

**Carson City
Agenda Report**

Date Submitted: October 25, 2011

Agenda Date Requested: November 3, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Richard Gardner as the liquor manager for The Red Hut Cafe (Liquor License #12-27755) located at 4385 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. Richard Gardner 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 (X) No

Recommended Board Action: I move to approve Richard Gardner as the liquor manager for The Red Hut Cafe (Liquor License #12-27755) located at 4385 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

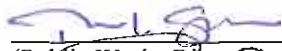
Funding Source: N/A


Alternatives: 1) Refer back to the Business License Division, or
2) Deny

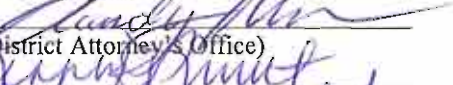
Supporting Material: 1) Carson City Liquor License Application
2) Carson City Sheriff's Office Background Investigation

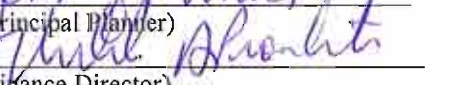
Prepared By: Lena Tripp, Senior Permit Technician


Reviewed By:



(Public Works Director)


(City Manager)


(District Attorney's Office)


(Principal Planner)


(Finance Director)

Date: 10/25/11
Date: 10/25/11
Date: 10/25/11
Date: 10.21.11
Date: 10/25/11

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)

LL# 12-27755



CARSON CITY LICENSE APPLICATION

Business License #: **11-29078**
 Submittal Date: **9-20-2011**

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

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 type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company
4	Entity Name	Red Hut Company LLC			Business Opening Date
5	Business Name (DBA)	Red Hut CARE			6/21/11
6	Business Address	4385 S. Carson St	City	CC	State
7	Mailing Address	Box 2194	City	STATELINE	State
8	Corporate Phone	775 588 2262	Business Phone	SAME	Cellular Phone
9	E-mail Address	nick@gardnerent.com		Business Website	None
10	EIN # 45-2466179				
11	Zip Code 89449				
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				

Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Gardner, Richard K	70%	Manager	5/5/61	[REDACTED]
Residence Address (Street)	City, State, Zip		Residence Telephone	
11 Tall Pines	Zephyr Cove NV 89449		775 588 5613	
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Gardner, Kathleen A	70%	Manager	7/26/61	[REDACTED]
Residence Address (Street)	City, State, Zip		Residence Telephone	
11 Tall Pines	Zephyr Cove NV 89449		775 588 5613	
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)	City, State, Zip		Residence Telephone	
Manager/Liquor Manager	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		Contact Phone Number	
Residence Address (Street)	City, State, Zip			

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
 Restaurant & Soda Fountain w/ Beer & Wine

14 Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input checked="" type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
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15 Will there be an Interim Management Agreement?

<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____	
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16 List number of slot machines (If applicable) and List number of table games (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

18 Check One

<input checked="" type="checkbox"/>	I am not subject to a court order for the support of a child
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am <i>in compliance</i> 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
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am <i>not in compliance</i> 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

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business <i>Yes</i>	Has a Special Use Permit been obtained for this business location <i>No</i>
	Will you be installing any outdoor signs <i>Yes</i>	Are there any existing signs of the property <i>Yes</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>No</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>Yes, Retail Delivery</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>None</i>	

Rules and Regulations	<p>I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments</p> <ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-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 applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation <p>I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.</p>
	<p>Applicant's Signature <u><i>Reed Gardner</i></u> Date <u><i>9/15/11</i></u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<i>63.85</i>	Business License Annual Fee: <i>343.80</i>
Square Footage	<i>64.70</i>	Business License Pro-rated Fee: <i>(114.12) Sept-Dec</i>
Number of Employees <i>15</i>	<i>92.25</i>	Business License Application/Update Fee: <i>25.00</i>
Health Fee	<i>125.00</i>	Liquor License Annual Fee: <i>600.00</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>500.00</i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>1184.12</i>		Gaming License Quarterly Fee:
Payment Type <i>CH# 1897</i>		Gaming License Application Fee:
Received By <i>SI</i>	Date <i>9-20-2011</i>	Fictitious Name Fee: <i>20.00</i>
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: <i>25.00</i>