775)887-2020 x 1400

Date Applicant Fingerprinted _____ By _____ File # _____
Date Applicant Fingerprinted _____ By _____ File # _____
Date Applicant Fingerprinted _____ By _____ File # _____