



# STAFF REPORT

**Report To:** Board of Supervisors

**Meeting Date:** December 6, 2018

**Staff Contact:** Hope Sullivan (hsullivan@carson.org)

**Agenda Title:** For Possible Action: To approve a transfer of ownership of a gaming license from 777Gaming Incorporated to 777Game LLC for Max's Casino located at 900 South Carson Street. (Hope Sullivan, hsullivan@carson.org)

**Staff Summary:** Carson City Municipal Code 4.14.050 requires Board review and approval of the transfer of ownership of a gaming license. The applicant is requesting to transfer the ownership of a gaming license from 777Gaming Incorporated to 777GameLLC for Max's Casino.

**Agenda Action:** Formal Action/Motion

**Time Requested:** Consent

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## **Proposed Motion**

I move to approve the transfer of ownership of a gaming license from 777Gaming Inc. to 777GameLLC for Max's Casino, located at 900 South Carson Street.

## **Board's Strategic Goal**

Economic Development

## **Previous Action**

None

## **Background/Issues & Analysis**

The Board of Supervisors, pursuant to the Carson City Municipal Code, may authorize the transfer of ownership of a gaming license. The applicant is seeking to transfer the ownership of the gaming license from 777Gaming Incorporated to 777Game LLC for Max's Casino. The Sheriff's office has conducted a background check, and has not identified any disqualifying events. The Nevada Gaming Commission approved the state gaming license change effective October 18, 2018.

## **Applicable Statute, Code, Policy, Rule or Regulation**

CCMC 4.14.050 (License nontransferable)

## **Financial Information**

Is there a fiscal impact?  Yes  No

If yes, account name/number:

Is it currently budgeted?  Yes  No

Explanation of Fiscal Impact:

**Alternatives**

Deny the requested transfer of ownership.

**Board Action Taken:**

Motion: \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)



# CARSON CITY LICENSE APPLICATION

Business License #:

18-28777

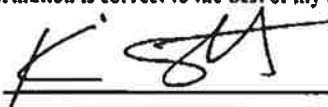
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Submittal Date: 01/18

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input checked="" 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
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 777 GAME LLC			5	Business Opening Date 10/18/18
6	Business Name (DBA) MAX CASINO			7	EIN # 82-5169309
8	Business Address 900 S. CARSON ST.		City CARSON CITY	State NV	Zip Code 89701
9	Mailing Address AS ABOVE		City	State	Zip Code
10	Corporate Phone 775-883-0900	Business Phone 775-883-0900	Cellular Phone	Business Fax 775-882-7569	
11	E-mail Address kyle@777gaminginc.com			Business Website	
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI BEDORE, RORY	Percent Owned 50%	Title PARTNER		
	Residence Address (Street) 900 S. CARSON ST.	City, State, Zip CARSON CITY, NV 89701	Residence Telephone		
	Last, First, MI ROSS, DAVID	Percent Owned 50%	Title PARTNER		
	Residence Address (Street) 900 S. CARSON ST.	City, State, Zip CARSON CITY, NV 89701	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 CASINO AND BARS AND SNACK BAR				
Type of Liquor License Applying for (If applicable)					
14	<input checked="" 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"/> 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 checked="" type="checkbox"/> 1 cent 74	<input checked="" type="checkbox"/> Multi 132	<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 checked="" type="checkbox"/> 25 cent 2	<input checked="" type="checkbox"/> Mega Buck 1	<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Sports Book	
	<input checked="" type="checkbox"/> 1.00 2		<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: MAX CASINO - BUSINESS LIC # 18-00027324 (GAMING) MAX CASINO - BUSINESS LIC # 19-00027609 (DINING ROOM w/HARD LIQUOR) MAX CASINO - BUSINESS LIC # 18-00028777 (BUSINESS LIC.) All under previous ownership of 777 Gaming Inc. Previous ownership 100% Rory Bedore.				

CORP -&gt; LLC added partner

Miscellaneous Information	Please answer this section if your business is located 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 <b>YES</b>	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs <b>Only what is existing currently</b>	Are there any existing signs of the property <b>YES</b>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <b>1 temporary storage container. stored behind building.</b>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <b>Pick-up truck</b>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <b>N/A</b>	

Rules and Regulations	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
	<ul style="list-style-type: none"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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</li> <li>• 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.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation</li> </ul>
	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.
	Applicant's Signature <u></u> Date <u>10/20/18</u>

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:	

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that 777 GAME LLC  
(Name of individual, corporation, partnership, or trust)

located at 900 S. CARSON ST.  
(Street Address of Business or Residence) is conducting business in Carson City,

Nevada, under the fictitious name of MAX CASINO  
(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:  
By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

1. 2007 BEDOLE  
Full Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
900 S. CARSON ST. \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address, if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2. DAVID ROSS  
Full Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
900 S. CARSON ST. \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address, if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

3. \_\_\_\_\_  
Full Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address, if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

4. \_\_\_\_\_  
Full Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address, if different from above \_\_\_\_\_ City, State, Zip \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared: \_\_\_\_\_

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that he (she) (they) has (have) executed the same freely and voluntarily and for the uses and purposes therein stated. In Witness whereof, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public/Deputy County Clerk  
Carson City, Nevada

RECEIVED AND FILED

10-10-18  
Date

Mariah Davis  
Deputy County Clerk

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS  
AFFIRMATION OF COMPLIANCE  
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**  
*(Instructions with Definitions are located on reverse side)*

<u>777 Game LLC</u>	<u>CASINO</u>	<u>775-883-0900</u>
Business Name (Include any name doing business as) <u>900 S. CARSON ST.</u>	Type of Business <u>Carson City</u>	Business Telephone Number <u>NV 89701</u>
Business Address <u>82-5169309</u>	City	State <u>NV</u> Zip Code <u>89701</u>
Federal Identification No. <u>Zory Bodore / David Ross</u>	Social Security No.	Contractor's Board License No. <u>775-883-0900</u>
Name of Principal Owner (Please Print) <u>900 S. CARSON ST.</u>	<u>Carson City</u>	Principal Owner's Telephone No. <u>NV 89701</u>
Principal Owner's Address	City	State <u>NV</u> Zip Code <u>89701</u>

Identified as: (Complete one section only)

That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):  
1/1/18 Policy # WC928347434771

Effective Date of Coverage

Account Number

- ( ) That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.
- ( ) That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date

Certificate Number

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): ( ) Individual ( ) Sole Proprietor ( ) Partnership ( ) Corporation

Name of Applicant (Please Print) <u>KEVIN STURTE</u>	Applicant's Telephone No. <u>2270 SPRINGDALE CT. RENO, NV 89523</u>	<u>775-690-3394</u>
Applicant's Residence Address <u>2270 SPRINGDALE CT. RENO</u>	City <u>RENO</u>	State <u>NV</u> Zip Code <u>89523</u>

I do hereby affirm that the above information is true and correct.

DATED this 10 day of Oct, 2018.

<u>[Signature]</u>	<u>Dir of Finance</u>
Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
<u>Mariah Davis</u>	<u>CC</u>
Witness Signature (Business License Office Employee)	Name of City or County

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC

D-25(1) (rev. 101)

**777GAME LLC**

<b>Business Entity Information</b>			
Status:	Active	File Date:	1/25/2018
Type:	Domestic Limited-Liability Company	Entity Number:	E0042692018-5
Qualifying State:	NV	List of Officers Due:	1/31/2019
Managed By:	Managers	Expiration Date:	
NV Business ID:	NV20181063272	Business License Exp:	1/31/2019

<b>Additional Information</b>	
Central Index Key:	

<b>Registered Agent Information</b>			
Name:	KAEMPFER CROWELL, LTD.	Address 1:	510 W FOURTH ST
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

<b>Financial Information</b>			
No Par Share Count:	0	Capital Amount:	\$ 0
<b>No stock records found for this company</b>			

<b>Officers</b>				<input type="checkbox"/> Include Inactive Officers
<b>Manager - RORY L BEDORE</b>				
Address 1:	6145 SOUTH RAINBOW BLVD., STE. 100	Address 2:		
City:	LAS VEGAS	State:	NV	
Zip Code:	89118	Country:		
Status:	Active	Email:		
<b>Manager - DAVID D ROSS</b>				
Address 1:	P.O. BOX 370609	Address 2:		
City:	LAS VEGAS	State:	NV	
Zip Code:	89137	Country:		
Status:	Active	Email:		