Item # 12c

City of Carson City
Agenda Report

Date Submitted: September 8, 2009

Agenda Date Requested: September 17, 2009
Time Requested: 10 minutes

To: Liquor Board

From: Business License, Public Works

Subject Title: Action to approve Andrea Jackson as the liquor manager for Jacksons #139 packaged liquor license (Liquor License #10-26857) located at 1615 E. Fifth St., Carson City. (Jennifer Pruitt)

Staff Summary: Per CCMC 4.13, all liquor license requests are to be reviewed by the Liquor Board.

Type of Action Requested:

( ) Resolution ( ) Ordinance
(X) Formal Action/Motion ( ) Other (Specify)

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

Recommended Board Action: I move to approve Andrea Jackson as the liquor manager for Jacksons #139 packaged liquor license (Liquor License #10-26857) located at 1615 E. Fifth St., Carson City.

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

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:

(Public Works Director) Date: 9-8-09

(City Manager) Date: 9-8-09

(District Attorney's Office) Date: 9-8-09

(Sheriff) Date:

(Principal Planner) Date: 9.4.09

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____

_____

_____

_____

_____

_____

(Vote Recorded By)

CITY OF CARSON CITY
LIQUOR LICENSE APPLICATION

2621 Northgate Lane, Suite 6 Carson City, NV 89703
(775)887-2105 fax (775)887-2202

Full Name of Applicant(s) Andrea Jackson For Liq. Lic# 10-26857
Corporate Name Jacksons Food Stores, Inc
Fictitious Firm Name dba Jacksons # 139 Date Filed
Business Location 1615 E 5th St Business Phone 208-888-6061
Mailing Address 3450 Commercial Ct Meridian ID 83642 Home Phone 208-888-6063
e-mail Address cindy.burnett@jacksonsfoodstores.com
Date Liquor Sales will start? Management Agreement on File?

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:

see attached

Name & Title	*Address*	*Phone #*
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? NV, ID, OR, WA, UT

Non-Refundable Investigation Fee $ 0 Date Paid
Original New Application Fee $ 1000.00 Date Paid
Liquor License Per Quarter $ Date Paid

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 Andrea Jackson Date 9.1.09
Signature Date
Signature Date

Witnessed by: Date

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 #