



Carson City Planning Division

108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2180 – Hearing Impaired: 711
planning@carson.org
www.carson.org/planning

MEMORANDUM

Liquor License Meeting 03/07/2018

TO: The Hearings Officer

FROM: Mariah Ziegenbein
Business License Specialist

DATE: February 26, 2018

SUBJECT: Liquor License: Raley's #114 (Liquor License #18-3993) 3701 S Carson St.

Recommendation: To approve a change of liquor manager of a packaged liquor license for Raley's #114. Ryan Scott is removing himself as the liquor manager and Deborah Conde will be taking over as liquor manager.

Per Carson City Municipal Code 4.13, all liquor license requests are to be reviewed by the Hearings Officer. The Hearings Officer may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with the Municipal Code.

The subject request is to allow, Raley's #114 located at 3701 S Carson St. to replace Ryan Scott with Deborah Conde as the liquor manager.

This request has been reviewed by both the Health Department and the Sheriff's Office. The Health Department does not need to re-inspect the location in the case of a change of liquor manager.

The Sheriff's office conducted a background check and did not find any disqualifying information based on CCMC 4.13.125.



CARSON CITY LICENSE APPLICATION

Business License #:

17-000 03993

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 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 type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	Raleys Family of fine Stores			Business Opening Date
5	Business Name (DBA)	Raleys			EIN #
6	Business Address	City	State	Zip Code	
8	3701 S. Carson Street	Carson City	NV	89701	
9	Mailing Address	City	State	Zip Code	
9	3701 S. Carson Street				
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
10	416 373 3333				
11	E-mail Address	Business Website			
11	dconde@raleys.com	Raleys.com			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title		
	Michael Teal	100%	OWNER		
	Residence Address (Street)	City, State, Zip	Residence Telephone		
	Sacramento, CA	Sacramento CA	UNKNOWN		
	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)	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number		
	Residence Address (Street)	City, State, Zip			
13	Describe in detail the activity of your business				
	change of liquor manager				
	Type of Liquor License Applying for (If applicable)				
14	<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"/> 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 _____	<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:				
	Application For change of Liquor Manager to Existing Liquor License				

* Whole page

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>EXISTING</i>
	Will you be installing any outdoor signs <i>EXISTING</i>	Are there any existing signs of the property <i>EXISTING</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>N/A</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>N/A</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>cleaning chemicals STORED</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 * <i>DM Conner</i> * Date <i>1/26/18</i></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: <i>500.00</i>
TOTAL FEES DUE: <i>500.00</i>		Gaming License Quarterly Fee:
Payment Type <i>CK# 10091202</i>		Gaming License Application Fee:
Received By <i>MZ</i>	Date <i>1/31/18</i>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: