

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

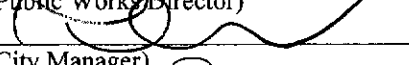
Alternatives: 1) Refer back to the Business License Division, or
2) Deny

Supporting Material: 1) Carson City Liquor License Application

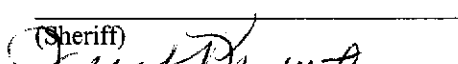
Prepared By: Lena Tripp, Senior Permit Technician

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) _____

2) _____

Aye/Nay

(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: ☐ Full bar liquor sales ☐ Dining room w/beer & wine
(check all that apply) ☐ Packaged Liquor ☐ Wholesaler
☐ Dining room w/full liquor ☐ Manufacturer
☒ Packaged beer & wine ☐ Additional Bar(s) @ location (#____)
☐ 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	\$ <u>0</u>	Date Paid
Original New Application Fee	\$ <u>1000.00</u>	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 #