

**Carson City  
Agenda Report**

**Date Submitted:** March 29, 2011

**Agenda Date Requested:** April 7, 2011

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** Action to approve Scot Ryan as the liquor manager for Raley's (Liquor License #11-3993) located at 3701 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. Scot Ryan is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval.

**Type of Action Requested:**

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to approve Scot Ryan as the liquor manager for Raley's (Liquor License #11-3993) located at 3701 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 Tripp, Senior Permit Technician

**Reviewed By:**

  
\_\_\_\_\_  
(Public Works Director)

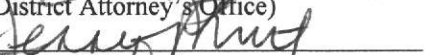
Date: 3/29/11

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

Date: 3/29/11

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

Date: 3/29/11

  
\_\_\_\_\_  
(Principal Planner)

Date: 3/29/11

**Board Action Taken:**

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

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

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



# CARSON CITY LICENSE APPLICATION

Business License #: 793

Liquor Lic # 3993

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

Submittal Date:

|   |                                       |   |   |   |  |
|---|---------------------------------------|---|---|---|--|
| 1 | <input type="checkbox"/> New Business | <input type="checkbox"/> Change of Location/Mailing | <input type="checkbox"/> Change of Name         | <input checked="" type="checkbox"/> Change of Corporate Officer | <input type="checkbox"/> Other   |
| 2 | Type of License(s)                    | <input 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<br>Raley's                                   | 5                                  | Business Opening Date<br>August 18, 1982 |                                |
| 6  | Business Name (DBA)<br>Raley's #114                      | 7                                  | EIN #<br>94-1316611                      |                                |
| 8  | Business Address<br>3701 S. Carson St                    | City<br>Carson City                | State<br>NV                              | Zip Code<br>89701              |
| 9  | Mailing Address<br>Attn: Permits & Licenses PO Box 15618 | City<br>Sacramento                 | State<br>CA                              | Zip Code<br>95852              |
| 10 | Corporate Phone<br>(916) 373-6318                        | Business Phone<br>(775) 883-8301   | Cellular Phone                           | Business Fax<br>(916) 376-6899 |
| 11 | E-mail Address<br>qbaker@raleys.com                      | Business Website<br>www.raleys.com |  |                                |

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

|                                 |               |                  |               |                     |
|---------------------------------|---------------|------------------|---------------|---------------------|
| Last, First, MI<br>SEE ATTACHED | 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 |
| Last, First, MI                 | Percent Owned | Title            | Date of Birth | SSN                 |
| Residence Address (Street)      |               | City, State, Zip |               | Residence Telephone |

|   |  |   |
|---|--|---|
| Manager/Liquor Manager<br>Scot Ryan           | <input checked="" type="checkbox"/> On-Site<br><input type="checkbox"/> Off-Site | Contact Phone Number<br>885-7825 / 671-0165 |
| Residence Address (Street)<br>149 E Appion Wy | City, State, Zip<br>Carson City, 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  
Retail grocery store selling household food and non-food products, general merchandise, alcohol and tobacco products, prescription and over-the-counter drugs.

Type of Liquor License Applying for (If applicable)

|                                     |   |   |  |   |  |
|-------------------------------------|---|---|--|---|--|
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Dining Room w/Beer and Wine Only | <input checked="" type="checkbox"/> Packaged Liquor | <input 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)   | List number of table games (If applicable)  |
| <input type="checkbox"/> 1 cent _____<br><input type="checkbox"/> 5 cent _____<br><input type="checkbox"/> 25 cent _____<br><input type="checkbox"/> 1.00 _____ | <input type="checkbox"/> Craps _____<br><input type="checkbox"/> Roulette _____<br><input type="checkbox"/> Twenty-One _____<br><input type="checkbox"/> Keno _____       |
| <input type="checkbox"/> Multi _____<br><input type="checkbox"/> Poker _____<br><input type="checkbox"/> Mega Buck _____  | <input type="checkbox"/> Baccarat _____<br><input type="checkbox"/> Race Book _____<br><input type="checkbox"/> Sports Book _____<br><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  
Thomas P. Raley  
7564 French Road, #131  
Sacramento, CA 95828

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