

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
 Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes 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

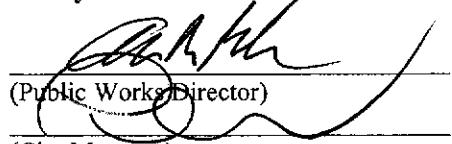
Funding Source: N/A

Alternatives: 1) Refer back to the Business License Division, or
2) Deny

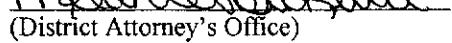
Supporting Material: 1) Carson City Liquor License Application

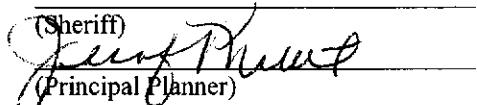
Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:


(Public Works Director)


(City Manager)


(District Attorney's Office)


(Sheriff)


(Principal Planner)

Date: 9-8-09
Date: 9-8-09
Date: 9-8-09
Date: _____
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 Jba 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)

<input type="checkbox"/> Full bar liquor sales	<input type="checkbox"/> Dining room w/beer & wine
<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Wholesaler
<input type="checkbox"/> Dining room w/full liquor	<input type="checkbox"/> Manufacturer
<input checked="" type="checkbox"/> Packaged beer & wine	<input type="checkbox"/> Additional Bar(s) @ location (#____)
	<input type="checkbox"/> Combo Packaged & on-premise liquor license

List ALL owners, partners or corporate officers below:

see attached

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 # _____