

**City of Carson City
Agenda Report**

Date Submitted: November 8, 2010

Agenda Date Requested: November 16, 2010

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License, Public Works

Subject Title: Action to approve James Phalan II as the liquor manager for High Sierra Brewing Company (Liquor License #11-27375) located at 302 N. Carson St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. James Phalan II is applying to be listed as the liquor manager on the liquor license and is currently the liquor manager on the liquor license for The Firkin and Fox. Staff is recommending approval.

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 No

Recommended Board Action: I move to approve James Phalan II as the liquor manager for High Sierra Brewing Company (Liquor License #11-27375) located at 302 N. 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) Application for Manufacturer's License

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:

(Public Works Director)

(City Manager)

(District Attorney's Office)

(Sheriff)

(Principal Planner)

Date: _____
Date: 11/8/10
Date: 11/8/10
Date: 11/8/10
Date: 11.8.2010

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 #: **BL-11-28333**
IL-11-27375
Submittal Date: **11/3/10**

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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name HIGH SIERRA BREWING CO., INC		Business Opening Date JAN		
6	Business Name (DBA) N/A		5	EIN # 27-3449884	
8	Business Address 302 N-CARSON ST.	City CARSON	State NV	Zip Code 89701	
9	Mailing Address 1004 MALLORY WY	City CARSON	State NV	Zip Code 89701	
10	Corporate Phone 775-882-7721	Business Phone 882-7787	Cellular Phone 775-901-3477	Business Fax 775-882-7675	
11	E-mail Address		Business Website		

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

Last, First, MI PHALAN, JAMES M	Percent Owned 100	Title PRESIDENT	Date of Birth 12/20/75	SSN
Residence Address (Street) 1321 LONGVIEW WY		City, State, Zip CARSON CITY NV 89703		Residence Telephone 775-901-3477
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager JAMES M PHALAN II		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-901-3477	
Residence Address (Street) 1321 LONGVIEW WY		City, State, Zip CARSON CITY NV 89703		

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
Bar & Restaurant

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 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 _____		Will there be an Interim Management Agreement?		

16 List number of slot machines (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
Previous Business - Doppelgangers

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