



Carson City Business License Division

108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105 – Hearing Impaired: 711
Businesslicenses@carson.org
www.carson.org/businesslicense

MEMORANDUM

Liquor License

TO: The Hearings Officer

FROM: Lena Reseck
Senior Permit Technician

DATE: June 13, 2017

SUBJECT: Change of Liquor Manager: Maverik, Inc. #409 – 1451 College Pkwy

Recommendation: To approve Randell Jay Roush as the liquor manager for Maverik, Inc. #409 located at 1451 College Pkwy subject to the following condition of approval:

1. Mr. Roush must sign a sworn affidavit consistent with CCMC 4.13.060 regarding a server training course.

Per Carson City Municipal Code 4.13, the Hearings Officer may grant or deny the request for approval of a liquor manager upon considering the suitability consistent with CCMC 4.13.125.

The subject request is to allow Mr. Randell Roush to be the liquor manager. The applicant is the regional director for Maverik, Inc. The subject business has a liquor license.

A background investigation was conducted in December 2016 for Mr. Roush for the Maverik location at 3922 Hwy 50 East. The Sheriff's office did not find any disqualifying information based on CCMC 4.13.125, and is applying that background investigation to this license update.



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 #:

17-26858

Submission Date:

3-24-2017

| | | | | |
|---------------------------------------|---|--|--|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Change of Location/Mailing | <input checked="" type="checkbox"/> Change of Name | <input type="checkbox"/> Change of Corporate Officer | <input type="checkbox"/> Other |
| Type of License(s) | | <input type="checkbox"/> Business | <input type="checkbox"/> Short-Term | <input type="checkbox"/> Gaming |
| Type of Entity | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company |
| | | | | <input checked="" type="checkbox"/> Liquor |
| | | | | <input type="checkbox"/> Non-Profit |

| | |
|--|-------------------------------------|
| Entity Name Maverik, Inc. | Business Opening Date |
| Business Name (DBA) Maverik, Inc. #409 | EIN # 83-0197092 |
| Business Address 1451 College Parkway | City Carson |
| | State NV |
| | Zip Code 89706 |
| Mailing Address 185 South State Street, Suite 800 | City Salt Lake City |
| | State UT |
| | Zip Code 84111 |
| Corporate Phone 801-936-5557 | Business Phone 775-883-4718 |
| | Cellular Phone |
| | Business Fax 801-936-1165 |
| E-mail Address utahna.archuleta@maverik.com | Business Website www.maverik.com |

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

| | | |
|---|--|--------------------------------------|
| Last, First, MI | Percent Owned | Title |
| Residence Address (Street) | City, State, Zip | Residence Telephone |
| Last, First, MI | Percent Owned | Title |
| Residence Address (Street) | City, State, Zip | Residence Telephone |
| Last, First, MI | Percent Owned | Title |
| Residence Address (Street) | City, State, Zip | Residence Telephone |
| Liquor Manager (If applicable) Randy Roush | <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site | Contact Phone Number 801-910-7079 |
| Residence Address (Street) 2142 West Quilceda Street | City, State, Zip Kuna, ID 83634 | |

13 Describe in detail the activity of your business

Convenience store / Gas station

Selling, Gas, Diesel, Tobacco, Alcohol, Food, Snacks, Drinks, & Seasonal Items.

* Adding Mr. Roush onto Maverik store #409 as liquor manager.

Type of Liquor License Applying for (If applicable)

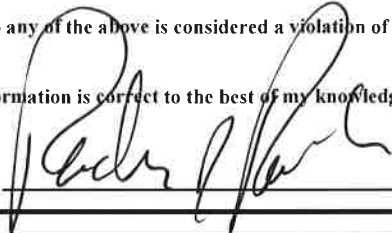
| | | | | | |
|-------------------------------------|---|--|--|---|--|
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Dining Room w/Beer and Wine Only | <input type="checkbox"/> Packaged Liquor | <input type="checkbox"/> Dining Room w/Hard Liquor | <input type="checkbox"/> Combo (On-Premise & Pkg) | <input type="checkbox"/> General Wholesale |
| <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:

| | | |
|----------------------------------|---|---|
| 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 | Has a Special Use Permit been obtained for this business location |
| | Will you be installing any outdoor signs N/A | Are there any existing signs of the property Yes |
| | Will there be any outside storage (If yes, please explain items being stored and how being screened) NO | |
| | Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) NO | |
| | Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business N/A | |

| | |
|------------------------------|---|
| 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  _____ Date <u>3/21/17</u></p> |

| FEE STRUCTURE | | FEE | LICENSE TOTAL FEES |
|----------------------------------|------|--------|--|
| Business License Fee | | | Business License Annual Fee: |
| Square Footage | | | Business License Pro-rated Fee: |
| Number of Employees | | | Business License Application/Update Fee: |
| Health Fee | | | Liquor License Annual Fee: |
| Number of Rental Units | | | Liquor License Pro-rated Fee: |
| Number of Coin Operated Machines | | | Liquor License Application Fee: |
| Number of Slot Machines | | | Liquor License Investigation Fee: |
| TOTAL FEES DUE: | | | Gaming License Quarterly Fee: |
| Payment Type | | | Gaming License Application Fee: |
| Received By | Date | | Fictitious Name Fee: |
| Date Applicant Fingerprinted | By | File # | Health Pre-Inspection Fee: |