

**Carson City
Agenda Report**

Date Submitted: June 24, 2014

Agenda Date Requested: July 03, 2014

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For possible action to approve Gina Rohrer as the liquor manager for Living the Good Life, LLC. dba The Good Life (Liquor License #15-30040) located at 1480 N. Carson St. (Lena Reseck)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Living the Good Life, LLC. dba The Good Life is applying for a dining room with hard liquor liquor license. Staff is recommending approval.

Type of Action Requested:

Resolution
 Formal Action/Motion

Ordinance
 Other (Specify)

Does This Action Require A Business Impact Statement: () Yes (X) No

Recommended Board Action: I move to approve Gina Rohrer as the liquor manager for Living the Good Life, LLC. dba The Good Life (Liquor License #15-30040) located at 1480 N. Carson St.

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 Health and Human Services Inspection Report
3) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

Richard Luperano
(City Manager)
[Signature]
(District Attorney's Office)
Susan Jansky
(Planning Manager)
Uliel R. White
(Finance Director)

Date: 6/24/14
Date: 6/24/14
Date: 6.17.14
Date: 6/24/14

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #: 14-30638

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

LL# - 15-30040

Submittal Date: 5-28-2014

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 checked="" 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 Living the Good Life, LLC			5	Business Opening Date July 12, 2014
6	Business Name (DBA) The Good Life			7	EIN #
8	Business Address 1450 Carson St		City Carson City	State NV	Zip Code 89702
9	Mailing Address Same		City	State	Zip Code
10	Corporate Phone 775-720-5834	Business Phone N/A	Cellular Phone Same	Business Fax	
11	E-mail Address Imaginal@Aol.com		Business Website		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI Gina L. Bohner	Percent Owned	Title owner	Date of Birth 8-25-63	
	Residence Address (Street) 1208 Chaparral Dr		City, State, Zip Carson City	Residence Telephone 775-841-1892	
	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		<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 + lounge + Gaming 80 seats				
14	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 checked="" type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)
	<input type="checkbox"/> General Wholesale				
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement? NO		
16	List number of slot machines (If applicable)		List number of table games (If applicable)		
	<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi 13	<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 NO				
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 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			
		<input type="checkbox"/> 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			

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	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	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 <u><i>[Signature]</i></u> Date <u>5-28-2014</u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 284.30
Square Footage	64.70	Business License Pro-rated Fee: 142.15 July-Dec 2014
Number of Employees	30.75	Business License Application/Update Fee: 25.00
Health Fee	125.00	Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 1000.00
Number of Slot Machine		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE:	1712.15	Gaming License Quarterly Fee:
Payment Type	CHEQ 5	Gaming License Application Fee:
Received By	JW	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By Date 5-28-2014 File #	Health Pre-Inspection Fee: 25.00

Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: June 16,, 2014

RE: July 3, 2014 Meeting, It's the Good Life LICENSE



On April 28, 2014, an inspection of It's the Good Life, 1480 N. Carson St., was conducted. At the time of inspection the premises generally met CCHHS standards and received general approval by this department. Twelve (12) minor punch list items were noted. These should be corrected by the time of opening. Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190

Fax: (775)887-2248

Dustin Boothe
Environmental Health Program Manager

Robert Elliott
Environmental Health Specialist II

Marissa Ure
Environmental Health Specialist I

Copied:
Lena Reseck, Business License