

City of Carson City
Agenda Report

Mem # 4A

Date Submitted: May 4, 2007

Agenda Date Requested: May 17, 2007
Time Requested: 5 minutes Liquor Board

To: Mayor and Liquor Board

From: Business License Department

Subject Title: Action to approve a full liquor wholesale distributor license for Vin Sauvage, LLC with Alan Sauvage and Marquis Sauvage as members and liquor managers, located at 4050 West Sunset Road Suite D in Las Vegas.

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 full liquor wholesale distributor license for Vin Sauvage, LLC with Alan Sauvage and Marquis Sauvage as members and liquor managers, located at 4050 West Sunset Road Suite D in Las Vegas.

Explanation for Recommended Board Action: Mr. Alan Sauvage and Mr. Marquis Sauvage members and liquor managers of Vin Sauvage LLC are requesting approval of a full liquor wholesale distributor license. This establishment is located at 4050 West Sunset Road Suite D in Las Vegas. 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, \$575 for an investigation fee, \$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: Almond. Ken
(Department Head)
W. B. [Signature]
(City Manager)
Melanie Burkett
(District Attorney)
Will [Signature]
(Finance Director)

Date: 5-8-07
Date: 5-8-07
Date: 5-8-07
Date: 5-8-07

Board Action Taken:

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

(Vote Recorded By)

CITY OF CARSON CITY
LIQUOR LICENSE APPLICATION

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

07-24249

Full Name of Applicant(s) ALAN LYNN SALVAGE Account # 07-24246

Corporate Name VIN SALVAGE, LLC

Fictitious Firm Name VIN SALVAGE, LLC Date Filed 01/01/07

Business Location 4050 W SUNSET RD., STE. D, LAS VEGAS, NV 89118 Business Phone (702) 212-5600

Mailing Address 4050 W. SUNSET RD., STE D, LAS VEGAS, NV 89118 Home Phone (702) 364-2242

Date Liquor Sales will start? 01/01/07 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:

ALAN L SALVAGE SEPARATE PROPERTY TRUST-50% MEMBER, 5094 SPANISH HILLS DR., LAS VEGAS, NV 89118 (702) 364-2242

Name & Title	Address	Phone #
<u>MARQUIS W. SALVAGE-50% MEMBER, 5094 SPANISH HILLS DR., LAS VEGAS, NV 89118</u>		<u>(702) 364-2242</u>

Name & Title	Address	Phone #

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? CLARK COUNTY

Non-Refundable Investigation Fee	\$ <u>575.00</u>	Date Paid <u>3/5/07</u>
Original New Application Fee	\$ <u>1000.00</u>	Date Paid <u>3/5/07</u>
Liquor License Per Quarter	\$ <u>200.00</u>	Date Paid <u>3/5/07</u>

1775.-

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 12/06/06

Signature _____ Date _____

Signature _____ Date _____

Witnessed by: David E. Miller Date 12/06/06

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 # _____